



SOUTHERN OREGON UNIVERSITY

CONSENT TO CRIMINAL HISTORY CHECK AND RELEASE FROM LIABILITY

Return this form to Director, Human Resources Department, Southern Oregon University 1250 Siskiyou Blvd., Ashland, OR 97520 / Fax 541-552-8508

Title of position for which you are applying: Department:

PLEASE LEGIBLY TYPE OR PRINT YOUR NAME AS IT APPEARS ON YOUR DRIVER'S LICENSE

last first full middle female male

Date of birth Social Security Number Driver's License # State of Issue

List other names used (maiden, previous married, aliases, legal name change, assumed), including approximate dates of name change: Name Date

Current address and telephone number

street or PO box Phone number ( area code) city state zip

Previous addresses. List previous addresses going back 5 years

City State From To City State From To City State From To City State From To City State From To

Note: Falsely responding to the questions below will result in your disqualification from employment or termination of your employment.

Have you ever been convicted of a misdemeanor or felony as an adult? Yes No If you answered "yes", please list the circumstances and date. A criminal conviction is not necessarily a bar to University employment; decisions are made on a case-by-case basis.

CERTIFICATION

I hereby authorize Southern Oregon University to obtain reference information concerning me and any possible criminal conviction I may have. Information of a confidential and privileged nature is included in this authorization. I understand that a conviction of a crime against a person or property may negatively impact my ability to obtain or retain a position with Southern Oregon University.

I hereby release and discharge to the extent permitted by law, Southern Oregon University, its employees, and any individual or agency obtaining information for Southern Oregon University from any and all claims known or unknown, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting, and/or disclosure of information in connection with this background investigation. I understand that:

- 1. my employment with SOU is contingent upon successful completion of a criminal history check;
2. I may request in writing the nature of the information obtained;
3. I may request a written summary of my rights under the Fair Credit Reporting Act;
4. in compliance with 5 U.S.C. 552(a), disclosure of my social security number is voluntary to be used to check criminal and/or motor vehicle history records and if I refuse to provide my social security number for these purposes, it may delay processing of my application.

I have read and understand all of the above information.

Signature Date