

**ISU PUBLIC SAFETY
PRE-EMPLOYMENT APPLICANT INFORMATION**

An investigation will be conducted of all information listed on this pre-employment sheet.

Write in the white areas only. If any of the following need further explanation or entry space, please use a separate sheet of paper.

	Last		First		Middle	
Name in full						
Other Names you have used:	Maiden		Aliases /Former Names		Nickname	
Date of Birth	Month		Day		Year	
Place of Birth	City		State		Sex	M or F
Social Security Number						
Driver's License Number	Current?	Yes or No	Driver's License #		Expiration Date	
	What State?					
What other states have you held a driver's license?						
Residences past 15 years	City	State	Dates	City	State	Dates
	1.			3.		
	2.			4.		
List any time you were convicted of any violation including traffic, but excluding parking.	Date	Place	Dept	Charge	Result	
	1.					
	2.					
	3.					
	4.					

Are you aware of any information about yourself which might tend to reflect unfavorably on your reputation, morals, character or ability as a prospective employee of Idaho State University?

YES _____ NO _____ If yes and you would like to explain, use a separate sheet of paper.

- I hereby certify that the facts set forth in the pre-employment application are true and correct to the best of my knowledge. I understand that if I falsify statements on the pre-employment application, I may not be considered for employment.
- I hereby authorize any authorized representative of Idaho State University bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history and disciplinary records, medical records and credit records. I hereby direct you to release such information upon request of the bearer.
- This release is executed with full knowledge and understanding that the information is for the official use of Idaho State University. I hereby release you, as the custodian of such records, and any school, college, university or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or related business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security account number on a voluntary basis with the understanding such is not required by federal status or regulation. Should there be any questions as to the validity of this release, you may contact me as indicated.

Signature

Date