

AUTHORIZATION FOR PRE-EMPLOYMENT BACKGROUND CHECK

Last Name		First	Middle	Social Security Number
Alias Last Name		First	Middle	Date of Birth
Race		Gender		
		Female <input type="checkbox"/> Male <input type="checkbox"/>		
Driver's License Number	Issued in the State of		Will Operate College Vehicles?	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Physical Address (Post Office Box, APO, RFD etc. are not acceptable)				
Street		City	State	Zip Code
Home Telephone Number (Including Area Code)				
Position Title (Applicant Position)		Full Time?	Position Number	
		Part Time?		

APPLICANT SIGNATURE

I authorize a background investigation through the Florida Department of Law Enforcement (FDLE). I understand that my offer of employment and/or retention with Hillsborough Community College may be determined in whole or in part from the report received from the background check.	
Signature of Applicant	Date Signed by Applicant

REQUESTING OFFICE AND HUMAN RESOURCES INFORMATION

Printed Name and Office (Requestor)	Telephone Number (Requestor)
Background Conducted By (Human Resources)	Date Conducted (Human Resources)