



AUTHORIZATION FOR RELEASE OF INFORMATION

Stetson University, Inc. ("Stetson" or "the University") is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment with the University depends solely upon your qualifications.

You are a candidate for employment or voluntary work at Stetson University. As a standard procedure for all individuals applying for employment or voluntary work, the University conducts appropriate background screening, including a review of a candidate's driving record (if use of University vehicles is required). As a candidate for such employment or voluntary work, we request that you complete and sign this Authorization For Release of Information Form. The form must be fully completed for the University to further consider you for employment or voluntary duties. This information is considered confidential and will be treated as such.

Applicant Name _____ Social Security No. _____

Date of Birth _____ Driver's License No. _____

State and County of Issue _____

Current Home Address: _____

How long at this address: _____

Previous Address (if at current address less than 3 years): _____

Maiden/Alias Name (s) used: _____ Date last used: _____

Position(s) Applied For _____

- In order to permit a check of your work and educational records, should we be aware of any changes of name or assumed name that you have previously used? ___ Yes ___ No. If Yes, identify names and relevant dates.

- Have you ever been convicted or found guilty of violating any federal, state or municipal law, other than a minor traffic violation? In answering this question, you are to consider all matters, regardless of whether adjudication was withheld or whether a nolo contendere plea was entered. _____ Yes ___ No. If Yes, give dates and explain. (Attach separate paper if necessary). Convictions will not necessarily disqualify you from employment.

*****Applicant's Statement*****

I certify that the information presented in my application for employment with Stetson and statements attested to on this form are true and complete to the best of my knowledge. I authorize the investigation of all matters pertaining to my application for employment with Stetson and hereby give Stetson permission to contact schools, previous employers, references, and others, and hereby release Stetson from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information in this application for employment may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in applying for employment will be cause for dismissal at any time without any previous notice. I understand that upon employment, I am required to provide documentation verifying my legal right to work in the U.S. and my identity.

Signature _____

Date _____