

VOLUNTEER BACKGROUND SCREENING DISCLOSURE

Complete and return this form with a completed Background Screening Authorization Form

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed legibly) _____

Last

First

Middle

Social Security Number _____ * Date of Birth ____/____/19____ Gender M F

Present Address _____

City _____ State _____ Zip _____

How Long at Present Address? ____ Years ____ Months

If applicable: Identification Number Passport Issued by (Country) _____ ID# _____

If applicable: Government ID (Country) _____ ID# _____

Other Names Used _____ Maiden Name _____

Former Address _____

City _____ State _____ Zip _____

How Long at Former Address? ____ Years ____ Months

Please list all states and counties of residence within the past seven (7) years.

City _____ County _____ State _____ From _____ To _____

City _____ County _____ State _____ From _____ To _____

City _____ County _____ State _____ From _____ To _____

City _____ County _____ State _____ From _____ To _____

City _____ County _____ State _____ From _____ To _____

Driver's License Number _____ State of License _____

*Disclosure of your Social Security Number (SSN) is required of you in order for Iowa State University and the County Agricultural Extension District for the purposes of conducting a background check, as required by ISU Extension and Outreach. Federal and State law protects the privacy and security of your SSN and Iowa State University and the Extension District will not disclose your SSN without your consent for any other purposes except as allowed by law. For a full description of the ISU Social Security Number Policy, please go to the Social Security Number Protection Policy <http://policy.iastate.edu/policy/ssn/>.

The following are my responses to questions about my criminal record history (if any) within the past seven (7) years with a full explanation of the circumstances to any question with a YES answer. (You may add an additional page if necessary for your explanation.):

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense (excluding minor traffic violations)? No Yes
If yes, please explain including dates _____

2. Have you ever received deferred adjudication, deferred sentence, or similar disposition for any federal, state, or municipal criminal offense? No Yes
If yes, please explain including dates _____

3. Have you ever received probation or community supervision for any federal, state, or municipal criminal offense? No Yes
If yes, please explain including dates _____

4. Have you ever been convicted of any criminal offense in a country outside of the jurisdiction of the United States? No Yes
If yes, please explain including dates _____

5. As of the date of this authorization, do you have any pending criminal charges against you?
 No Yes
If yes, please explain including dates _____

Signature of Applicant _____ Date _____

If applicant is under age 18, parental approval is required:

Signature of Parent _____ Date _____

NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. _____ County Agricultural Extension District abides by all applicable state and federal employment laws.
Enter county name

...and justice for all

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Cooperative Extension Service, Iowa State University of Science and Technology, and the United States Department of Agriculture cooperating.