



CENTRAL PIEDMONT COMMUNITY COLLEGE

Central Piedmont Community College Employment Background Authorization & Release

I understand that a consumer report or an investigative consumer report (hereinafter referred to as "Report") may be procured at any time during my candidacy for employment and/or during my employment, contract work or volunteer work. I understand the Report may include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by CPCC policy, information may be obtained from public and private sources and may include information related to: social security number verification, criminal records, credit history, driver/motor vehicle records, employment, education, credentials and personal references. I also understand that the information I provide regarding my sex, race, and date of birth will be used for the sole purpose of gathering the above mentioned information correctly, and will not be used to discriminate against me in violation of any law.

Personal Information *(list all names used)*

Name: _____
(Last) (First) (Middle)

Other Names (Maiden, Aliases): _____

SSN: _____ Date of Birth: _____ Sex: Male Female

Ethnicity (optional): Hispanic/Latino Non Hispanic/Latino

Race (optional): American Indian/Alaskan Native Asian Black/African American White

Hawaiian/Pacific Islander

List ALL addresses for the past SEVEN (7) YEARS starting with the most current

	Street Address	City	State	Zip	Dates (From) Month/Year	Dates (To) Month/Year
Current:						
Previous:						
Previous:						
Previous:						
Previous:						

I state that my personal information provided above is accurate to the best of my knowledge. I hereby authorize without reservation the procurement of a Report. Furthermore, I authorize any organization, person or agency to furnish information about me and I release any organization, person, agency and CPCC from any liability arising out of the request or release of the information contained in the Report. A photo or fax copy of this release form will be valid as an original thereof, even though said copy does not contain an original writing of my signature.

California, Minnesota and Oklahoma Residents only:

I understand that under State law, I have the right to receive a copy of the Report at no charge to me.

_____ Yes, I wish to receive a copy of the Report (check box).

Report processed by:

Background Investigation Bureau, Inc.
9710 Northcross Center Court
Huntersville, NC 20878
Toll Free: (877) 439-3900

Signature _____

Date _____