



Criminal Background Check Consent Form for Applicants

I authorize Connors State College to conduct a criminal record background check for the purpose of determining my suitability for employment opportunities or volunteer opportunities with Connors State College.

I authorize Connors State College to utilize the above information for the purpose of obtaining a conviction for criminal, sex offender registry, and violent offender registry search. I understand that if it is discovered that I have a criminal record, it may be necessary for the Institution to take up and including the termination of my employment and/or my volunteer status.

I consent to any authorized representative of Connors State College to obtain any information pertaining to my law enforcement record (including but not limited to, any record of charge, prosecution or conviction for criminal offenses). I authorize each law enforcement agency to which this form is presented to release any results, upon request of the authorized requestors as described above.

I understand that the information is for the official use of Connors State College in connection with its determination of my suitability for employment.

Copies of this consent that show my signature are as valid as the original signed by me. This consent is valid until the termination of my application process or my affiliation with Connors State College, whichever is later.

Signature: (in ink) _____ Full Name :(Print clearly) _____ Date _____

Other Names used _____

Social Security Number _____ Ethnicity _____ Sex _____ Place of Birth _____ Date of Birth _____

Valid Identifying Document (Driver's License, Passport, Birth Certificate, etc.) _____

Best method to contact you, if necessary? (Phone, fax, email): _____

Signature of Witness _____ Full Name and Title of Witness (Print clearly) _____

To Be Completed by HR Official: (print or type)

CWID: _____ Position Title: _____

HR Official: Alta Crocket Title: Human Resources Director

Phone Number Office: 918.463.6206 Fax: 918.463.6355

Applicant Contact Dates/Times: _____ Name: _____