

UNC Pembroke – Employment Background Check Form NC 65

AUTHORIZATION FOR EMPLOYMENT BACKGROUND CHECK

**Note: This form must be completed in full and signed by the Applicant.
Hiring Officials must sign on their designated line and enter the correct Banner Fund.**

FIRST	GIVEN MIDDLE	MAIDEN	LAST
All other name(s) by which you have been known:			

SOCIAL SECURITY #	DATE OF BIRTH	SEX	RACE
EMAIL ADDRESS	PHONE NUMBER	DRIVERS LICENSE #	STATE OF ISSUANCE AND EXPIRATION DATE

Employment Type (Check One): SHRA Position EHRA Non-Faculty Position Faculty
 Part-Time Lecturer Temporary Student

Additional Screening, as designated by the position: Credit History Check (*applicable positions only*, i.e. financial positions; candidate release authorization required) Statewide Motor Vehicle Check (*applicable positions only*, i.e. driving is a requirement or may be a requirement of the position)

Have you ever been convicted of any unlawful offense, other than a minor traffic violation?
 YES NO

Please list the street addresses of all the places you have resided over the past seven years, beginning with your current address and going backwards.

DATE	CURRENT STREET ADDRESS	CITY, STATE AND ZIP CODE
DATE	PREVIOUS STREET ADDRESS	CITY, STATE AND ZIP CODE

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I hereby certify that all information I have provided on this Authorization is true and complete to the best of my knowledge and belief. I hereby consent to the University's verification of any information contained in this Authorization. I understand that by admitting to a conviction for any unlawful offense, I will not be disqualified automatically from consideration for employment, but I also understand the date and nature of the crimes for which I have been convicted will be taken into consideration in the hiring process to the extent allowed by law if relevant to the position. I understand that false or misleading information or documentation, or an omission or failure to include all relevant information, may result in rejection of my application, action up to and including termination if hired, and/or criminal prosecution. If hired, I understand the University complies with State law and will terminate me if false or misleading information is given in order to meet the requirements for the position involved.

Candidate's Signature

Date

Department Approval Signature

Date

Department Approval Printed Name:

Banner Org/Fund: _____/Acct 22178
(Required to Process)
