

VOLUNTEER BACKGROUND SCREENING DISCLOSURE

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

Required items are noted in **red** and with an asterisk (*). Please print legibly.

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

Full Legal Name* _____
First Middle* Last* Generation (Sr., Jr., III, etc.)*

Gender ☐ **M** ☐ **F** **Date of Birth*** (mm/dd/yy) ____/____/____ **Email** _____

Present Street Address* _____ **Length at current address** _____ Yrs.
(round to nearest year)
City* _____ **State*** _____ **Zip*** _____

Social Security Number** _____ - _____ - _____ **Phone*** _____

If applicable: Passport Identification Issued by (country) _____ **ID#** _____

If applicable: Government Identification Issued by (country) _____ **ID#** _____

Please list all cities and states of residence within the past seven (7) years (mm/yy):

City _____ State _____ Zip _____ From ____/____ To ____/____

City _____ State _____ Zip _____ From ____/____ To ____/____

City _____ State _____ Zip _____ From ____/____ To ____/____

City _____ State _____ Zip _____ From ____/____ To ____/____

City _____ State _____ Zip _____ From ____/____ To ____/____

City _____ State _____ Zip _____ From ____/____ To ____/____

City _____ State _____ Zip _____ From ____/____ To ____/____

Have you ever used another legal name? ☐ **Yes** ☐ **No**

(examples may include maiden names, shortened or abbreviated names, form names that may have been legally changed, etc.) If yes, please list below:

Other names used _____

Maiden Name _____ **Mother's Maiden Name** _____

Driver's License issued by* (state) _____ **License Number*** _____

*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 purpose 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 of or plead guilty before a court of any federal, state, or municipal criminal offense (excluding traffic violations)? Yes No

Date (mm/yyyy)	Charge Type	Location (county, city, state)

2. Have you ever received deferred adjudication, a deferred sentence, or similar disposition for any federal, state, or municipal criminal offense? Yes No

Date (mm/yyyy)	Charge Type	Location (county, city, state)

3. Have you ever received probation or community supervision for any federal, state, or municipal criminal offense? Yes No

Date (mm/yyyy)	Charge Type	Location (county, city, state)

4. Have you ever been convicted of any criminal offense in a country outside of the jurisdiction of the United States? Yes No

Date (mm/yyyy)	Charge Type	Location (country, city)

5. As of the date of this authorization, do you have any pending criminal charges against you? Yes No

Date (mm/yyyy)	Charge Type	Location (county, city, state)

Signature of Applicant _____ 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.

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