



SOUTHWESTERN OREGON COMMUNITY COLLEGE CRIMINAL BACKGROUND INVESTIGATION RELEASE

Applicant must provide ALL of the following information. Please print legibly. If necessary, indicate "unknown" if information is unknown, or "n/a" if not applicable. Do not leave blank spaces.

Full Name: _____
Last First Middle

Other names used _____

Date of Birth

Social Security Number

Driver's License/ID Number

State Issuing License

Address Information:

Current Address → _____
Street Address Home Phone Number

How long have you lived at this address?

City State Zip Code

Previous Address → _____
Street Address Home Phone Number

How long did you live at this address?

City State Zip Code

If you have lived outside of Oregon in the last 2 years, list the dates, city and state of residence if not listed above. _____

Position you have applied for: _____

EMPLOYEE AUTHORIZATION TO CONDUCT BACKGROUND CHECK:

Authorization is hereby granted to Southwestern Oregon Community College to conduct a criminal background check for employment purposes. I acknowledge that the results of the background check will be kept confidential and only made available to Southwestern for use in determining eligibility for hire.

Applicant Signature

Date

For Official Use Only:
br 3/3/04 lfg 02/15/06

No CR

Date

Report to EEO

Date

XPE

Date