

# The University of Montana Western

## Background Check Authorization Form

I authorize The University of Montana Western to conduct a criminal background investigation as a part of its employee and/or volunteer screening and/or selection process.

I authorize and consent, without reservation, to the retrieval of information that may include, but is not limited to, organizations, federal, state, or county level agencies, insurance sources, driving and criminal history.

I certify that all of the statements and answers set forth on the application form are true and complete to the best of my knowledge. I understand that during my employment and/or volunteer term should any statements or answers be found to be false or information omitted, such false statements or omissions will be just cause for termination.

I further acknowledge that the facsimile (FAX) or photocopy of the document shall be valid and accepted with the same authority as the original. If retained by the above reference organization, this authorization will remain in effect throughout my employment and/or volunteer term.

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

SSN: \_\_\_\_\_ Printed Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Department: \_\_\_\_\_

Status: Student Employee \_\_\_\_\_ Temporary Employee \_\_\_\_\_ Volunteer \_\_\_\_\_

Note: The following information will be used for identification purposes only to perform the background investigation.

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Street Address, City, State, Zip Code. List any other cities and states in which you have lived during the previous 7 years.

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List any other **Last Names** that you have used during the previous 7 years. \_\_\_\_\_

If a Department of Motor Vehicle check is to be completed, please provide:

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Driver's License Number	State of License	Expiration Date	Telephone Number
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