



Background Investigation Consent

DSI Number: _____ Department: _____

I, _____, hereby authorize Clayton State University and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment.

I release Clayton State University and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. **The following is my true and complete information as requested to the best of my knowledge:**

Print Name _____ Hiring Department/Position: _____

Signature _____ Date: _____

Expected Status: Full Time Part Time Student Assistant/Work Study Volunteer/Non Paid Affiliate

Social Security #	Date of Birth	Gender	Race	Phone#

Please list all names you use or have used:

Last Name	First Name	Middle Name	Maiden Name

Please list present and former addresses held over 7 consecutive years starting with your present address:

Address	City /State	Zip	County	How Long at this address?

****For Official Use Only**** Please select service(s) needed for this applicant:

<input type="checkbox"/> State Criminal Search (7 years)	<input type="checkbox"/> County Criminal Search (7 years)	<input type="checkbox"/> MVR-Driver Record
States: _____, _____, _____	Counties: _____, _____, _____	States: _____, _____, _____
<input type="checkbox"/> *National Criminal Record Search (*Note: does not pick up all counties in each state)		
<input type="checkbox"/> Federal Criminal Search (7 years)	<input type="checkbox"/> Social Security Trace	<input type="checkbox"/> Sexual Predator Search
<input type="checkbox"/> Address History	<input type="checkbox"/> Employment Verification	<input type="checkbox"/> Education Verification
<input type="checkbox"/> Professional Licensure or Certification	<input type="checkbox"/> Personal and Professional References	<input type="checkbox"/> Citizenship Right to work
Requestor's Name: Clayton State University – Department of Human Resources		Date: _____
Address: 5823 Trammell Road City: Morrow State: GA Zip: 30260		