

Coffeyville Community College
Authorization to Conduct a Background Check

I authorize Coffeyville Community College to conduct a background inquiry to verify the statements and information provided by me, including on my application, and to determine other background facts, including prior employment, criminal convictions, motor vehicle history, and any and all public records to the extent permitted by law. I authorize all previous employers or other persons who have knowledge of me, or my records, to release such information to the College. I hereby release any individual, agency, and the College from all claims or liabilities whatever that may arise from the disclosure of such information.

Full disclosure of the background check may be requested within 60 days of being notified of the disposition of employment application. The results will not be released without written authorization. ***I may obtain a copy of any background check results by request.***

Notification of Physical Examination and Drug & Alcohol Screening Requirement: Coffeyville Community College will require a physical examination for all maintenance employees and Drug & Alcohol Screening for all maintenance employees and Student Life Managers after an offer of employment has been made. Continuation of employment is contingent upon employee passing the examination.

My signature certifies that I have read, understand and agree with the above statements.

Date of Birth (for identification purposes only): _____

Social Security Number: _____

Driver's License Number: _____ State _____

Print Full Name _____
(please include maiden or former name if used in the last seven years)

Address _____

City/State/Zip _____

Applicant's signature

Date