

**SOUTHEASTERN BACKGROUND CHECK AUTHORIZATION FORM
NOTICE TO ALL APPLICANTS FOR EMPLOYMENT**

To be completed by the department prior to sending out to the applicant

Department			
Position Title			
Position Number		Job Requisition Number	

Please Note: Answering yes to any of the following questions does not automatically disqualify any applicant.

<input type="checkbox"/> Yes <input type="checkbox"/> No Do you possess a valid driver's license?	Driver's License Number _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you possess a valid commercial driver's license?	State Issued By _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been fired from a job or resigned to avoid dismissal?	Issue Date _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea?	Expiration Date _____
	Class/Endorsements _____
	Social Security Number _____

READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS AUTHORIZATION

I authorize Southeastern Louisiana University or its designees to investigate all statements contained in this authorization. I also authorize and request any and all of my former employers and any other person, firm, or corporation to furnish any and all information requested by Southeastern Louisiana University or its designees concerning my job performance, suitability for employment, educational verification, social security number verification, prior employment verification, professional license verification, motor vehicle driving records, criminal history, job qualifications, and personal background, and I hereby release each such employer or other person, firm, or corporation from any liability by reason of furnishing the requested information. In addition, if I should become employed by Southeastern, I expressly authorize Southeastern Louisiana University to release information about my job performance, job qualifications, and suitability for employment to any person who may request such information, and I expressly release Southeastern from any liability for disclosing such information.

I understand that any misrepresentation or omission of fact contained in this authorization is cause for rejection or immediate dismissal if I should become employed. Finally, I understand that the completion of this employment authorization does not indicate that there are positions available and does not obligate the University to offer me a position if positions are available.

All offers of employment are conditional, subject to satisfactory results of background investigation, reference checks, pre-employment alcohol and drug tests, and production of documents sufficient to demonstrate identity and authorization to work.

Institutional Disclosures as Required by Title 34, Section 668.45 – Security Policy and Crime Statistics

Southeastern Louisiana University's Annual Security Report includes statistics for the previous three years concerning reported crimes that occurred on campus; in certain off-campus buildings owned or controlled by Southeastern Louisiana University; and on public property within or immediately adjacent to and accessible from campus. The report also includes institutional policies concerning campus security, such as policies concerning alcohol and drug use, crime prevention, the reporting of crimes, sexual assault, and other matters. You can obtain a copy of this report by contacting the Director of University Police or by accessing the following website: <http://www.selu.edu/police/>

Information Concerning Your Employment in a Job Not Covered by Social Security;

If, Based on Your Appointment, You Are Eligible to Enroll in a Retirement Plan

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected: **Windfall Elimination Provision (WEP)** and **Government Pension Offset (GPO)**

For more information: Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or, for the deaf or hard of hearing, call the TTY number 1-800-325-0778, or contact your local Social Security office.

Information regarding Southeastern Police Department employment

In accordance with ACT 894 of the 2003 Louisiana Legislative Session, I understand that if I am offered a job by the Southeastern Police Department, I agree to provide a DNA sample and fingerprint prior to beginning employment.

Print Name

Signature

Date

Warning to Applicants: By your signature you are certifying that the information you have provided is truthful and complete. Falsification of information can result in denial of employment.

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

Disclosure:

Please be advised that **Southeastern Louisiana University** intends to use a consumer and/or investigative consumer report as part of your application for employment and continued evaluation during the course of your employment with the company should you become employed. Your consent for the procurement and use of such a report is required. The consumer report will contain information from public records, which may include, but are not limited to, social security number and other information bearing on your credit worthiness, credit standing or credit capacity, motor vehicle operation history, education history, employment history, and criminal history, to the extent permitted by law. An investigative consumer report can contain information from public records as stated above, in addition to interviews with employers, neighbors, friends, and associates for knowledge concerning your character, general reputation, personal characteristics or mode of living.

Authorization:

I voluntarily and knowingly authorize any party or agency contacted to give records they may have concerning my social security number, credit worthiness, credit standing, credit capacity, motor vehicle operation history, employment history and performance, education history, criminal history, or other information to the extent permitted by law.

I further understand that, upon my written request, I will be given the name and address of each consumer reporting agency from which a consumer report or investigative consumer report may have been obtained, and, if an investigative consumer report has been obtained, a description of the nature and scope of the investigation. I understand that I may obtain additional information concerning the report by contacting the consumer reporting agency.

The report will be prepared by: **TruView BSI, LLC**
25 Newbridge Rd, Suite 210, Hicksville, NY 11801
888.869.8444

This company's Privacy Policy can be viewed at: <https://truviewbsi.com/resources/privacy-policy/>

I understand that any consumer report or investigative consumer report prepared will be used strictly for employment purposes as defined in the Fair Credit Reporting Act, as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I further understand that any offer of employment, promotion or reassignment will be conditional upon the receipt of satisfactory information as required and that to be considered for employment, promotion, or reassignment; I must authorize the procurement of such Report(s). A photographic or faxed copy of this Disclosure and Authorization Form shall be as valid as the original.

The following information must be filled out completely and signed by all applicants:

PLEASE PRINT ALL INFORMATION BELOW

Last Name, First Name, Middle Initial:		Social Security Number:	
Additional Name(s) Used:		Date of Birth/Place of Birth:	
Driver's License Number	State/Country:	Position Applied For:	
Current Address (street, city, state, zip)			Dates (To/From)
Previous Address (street, city, state, zip)			Dates (To/From)

Signed: _____

Dated: _____

Parent's Signature (if under 18): _____

Dated: _____