Central Methodist University
Background Check Authorization

Please read and complete this form. Your written authorization is necessary for completion of the application process. Any information obtained with this background check will be strictly confidential.

I, _____, hereby authorize Central Methodist University to investigate my background and/or qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Central Methodist University will utilize the outside firm of their choice to assist it in checking such information. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

_____ _____

Applicant Signature (including middle initial) Applicant Name (Printed)

_____ _____ _____

Social Security Number Date of Birth Today's Date

_____

List your maiden name or any other names you have used in the past.

_____

Street Address City State Zip Code

Number of years at this address _____

List addresses where you have resided in the last 7 years, if different from your current address.

Address Date & # of years at address

_____ _____

_____ _____

_____ _____

Campus Location _____ Supervisor _____

Employment scheduled to begin on: _____