Pre-Employment Background Check Form

The COLLEGE OF IDAHO

An Equal Opportunity Employer

Each question should be **fully and accurately answered**. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. **PLEASE PRINT**, except for signature on the Pre-Employment Background Check Form. All information given will be available only to persons who have a "need to know" or as required by law. The College of Idaho will make reasonable accommodation in the Pre-Employment Background Check process, if needed.

This Pre-Employment Background Check Form is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new Pre-Employment Background Check Form.

NAME: (Print)_____TODAY'S DATE:_____
Last First Middle

PRESENT ADDRESS: _____
No. Street City State Zip Code

TEL. NO: Day_____Evening:_____
Area code Number Area Code Number

Social Security # _____ Date of birth: _____

Position applied for?_____ When are you available for employment?_____

Which type of employment are you seeking: Full-time_____ Part-time_____ Temporary or Summer_____

Have you been employed under any other name? Please list all names you have been employed under. If you need extra space please use the other side.

Have you lived in another state? Yes ___ No___ If so, list state (s). _____

INSTRUCTORS ONLY

Are you registered with a placement office? _____Yes _____No If "Yes", give name and address:

_____

_____

Have you requested that a set of your placement papers be sent to The College of Idaho? _____Yes _____No

Has a grievance ever been filed against you? _____Yes _____No If "Yes", please explain _____

RECORD OF EMPLOYMENT

Beginning with your current employment, please list all jobs including part-time, temporary and voluntary positions you have held in the past ten years. For the purposes of this personal history statement, voluntary work should be included as employment. If you need additional space please attach another sheet with the same requested information.

A.

_____

From (Month/Year) To (Month/Year) Employer's Name and Address

_____