

**EMPLOYEE BACKGROUND SCREENING DISCLOSURE**

**Complete and return this form with a completed Background Screening Authorization Form**

Required items are noted in **red** and with an asterisk (\*). Please print legibly.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

**Full Legal Name\*** \_\_\_\_\_  
*First\* Middle\* Last\* Generation (Sr., Jr., III, etc.)*

**Gender**  M  F **Date of Birth\*** (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ **Email** \_\_\_\_\_

**Present Street Address\*** \_\_\_\_\_ **Phone** \_\_\_\_\_

**City\*** \_\_\_\_\_ **State\*** \_\_\_\_\_ **Zip\*** \_\_\_\_\_

**Do you have a Social Security Number? \***  Yes  No

If yes, list:

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

If no, select alternate U.S. issued identification: (if no U.S.-issued identification is available, contact your Extension Office)

**U.S. Passport Identification #** \_\_\_\_\_

**Other U.S. Government Identification #** \_\_\_\_\_

**Driver's License #** (enter number below)

**Do you have a driver's license? \***  Yes  No (Must be provided in order to be approved to volunteer.)

**Driver's License issued by** (state) \_\_\_\_\_ **License Number** \_\_\_\_\_

**Address listed on license**  Same as above **If not, please list** \_\_\_\_\_

**Please list all cities and states of residence within the past seven (7) years including your present address** (mm/yyyy):

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

**Have you ever used another legal name? \***  Yes  No

(examples may include maiden names, shortened or abbreviated names, form names that may have been legally changed, etc.) If yes, please list below:

**Other names used** \_\_\_\_\_ **Maiden Name** \_\_\_\_\_

+ Providing your social security number allows the most complete and efficient background screening possible. Federal and State law protects the privacy and security of your SSN and Iowa State University and the Extension District will not disclose your SSN without your consent for any other purposes except as allowed by law. For a full description of the ISU Social Security Number Policy, please go to the Social Security Number Protection Policy

<http://policy.iastate.edu/policy/ssn/>

The following are my responses to questions about my criminal record history (*if any*) within the past seven (7) years with a full explanation of the circumstances to any question with a YES answer. (*You may add an additional page if necessary for your explanation*).

1. **Have you ever been convicted of or plead guilty before a court of any federal, state, or municipal criminal offense (excluding traffic violations)?**  Yes  No

Date (mm/yyyy)	Charge Type	Location (county, city, state)

2. **Have you ever received deferred adjudication, a deferred sentence, or similar disposition for any federal, state, or municipal criminal offense?**  Yes  No

Date (mm/yyyy)	Charge Type	Location (county, city, state)

3. **Have you ever received probation or community supervision for any federal, state, or municipal criminal offense?**  Yes  No

Date (mm/yyyy)	Charge Type	Location (county, city, state)

4. **Have you ever been convicted of any criminal offense in a country outside of the jurisdiction of the United States?**  Yes  No

Date (mm/yyyy)	Charge Type	Location (country, city)

5. **As of the date of this authorization, do you have any pending criminal charges against you?**  Yes  No

Date (mm/yyyy)	Charge Type	Location (county, city, state)

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Guardian, if applicant is a minor** \_\_\_\_\_ **Date** \_\_\_\_\_

**NOTE:** The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. \_\_\_\_\_ County Agricultural Extension District abides by all applicable state and federal employment laws.

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