

CRIMINAL BACKGROUND CHECK

The Alabama Community College System Board of Trustees adopted Policy 623.01 Criminal Background Checks requiring criminal background checks for all new employees and volunteers effective April 13, 2016. I understand that I may voluntarily consent to the use of my social security account number for the purpose of conducting a criminal background check. I further understand that my voluntary consent to use my social security account number is being requested for purposes of conducting a criminal background check, pursuant to the authority of the Alabama Community College System Board of Trustees policy regarding criminal background checks. I understand that neither the Alabama Community College System nor any employing authority within the Alabama Community College System will deny me any right, benefit or privilege provided by law because of my refusal to voluntarily consent to the use of my social security account number for the limited purpose of conducting a criminal background check pursuant to the Alabama Community College Systems Board of Trustees policy regarding criminal background checks.

_____ I voluntarily consent to the use of my social security account number for the limited purpose of conducting a criminal background check.

Social Security Number: _____

_____ I do not consent to the use of my social security account number for the limited purpose of conducting a criminal background check.

_____ The information I have given in my employment application, interviews, and/or related resumes and documents is true, complete, and accurate.

_____ I understand and agree that if employed, and/or during any period of employment, any false statements, misrepresentations of facts, or omission made by myself become known, my employment shall be subject to immediate termination.

_____ I understand that in the event of a conviction for a felony or any crime involving moral turpitude is found that the procedures established by the Board of Trustees policy concerning criminal background checks will be followed.

_____ I have read and completely understand this release.

Printed Name: _____

Signature: _____ Date: ____/____/____

Date of Birth: ____/____/____ Drivers License Number: _____ Drivers License State: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Cell Phone: (____) _____ Alternate Phone: (____) _____ Email: _____

OPTIONAL INFORMATION

RACE/ETHNIC ORIGIN:

Are you Hispanic or Latino? Yes No

What is your race? (Choose all that apply)

African American (B) Native Hawaiian or Other Pacific Islander (P)
 American Indian/Alaskan Native (I) Asian (A) White (W)

Gender:

Male
 Female