

**COUNTY COLLEGE OF MORRIS
EMPLOYMENT BACKGROUND AUTHORIZATION CHECK**

I hereby authorize SentryLink LLC. on behalf of County College of Morris to procure a consumer report which I understand may include information regarding my criminal history and motor vehicle license history as described below. This report may be compiled with information from courts record repositories, department of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business and or personal references and any other source required to verify information that I have voluntarily supplied.

I hereby authorize the County College of Morris to receive information regarding my criminal history, driver's license and privileges throughout the United States where applicable.

I understand that any information regarding criminal or motor vehicle history will be used solely for the purpose of determining suitability for employment at the County College of Morris or any of it's off campus facilities.

I understand that, unless compelled to do so by an appropriate legal action, the County College of Morris will not share or disseminate personal information received as a result of this inquiry to anyone other than County College of Morris authorized individuals.

I am aware that the County College of Morris will rely upon the accuracy and truthfulness of the information provided in this request and that the submission of my social security and driver's license information will provide for a more accurate and complete report. Further, prior to acting upon any negative information received as a result of this inquiry, this information will be shared with and may be challenged by me within a reasonable period of time as agreed upon by both parties.

For the purpose of this inquiry, I hereby authorize the following (Criminal and Motor Vehicle) history checks on a National and State level.

First Name _____ MI _____ Last _____

Number _____ Street _____ City _____

State _____ Zip _____ County _____

Male ___ Female ___ DOB: Month _____ Day _____ Yr _____ Social Security # _____

Drivers License # _____ State _____

CCM Department _____

Signature _____ Date _____

Witness _____ Date _____