

To be completed by Department:

Dept. _____ Account # _____ Hiring Manager _____
 Grant PIN AmeriCorps
 Contingent I Contingent II Credit Check

NATIONAL BACKGROUND INVESTIGATIONS, INC.

P.O. Box 966, Stevensville, MD 21666

APPLICANT RELEASE AND AUTHORIZATION FORM-GW

I hereby authorize **Salisbury University** or authorized representatives of the company bearing this release to obtain and release any information pertaining to my background, including but not limited to criminal history, credit history and any of the services noted below, for employment purposes or volunteer status. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you received a conditional offer. I hereby fully release and discharge my prospective employer or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes.

PLEASE PROVIDE A **MINIMUM of SEVEN (7) YEARS** RESIDENTIAL HISTORY. **(PRINT CLEARLY)**

Name: _____ Maiden Name/
Alias or Other: _____
(First Name, Middle Name, Last Name) (First Name, Middle Name, Last Name)

Date of Birth: ____/____/____ (MM/DD/YYYY) Social Sec. No.: _____

Driver's Lic. No: _____ State _____

(1) Current Address _____

City: _____ State: _____ Zip Code: _____

County: _____ Dates/From: _____ To: _____

(2) Previous Addr: _____

City: _____ State: _____ Zip Code: _____

County: _____ Dates/From: _____ To: _____

(3) Previous Addr: _____

City: _____ State: _____ Zip Code: _____

County: _____ Dates/From: _____ To: _____

Minimum of seven (7) years required. Please use back of form or a 2nd page for more than three addresses.

I understand that, if hired, this Applicant Release and Authorization Form shall remain on file and shall serve as an ongoing authorization for Salisbury University to procure reports at any time during my employment period for verifiable business reasons and to the extent permitted by law. I release Salisbury University and its agents, employees, and representatives from liability on account of such disclosures.

Applicant Signature: _____ **Date:** _____

Return completed form to Human Resources for processing -- Records obtained are kept confidential in the Human Resources Office

For HR Office Use Only:

CHC Submitted Date: _____

CRIMINAL HISTORY RECORD SEARCH TO INCLUDE:

Process Completed Date: _____

- Criminal/Civil Court Search (felony & misdemeanor)
- US – SOR Combo
- Social Trace
- Motor Vehicle Records (if applicable)

Notes:

POC PASSED