Applicant Release to Perform Background Investigation

In connection with my application for employment at the State University of New York at Geneseo (SUNY Geneseo), hereafter "employer," I authorize the employer to conduct a background investigation which may include: identification and educational credential(s) confirmation, criminal conviction verification, sexual offender registry status, driving records, and employment background.

I am aware that I have rights under the Fair Credit Reporting Act (FCRA). I authorize all courts and law enforcement agencies to release requested information without restriction of qualification.

I hereby release the employer, their respective officers, employees, and agents, from any liability and responsibility arising from preparation of the above described background check, investigation report, and any resulting outcome or consequences, as well as any liability and responsibility arising from obtaining, reviewing, discussing any information gathered in connection with a review of my application, and any resulting consequences.

Title of position to which you are applying _____

Department _____

Last Name _____

First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth *_____

Home Telephone _____

Street Address _____

City, State, Zip Code _____

Maiden Name (if applicable) _____

Previous Street Address (if moved within the last year) _____

City, State, Zip Code _____

ADDITIONAL REQUIREMENTS:

HIGHEST DEGREE RECEIVED
(for Faculty, Management, and Professional positions only)

Institution _____

City _____

State _____

Major _____

Degree _____

Year Graduated _____

Start Date (mm/dd/yyyy) _____

End Date (mm/dd/yyyy) _____

MOST RECENT EMPLOYMENT INFORMATION

Employer _____

City _____

State _____

Start Date (mm/dd/yyyy) _____

Current? YES or NO

End Date (mm/dd/yyyy) _____

Position Title _____

* Not used as hiring factor. Used only for identification purposes in the background checking process.

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The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number (SSN) is optional and not required on this form. However, if you do not choose to disclose your SSN we will be unable to process your background investigation which may disqualify you from the search process.

_____ _____

Signature Date