

The University of Montana Western

Authorization for Pre-Employment Criminal Background Investigation for: *Employees*

Full Legal Name: First: _____ Middle: _____ Last: _____

Any Previous Names Used: _____

SS No.: _____

Date of Birth: _____

Male

Female

Phone: _____ Email (if available): _____

Current Address: _____

City: _____ State: _____ Zip: _____

Position Title: _____ Dept: _____

If you have lived outside of Montana in the last 5 years, please complete the section below. For applicants who resided in any of the following states, additional background investigation forms are required: Idaho, Minnesota, New Hampshire, New Mexico, Illinois, Georgia, Arkansas and Virginia.

Residence History:

City, State, and Zip Code:	Dates Resided:

As a candidate for the above-referenced position, I understand that The University of Montana Western may conduct a criminal background investigation for employment purposes. If I am refused employment due to results of the background investigation, I understand that I may request an explanatory meeting with the Vice Chancellor for Administration & Finance. Such a request must be made within 5 working days of my receipt of notice. Failure to provide complete and accurate information will be cause for disqualification/termination of employment.

I certify the accuracy of the information and understand that failure to provide complete and accurate information is cause for my immediate termination from employment if hired by The University of Montana Western.

Signature: _____ Date: _____

DEPARTMENT USE ONLY

Dept Index to charge investigation fee to: _____

Investigation results should be forwarded to:

Name: _____ Email: _____ Phone: _____