



Office of Human Resources
Background Investigation Questionnaire & Release Form

CONFIDENTIAL

Position applied for: Department:

I understand that this form will be kept separately from my employment application during the interview process and that the information regarding my date of birth and gender will not be available to the hiring supervisor and that this information cannot be used as a basis for an employment decision.

PLEASE PRINT

Name: Last First Middle

Other names used: (maiden name, name by former marriages, former names changed legally or otherwise: Aliases, nicknames, etc. Please specify which and show dates used.)

Address: Street City State Zip

Social Security Number: Date of Birth:

Check one: Male Female Email address:

Highest degree completed: Major:

Institution Name: City: State:

Have you been convicted of a felony? Yes No A misdemeanor? Yes No

Please list: Conviction Date Location Agency involved

This is to certify that, as an applicant for a position with Armstrong Atlantic State University, I do hereby authorize the release of all information to Armstrong Atlantic State University's Office of Human Resources from whomever it may deem necessary to make the following request: criminal history records, military records, former employer records, and educational records or transcripts.

I, , certify that the information furnished by me in this form is true and correct.

This day of , 20. Print Full Name Signature

Notary Public Commission Expires