

PLEASE PROMPTLY SUBMIT THIS SIGNED FORM TO:

Assistant Director of Strategic Recruitment
Office of Human Resources
Marist College
Poughkeepsie, New York, 12601-1387

This form serves the purpose of disclosing to you that Marist College may obtain a background check and consumer report through a consumer reporting agency of its choice for employment purposes, such as verification of education history, credit checks, and a criminal background report.

By signing this form, you are authorizing Marist College to obtain reports through a consumer reporting agency pertaining to information provided on your application for employment and in any supporting documents, including your resume or vita.

By signing this form, you are agreeing to hold harmless and release Marist College and its employees from all liability for any damages that may result from providing information regarding your employment or personal background that may be used in connection with your application for employment

By signing this form, you are stating that you understand that upon your written request to Marist College, you will be informed as to whether or not any of the above referenced reports were requested through a consumer reporting agency, and, if such report was requested, you will be provided with the name and address of the consumer reporting agency that furnished the report. Your request should be mailed to: Assistant Vice President for Human Resources, Office of Human Resources, Marist College, Poughkeepsie, New York, 12601-1387.

In the event that information from the consumer report is utilized, in whole or in part, in making an adverse decision with regard to your potential employment, before making the adverse decision, Marist College will provide you with a copy of the consumer report and a description of your rights under the Fair Credit Reporting Act.

APPLICANT INFORMATION

SOCIAL SECURITY # : _____ / _____ / _____ DATE OF BIRTH _____

NAME: _____
First Name Middle Initial Last Name Maiden Name

DRIVERS LICENSE NUMBER & STATE: _____

POSITION APPLIED FOR: _____

CURRENT RESIDENCE ADDRESS: _____
Please Indicate P.O. Box or Full Street Address

CURRENT MAILING ADDRESS: _____
(If different than Residence Address or if you are using a P.O. Box)

CITY/STATE: _____ ZIP CODE: _____

PREVIOUS RESIDENCE ADDRESS: _____
(If current is less than two years) Please Indicate Full Street Address

PREVIOUS MAILING ADDRESS: _____
(If current is less than two years & different than Residence Address or using a P.O. Box)

CITY/STATE: _____ ZIP CODE: _____

APPLICANT SIGNATURE _____

DATE _____