
Date

Position applied for

Person/Department making request

RELEASE OF PERSONAL INFORMATION

I, _____, the undersigned, agree and acknowledge that I am an applicant for employment with Centenary College.

I hereby authorize a review and full disclosure of all information and records concerning myself to Centenary College relative to educational background, medical, criminal history, alcohol, drug abuse, and psychiatric treatment and/or consultation, employment and pre-employment records, including background reports, efficiency ratings, and any other factors that would be pertinent to my suitability for employment. I hereby authorize all persons or agencies to provide such information to Centenary College and I agree to hold harmless all such persons or agencies.

I understand that any information obtained by a personal history background investigation will be considered in determining my suitability for employment by Centenary College.

I further understand, agree and acknowledge that in the event my application is rejected, the reason for said rejection may not be revealed to me.

I agree that in the event I am employed, information concerning such employment may be released to any future prospective employer.

I also understand that any false information provided verbally and/or on my application would be grounds for termination and/or I will not be given further consideration for this position.

Printed Name of Applicant

Signature of Applicant

Social Security Number

Date of Birth

Race

Gender

Marital Status

Driver's License Number - State

Street Address

City

State

Zip

Home Telephone Number

Cell phone Number

Email address

Printed Name of Witness

Signature of Witness

Office use only)

Date Sent to SoResearch: _____

_____ Approved

_____ Needs Review

_____ Not Approved