



**ACKNOWLEDGMENT AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **Brunswick Community College** ("the Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company or other party to furnish any and all background information requested by CriminalRecordCheck.com (CRC), PO Box 90998, Raleigh, North Carolina 27675; 877-272-0266; www.criminalrecordcheck.com ("the Agency"), another outside organization acting on behalf of **Brunswick Community College**, and/or **Brunswick Community College** itself. I agree that a facsimile ("fax") or electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



## APPLICANT/EMPLOYEE INFORMATION SHEET

Job Applicants/Employees: Please provide the following information about yourself. It will be used to facilitate the background check that you have authorized.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date of Birth (MMDDYYYY)

\_\_\_\_\_  
Other Names Known By

Male     Female

\_\_\_\_-\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Primary Telephone Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
License State

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
#yrs at address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

If you have lived at another address in the last seven years, please provide information below as to each such address. (Note: If you do not have enough space below, please provide additional address information on a separate sheet of paper.)

\_\_\_\_\_  
Past Address

\_\_\_\_\_  
#yrs at address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Past Address

\_\_\_\_\_  
#yrs at address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Today's Date