Department: College of Education, Office of the Dean INC #: _____

AUGUSTA STATE UNIVERSITY
BACKGROUND INVESTIGATION QUESTIONNAIRE AND RELEASE FORM
CONFIDENTIAL

DEPARTMENT: Teacher Education

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 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:_____**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.

Have you ever been convicted of a felony? _____Yes _____No
List all convictions to include date, location and agency involved.
_____
_____
_____

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

_____
Legal Signature

Return to:
William M. Dodd, AVPAA
Office of Academic Affairs
Augusta State University
Augusta, Georgia 30904-2200

OR

Fax to: 706-729-2313, ATTN: W.M. Dodd

Effective December 6, 2006