Department Contact Case # _____

AUGUSTA STATE UNIVERSITY
BACKGROUND INVESTIGATION QUESTIONNAIRE AND RELEASE FORM
CONFIDENTIAL-- DEPARTMENT: Human Resource

I understand that this form will be kept separately from my employment application during the interview process and that the information regarding my date of birth, place of birth, and listed physical characteristics will not be available to the hiring supervisor and that this information can not be used as a basis for an employment decision. I further understand that any employment decision will be made based on my qualifications, employment record and police record as related to the requirements of the position for which I am being considered. Please note: if applicable, you may be required to furnish the ASU Human Resources Office a copy of your driver's history from the Georgia Department of Public Safety.

PLEASE PRINT

NAME: _____
LAST FIRST MIDDLE

Other names used: (maiden name, name by former marriages, former names changed legally or otherwise: Aliases, nicknames, etc. Please specify which and show dates used.)

_____

Driver's License Number: (State)_____(No.)_____Social Security Number: _____

Address: _____Phone Number: _____
Street City State Zip

Sex_____Race_____Height_____Weight_____Eye Color_____Hair Color_____

Date of Birth_____Place of Birth_____

Do not include anything that happened before your seventeenth birthday. Do not include minor traffic violations for which a fine of $100.00 or less was imposed. All other convictions must be included even if they were pardoned. (Pleas of nolo should be included.)

Have you ever been convicted of a misdemeanor _____ or a felony? _____
If yes to either one or both, list all convictions to include date, location, and agency involved.

_____
_____
_____
_____

Special Employment provisions (check if applicable):

- ☐ Employment with mentally disabled (Purpose code 'M')
- ☐ Employment with elder care (Purpose code 'N')
- ☐ Employment with children (Purpose code 'W')

I hereby authorize **Augusta State University** to receive any criminal history record information pertaining to me which may be in the files of any local, state, or federal agency on this date or anytime during my employment. I understand this authorization is valid for one year from the date of my signature.

I, _____, attest that the information furnished by me in the foregoing form is true and correct this _____ day of _____, 20_____.

_____
Legal Signature