**CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM**

# NOTIFICATION AND RELEASE DIT EMPLOYEE

I certify that the information contained in my application for employment with DIT is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by DIT may result in DIT not employing me or, if employed, may result in terminating my employment. I understand and agree that all information furnished in my application and all attachments may be verified by DIT or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application, as well as any law enforcement organization, to give DIT all information relative to such verification; I hereby release such individual, organization and DIT from any and all liability or claim of damage resulting from such information.

I hereby acknowledge that I have been informed by DIT that DIT will obtain a criminal background check as a result of DIT policy. The Human Resources Office will administer the criminal background check program in a confidential manner. The results of criminal background checks will be provided to authorized individuals only. I acknowledge that DIT will inform me if a criminal background check reveals a possible criminal conviction against me. I understand that I may obtain a free copy of the background check.

## Please list all names (no abbreviations or initials) that you have used during the last seven (7) years, including married, unmarried and aliases. Please print.

Name (First, Middle, Last): Date of Birth (mm/dd/yyyy)

Maiden Name (First, Middle, Last): Date Used (mm/dd/yyyy)

Social Security # Driver’s License #

Gender: Male Female

Ethnicity: White (non-Hispanic) Black (non-Hispanic) Asian (including Pacific Islander)

Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race) American Indian (including Alaskan native)

## Current and Previous Address(es) for the past seven years: Please use extra page if necessary

Number and Street City, State, County, Zip

Number and Street City, State, County, Zip

Number and Street City, State, County, Zip

# Employee signature: Date:

**Manager Name (PRINTED) Cost Center(s)**:

**Manager signature: Date:**

## Please return completed form to the DIT Human Resources Office. Form may be sent to secured fax line #919-981-5051.

Rev. 09/2013

HR Use Only

Satisfactory

Initials

Unsatisfactory

Date