Background Investigation Notification & Authorization
Non-Faculty Applicants Only

I hereby authorize SSC, Inc (hereafter referred to as "SSC") as directed by Western Connecticut State University, the right to make a thorough investigation of my past, including but not limited to a criminal record check, credit worthiness, credit standing, driving history, credit capacity, education, work history, character and general reputation for the purpose of my eligibility of employment with Western Connecticut State University.

Accordingly, I authorize and instruct any credit bureau contact to furnish any credit information concerning me to agents, investigators or authorized representatives of SSC, for their exclusive use. I authorize that a photocopy of this statement be accepted with the same authority as the original, and specifically waive any written notice from any person, agency or employer contact.

I also authorize Western Connecticut State University and SSC to contact friends or associates with whom I am acquainted or who may have knowledge of me. I also authorize my former employers to give any information regarding my employment, together with any information that they may have regarding me whether, or not it is on their records. I hereby release them and their company for any damage whatsoever for its release. I also authorize any police, regulatory or other agency to release to representatives of Western Connecticut State University and SSC any information pertaining to me.

I certify that the information I have given in my application is true. I realize that my employment with Western Connecticut State University is conditional on a favorable background investigation and that any misrepresentation of the facts on my part will immediately terminate my application and my eligibility for employment. I also understand that Western Connecticut State University reserves the right to conduct any or all portions of this background investigation during my future involvement with Western Connecticut State University and reserves the right to terminate my status in the program based on information discovered as a result.

NAME: LAST FIRST MIDDLE

PLEASE NOTE ANY OTHER NAME(S) WHICH YOU MAY BE KNOWN

CURRENT ADDRESS STREET CITY STATE ZIP DATES

PREVIOUS ADDRESS STREET CITY STATE ZIP DATES

PREVIOUS ADDRESS STREET CITY STATE ZIP DATES

SOCIAL SECURITY NUMBER DATE OF BIRTH

DRIVER LICENSE NUMBER STATE ISSUED

I fully and voluntarily authorize Western Connecticut State University and SSC to conduct this background investigation.

Applicant Signature Today's Date