

MONTANA STATE UNIVERSITY – GREAT FALLS
- BACKGROUND CHECK -
APPLICANT AUTHORIZATION AND GENERAL RELEASE

I (print name) _____ hereby authorize **Montana State University-Great Falls** and TRAK - 1 (herein known as “Service Provider”) to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Credit History including a consumer report under the Fair Credit Reporting Act (15 U.S.C. 1681, et seq.), Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, Institution, School, Organization, Credit Bureau, State Boards, Licensing Agency, and other entities including my Present and Past Employers.

I further release and discharge **Montana State University-Great Falls** and its Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request(s) for, or receipt of, information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to the Service Provider for additional information concerning the nature and scope of investigation. I acknowledge that I have voluntarily provided the information below for employment purposes, and I have carefully read and I understand this authorization.

Montana State University-Great Falls will be conducting background checks on candidates. However, only the finalist for each position will be checked. Credit history is checked only if it is job related. Upon hiring a candidate all background check forms from the other applicants will be shredded and destroyed.

Signed _____ Date _____

Name (print) _____ Social Security # _____

Previous Names _____ Date of Birth _____

Drivers License # _____ Residential Address _____

State License Issued _____

Position Applied For _____ Department _____

Please include completed form with application materials and return to:

MSU-Great Falls, Human Resources Office, 2100 16th Avenue South, Great Falls, MT 59405

Internal Use Only:

Date of Background Check _____ Result _____

Completed By _____