

BACKGROUND INVESTIGATION CONSENT FORM
Southeast Missouri State University

Thank you for your interest in employment at Southeast Missouri State University. As part of the employment process, certain information may be requested as it relates to the employment you seek. Your signature on this document indicates that you have read and understand the conditions set forth by Southeast Missouri State University.

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I understand that Southeast Missouri State University may perform a pre-employment background investigation to determine my suitability for the employment I seek; I hereby authorize the University to secure the information necessary to make such a decision. I further understand that while an offer of employment might precede any such investigation, actual employment is contingent upon a determination of my suitability for the employment I seek.

I certify that if I am offered a position I will provide the University acceptable documents on my first day of employment that show that I am legally permitted to work in the United States. I also certify that I have never been convicted of a felony in the state of Missouri or any other state.

By signing this document, I authorize the University to conduct a background investigation. I also certify that the information provided in my employment application, resume and/or letter of employment is accurate, and, if offered employment, I understand that any information falsely provided will be sufficient grounds for the immediate termination of my employment.

I hereby authorize the release of the information related to this investigation, and further release from liability any and all individuals and organizations who provide information to Southeast Missouri State University concerning my professional competence, ethics, character, criminal record (if any), and qualifications and authorize my prior employers to release any such requested information about my employment.

Signature

Date

Please note: You will not be considered for employment if you do not provide the authorization for the University to conduct the background investigation identified above. Date of birth and Social Security number will be used only to complete the background investigation and will not become part of the selection process.

Print Name

Print Name (maiden/alias)

Department Name

Date of Birth

Social Security No.

(Federal Law prohibits discrimination against persons age 40 and over. Date of birth is used for verification purposes only and is not released to the hiring official or search committee prior to an individual's acceptance of employment)