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



Please print your information. The information requested on this form including social security number is used only for the purposes of conducing a pre-employment

Name:	ast First	Middle	Social Security Nur	mber:	
		Madic			
Date of Birth Alternate Phone Number			Telephone Number E-mail address:		
Address: _	Charact	City/Town	Country/Country	Chata/Danainaa/Danian	Zin/Dantal Carla
	Street	City/ Town	County/Country	State/Province/Region	Zip/Postal Code
	Street	City/Town	County/Country	State/Province/Region	Zip/Postal Code
	Street	City/Town	County/Country	State/Province/Region	Zip/Postal Code
Please answ	er the following questions.				
	Have you been convicted of a		ast seven (7) years? □Yes	□No	
3. A	Are you a registered sex offer	nder? □Yes □No			
4. D	Oo you have any criminal cha	rges pending against you or	open arrest warrants? □Y	es □No	
I,		, a	n applicant for employmen	nt with Northern Illinois Uni	versity, for the position
of			11	nd consent to a full review	
	ent, education, or criminal hi			criminal conviction informat	
		•		rized agent of Northern Illi	
			this purpose by checking t	the box provided. (Please ch	leck the following box i
	l like a copy of the report (s)				
				arrant shall not automatically	
from empl	loyment. I further understar	d that if the information o	btained results in an adve	erse employment action that	I will receive a copy of
the report	prior to the implementation	on of any adverse employ	ment action. As such, I	will have a reasonable oppo	ortunity to respond (fiv
business d	lays) to the reported informa	ation prior to the implemen	ntation of any adverse acti	on. I understand that any in	formation obtained by
				authorization will be consid	
				on(s) who may furnish such	
				from any and all liability the	
				m any and all liability whic	
				o provide accurate informa	
				•	
	_	mation of facts is cause if	or rejection of this emplo	oyment application and/or in	illilediate termination o
employme		ary of this release forms will i	ha valid as an amisimal that	woof arough sold whater	nome done mot contain a
				reof, even though said photog	
				cative system. I have read	
		siease of information form	n and allirm that the info	rmation contained herein is b	oth true and accurate a
inaicatea t	by my signature below:				
Applicant	t Signature:		Date:		
	-			 **********	******
		1			
	G DEPARTMENT USE ONL	w I	TTTT - 1	N RESOURCE USE ONLY	
Agggunt	t #	'	HUMA		
Account			Type of	Background Check Performed (check all that apply)
Departm	nent:		Type of ☐ Crim	inal and ID Verification	check all that apply)
Departm Type of	Position (Circle One)		Type of ☐ Crim ☐ Educ	inal and ID Verification ation/Credentials	check all that apply)
Departm Type of Civil Ser	nent:	ad Assistant SPS	Type of ☐ Crim	inal and ID Verification ation/Credentials	check all that apply)
Departm Type of	nent:	ad Assistant SPS	Type of ☐ Crim ☐ Educ ☐ Empl	inal and ID Verification ation/Credentials oyment	
Departm Type of Civil Ser Faculty	nent:	ad Assistant SPS er Camp w/minors	Type of ☐ Crim ☐ Educ ☐ Empl	inal and ID Verification ation/Credentials	