

In accordance with the Fair Credit Reporting Act (FCRA), Southwestern Illinois College is informing you that the position for which you have applied requires a criminal background check. By completing the application below, you are authorizing the College through the service of Verified Credentials to investigate your criminal background history. Southwestern Illinois College may utilize the reports generated by Verified Credentials to make employment decisions. In the event that criminal activity is listed in your report, you will receive a copy of the report, a copy of "A Summary of your Rights under the FCRA" and will be offered the opportunity to dispute the findings. If criminal activity or falsification of the College Application for Employment is discovered, you will be notified orally, in writing, or electronically. You have a right under the FCRA to obtain a copy of the results by providing proper identification and directing a written request to Verified Credentials, Inc., 20890 Kenbridge Court, Lakeville, MN 55044. 1-800-473-4934.

SWIC OFFICE OF HUMAN RESOURCES
BACKGROUND CHECK
APPLICATION

| | | |
|---------------------------|------------------|-------------------|
| Legal Last Name (Printed) | Legal First Name | Legal Middle Name |
| Street Address | | Home Phone # |
| City | State | Zip Code |

Please list any additional addresses you have lived, worked and attended schools in during the past 7 years:

| | | | |
|------|-------|------|-------|
| City | State | City | State |
| City | State | City | State |

Other Name(s) Used and Date(s) Changed: _____

| | | | |
|------------------------|--------------|-----------------|---------------|
| Drivers License Number | State Issued | Expiration Date | Date of Birth |
|------------------------|--------------|-----------------|---------------|

I AUTHORIZE A PHOTOCOPY OF THIS RELEASE TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS RELEASE WILL REMAIN IN EFFECT THROUGHOUT SUCH EMPLOYMENT.

| | | |
|-----------|------------------------|------|
| Signature | Social Security Number | Date |
|-----------|------------------------|------|

Job Title: _____ Campus/Employment Site: _____

Requesting Supervisor's Name: _____

This **signed application and a copy of the applicant's current driver's license or state I.D.** may be FAXED to Human Resources (H.R.) at 277-7346. **ADDITIONALLY**, this original signed request must be sent in a sealed envelope to H.R., Belleville Campus, ISB 2080. This application and the result report will be maintained exclusively in the H.R. office. If results are clear, no further action will be necessary. If criminal activity is reported, contact will be made in confidence.