Department: _____

Position Title: _____

Applicant Authorization and Consent for Release of Information

(Please read carefully)

We at VMI welcome your application for employment. We are proud that our success is the result of the quality and caliber of our employees. If you are the finalist selected for employment you will join a community of recognized professionals. To ensure the safety and security of our faculty, staff and cadets, and to continue VMI's tradition of excellence, we require your consent to and authorization of a pre-employment verification of your background.

I, the undersigned do hereby certify that the information I have provided for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal. This release and authorization acknowledges that Virginia Military Institute may conduct a verification of my education, previous employment/work history, social security number through consumer credit bureau, and motor vehicle reports; contact personal references; and receive any criminal or civil justice agency in any State and/or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility.

PLEASE PRINT

LAST NAME – FIRST MIDDLE MAIDEN			***SEX***	***RACE***	***DATE OF BIRTH***
					/ /
CURRENT ADDRESS:					
PLACE OF BIRTH – County or City	***– State or Country***			***SOCIAL SECURITY NUMBER*** *VMI requests your social security number to conduct a residence history and criminal conviction background check consistent with VMI policy. You are not required to disclose your social security number; however, if you do not disclose your social security number you will not be considered for employment.	
PLEASE LIST ALL ALIASES (OTHER NAMES YOU HAVE GONE BY):					

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby give consent and authorize Applicant Insight, Inc. and/or the Virginia State Police to search the files of the Central Criminal Records Exchange and/or to conduct a criminal history search for any criminal history record and report the results of such search to Virginia Military Institute

_____ _____

Signature **Date**

List all states and cities or counties outside Virginia where you have lived during the past seven years. Please print.

STATE	**CITY/COUNTY**	**DATE (month/year to month/year)**
_____	_____	_____
_____	_____	_____

Please continue on back of page, if necessary.

Sep 09