Confidential Background Check

It is the policy of Hope College to conduct a background check before making an offer of employment for all job openings. This background check is limited to checking criminal convictions, felony charges, terrorist watch lists, and sexual offender registries. In positions where the potential employee will have access to significant college funds, a financial credit check will also be required. Results of this background check will remain confidential unless essential for the College's legal defense in a lawsuit involving this candidate.

Hope College, and any outside contractors employed by Hope College to furnish the above mentioned information, will make a good faith effort to ensure of the accuracy of the information. If the background check uncovers any information that is potentially disqualifying, the candidate will be notified and be given an opportunity to respond and clarify. Candidates have the right to review the results of the background check for accuracy and to explain any mitigating circumstances.

I (the candidate) hereby consent to Hope College obtaining the above information. I agree to release Hope College from any liability for inaccuracies in the background information in cases where:

1) Hope College did not consider the information potentially disqualifying, or
2) Hope College did consider the information potentially disqualifying and apprised me of the information and a) I did not dispute the information, or b) I disputed the information and the College accepted my correction to the inaccurate information.

To aid in the proper identification of my file and/or records, I furnish the information below:

Legal Name (please print): _____
First Middle Last

Former or Maiden Name(s):_____

Sex*: M F Ethnicity*:_____ Social Security Number_____

Date of Birth (MM/DD/YY) _____/_____/_____

Current Address:_____
Street City State Zip

Length of time at this address:_____

First Previous Address: _____
Street City State Zip

Length of time at this address:_____

Second Previous Address: _____
Street City State Zip

Length of time at this address:_____

Position/department applying for: _____

Candidate's signature:_____ Date:_____

(The candidate shall be provided with a copy of this document)

**Required to distinguish between applicants with identical names*