

**Authorization and Consent for Release of Criminal, Education  
and Employment Information**



**Northern Illinois  
University**

*Human Resource Services*

*Please print your information. The information requested on this form including social security number is used only for the purposes of conducting a pre-employment background investigation. [Applicant: return form to Hiring Department | Hiring Department: return form to Human Resource Services]*

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_ E-mail address: \_\_\_\_\_

Please list your current and previous address(es) for the ~~past seven (7) years~~ beginning with your current residence.

Address: \_\_\_\_\_  
Street City County State Zip  
 \_\_\_\_\_  
Street City County State Zip  
 \_\_\_\_\_  
Street City County State Zip

*Please answer the following questions.*

1. Have you been convicted of a misdemeanor within the last seven (7) years? Yes No
2. Have you ever been convicted of a felony? Yes No
3. Are you a registered sex offender? Yes No

I, \_\_\_\_\_, an applicant for employment with Northern Illinois University, for the position of \_\_\_\_\_ hereby expressly authorize and consent to a full review and disclosure of all employment, education, or criminal history information concerning myself, including any criminal conviction information which has not been expunged, sealed, or impounded. This information will be released to a duly authorized agent of Northern Illinois University. I also understand that I may obtain a copy of the report(s) utilized for this purpose by checking the box provided. (Please check the following box if you would like a copy of the report (s).

I further understand that if the information obtained results in an adverse employment action that I will receive a copy of the report prior to the implementation of any adverse employment action. As such, I will have a reasonable opportunity to respond (five business days) to the reported information prior to the implementation of any adverse action. I understand that any information obtained by a criminal history background investigation which is acquired as a result of this release authorization will be considered in determining my suitability for employment at Northern Illinois University. I also certify that any person(s) who may furnish such information concerning me shall not be held liable for giving this information; I do hereby release said person(s) from any and all liability that may be incurred as a result of furnishing such information. I further release Northern Illinois University from any and all liability which may be incurred as a result of collecting and considering such information. I also understand that failure to provide accurate information and/or evidence of intentional fabrication or misrepresentation of facts is cause for rejection of this employment application and/or immediate termination of employment.

I understand that a photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature and/or is transmitted via e-mail or electronic communicative system. I have read and fully understand the contents of this "Authorization for Release of Information Form and affirm that the information contained herein is both true and accurate as indicated by my signature below:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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<b><u>HIRING DEPARTMENT USE ONLY</u></b>			
Account # _____			
Department: _____			
Type of Position (Circle One)			
Civil Service	Extra Help	Grad Assistant	SPS
Faculty	Student Worker	Volunteer	
Person(s) to be notified: _____			
_____			

<b><u>HUMAN RESOURCE USE ONLY</u></b>
Type of Background Check Performed (check all that apply)
<input type="checkbox"/> Criminal and ID Verification
<input type="checkbox"/> Education/Credentials
<input type="checkbox"/> Employment
Approved for Hire: __ Yes __ No Date _____
HR Rep. Signature: _____