

## EMPLOYMENT VERIFICATION FORM

**Temporaries and Students** 

(to be completed after a Contingent Offer of Employment has been made/accepted)

VERIFICATION OF INFORMATION	:		
I certify that all information provided on a best of my knowledge. I also understand t cause for dismissal regardless of when dis	hat information may be verifi-	rm, resume, or vitalised and any misrepres	s complete, true and accurate to the entation of facts may be considered
CRIMINAL HISTORY CHECK:			
Have you ever been convicted of a felony	or misdemeanor?	□ Yes	□ No
Are there any felony charges pending agai	nst you?	∃ Yes	□ No
If yes, list date(s), type of offense(s), circu	imstances, county where conv	ction occurred and a	ction taken:
Conviction of a crime will not necessarily and/or time of the occurrence may be cons to the position for which you have applied	ildered in processing your app		
I understand that if I am hired, I may be	e discharged for any misrep	resentation or omiss	ion in the above stated information,
I also understand that any job offer or s satisfactory Criminal Conviction Repor		be conditioned on t	he University's receipt of a
If determined necessary by the Universi	ty, I authorize a background	check with respect	to criminal convictions.
If a third party agency is used to conduc Reporting Act (FCRA).	et a criminal history check, t	he University agrees	s to comply with the Fair Credit
REFERENCE CHECK:			
In accordance with policy and practice the Univ part of the application process. I understand the otherwise known by them to Central Michigan I specifically release from liability any current such information to Central Michigan University	at my current and former employed University in connection with my or former employers, their agents	ers may release any info application for employ	ormation contained in my personnel file or ment with Central Michigan University.
"CMU, an AA/EO institution, is strongly and activ does not discriminate in employment against perso persuasion, race, religion, sexual orientation, veter	ons based on age, color, disability, a	gender, familial status, ho	opportunity within its community. CMU eight, marital status, national origin, political
The information requested is needed to hel person with a disability or handicap requirin writing within 182 days from the date the	ing accommodation to perforn	the essential duties	tions. Michigan law requires that a of the job must notify the employer
	Print (Full Name)	Date	
Signature (Full Name)			

Current Address\_\_\_\_\_

If this form contains a SSN, it must be hand delivered to Employment Services, Rowe 109.

; SSN

Revised: 1/15