

**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION
REGARDING BACKGROUND CONSUMER REPORTS**

(Important: Please read carefully before signing.)

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

St. Olaf College (“the College”) may conduct a background investigation as part of its screening and hiring process, and, if you become employed with the College, periodically throughout your employment. The information the College may seek could include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit header data, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. The primary objective of any investigation will be to verify information you provided on your application in connection with your application for employment or continued employment with the College. Please indicate below if you would like a copy of the consumer report. The Fair Credit Reporting Act (“FCRA”) requires that we inform you that a background investigation may be conducted as part of the screening and hiring process. In the course of this screening process before any adverse action is taken, you will be provided a copy of the report and a summary of your rights under FCRA, as well as additional information on your rights under the law.

ACKNOWLEDGMENT AND AUTHORIZATION

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, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439, 800-886-4777, their agents, and/or the College itself.

Please check this box if you would like to receive a copy of any background investigation(s) obtained by the College from any third parties “Consumer Reporting Agency”.

I affirm that the information provided on this form is true and accurate to the best of my knowledge.

Printed Full Name of Applicant _____
First Middle Last

Signature of Applicant _____ Date ____/____/____

PERSONAL HISTORY QUESTIONNAIRE

The items of information requested below are required to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner in business decisions.

Social Security # ____ / ____ / ____ Date of Birth: ____ / ____ / ____
(MM/DD/YYYY)

For those positions that will drive College owned vehicles:

Driver License # _____ State _____

Other Names Used & Date(s) Changed: _____

Email Address: _____ Phone Number: _____

Professional License(s): _____ State(s): _____ Type(s): _____ Number(s): _____
_____ State(s): _____ Type(s): _____ Number(s): _____

May we contact your current employer? _____ Yes _____ No

Residence Addresses for the Past 7 Years: (begin with your most current address, if necessary, attach additional sheets)

Street Address *City, State & Zip Code* *County* *Last Date at this address*

Criminal History Questionnaire

Have you ever been convicted of, plead guilty, no contest or nolo contendere, to a misdemeanor or felony?*

*Do not report any conviction that has been sealed, expunged, statutorily eradicated, annulled, impounded, erased, dismissed under the First Offender's law, pardoned by the Governor or in which state law allows you to lawfully deny as set forth below. You are also not required to disclose violations, infractions, petty misdemeanors, or summary offenses.

_____ Yes _____ No

If yes, provide city, county, and state of conviction and date and nature of the offense, along with sentencing information. Enter N/A if this does not apply to you.

* You may exclude information regarding first convictions for the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace, or a conviction for any misdemeanor where the conviction occurred or any prison sentence ended five or more years ago whichever date is later, unless you have been convicted of another offense within the last 5 years.

For Facilities, Public Safety, and Residence Life Applicants - check one:

- _____ I have been a resident of the State of Minnesota for the past ten (10) years.
_____ I have **NOT** been a resident of the State of Minnesota for the past ten (10) years. (A federal check will be required including a fingerprint card).

