**BACKGROUND CHECK APPLICATION AND RELEASE**

 Employee Student Volunteer

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** |
| **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 arrested or charged with any violation including traffic, but excluding parking**. | **Date** |  **Place** | **Charge** | **Result** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Name of department, club, or organization this background check is being completed for** |  |

Are you aware of any information about yourself which may reflect unfavorably on your reputation, morals, character or ability as a representative of Idaho State University? \_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No If Yes, and you would like to explain, use a separate sheet of paper.

1. I hereby authorize Idaho State University (ISU) to check my background, and I authorize the sources of such information to provide it to ISU. I hereby release such sources from any and all liability to any claim of damage I may have resulting therefrom.
2. I hereby certify that the facts set forth are true and correct to the best of my knowledge. I understand that if I falsify statements, Idaho State University reserves the right to take appropriate action, including denial of employment or participation in an event.
3. This release is executed with full knowledge and understanding that the information is for the official use of Idaho State University. I hereby release Idaho State University, the State of Idaho, and the State Board of Education, including its officers, employees and agents, 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 number on a voluntary basis with the understanding such is not required by federal statute or regulation.
4. Should there be any questions as to the validity of this release, you may contact me at the number below.

Signature/Date Phone Number

**Please fax the completed form to: 208-282-4976**