

Department Contact:

Incident #:

AUGUSTA STATE UNIVERSITY  
BACKGROUND INVESTIGATION QUESTIONNAIRE AND RELEASE FORM  
**CONFIDENTIAL – DEPARTMENT: ACADEMIC AFFAIRS**

Prospective Faculty Member in the Department of: \_\_\_\_\_

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 cannot 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 LEGIBLE

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 and State: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

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 felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes list all convictions to include date, location, and agency involved.

Special Employment provisions (check if applicable):

- Employment with children (Purpose code 'W')

**All prospective faculty members should check this box since some of our entering freshmen and/or joint enrolled students are under age of 18.**

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

The original form **MUST** be returned to:

Dr. William M. Dodd, AVPAA  
Office of Academic Affairs  
Augusta State University  
Augusta, GA 30904-2200