



# EMPLOYMENT SCREENING FORM

The LSU Agricultural Center has an outstanding faculty and staff in which we take great pride. Because we place a high value on our faculty and staff and a strong and secure working environment, applicants for hire are thoroughly reviewed. As a part of this process, we ask that you authorize the release of background information to us. The information obtained will be kept confidential within the limits of the law.

### Authorization and Supplemental Information

I am a serious applicant for employment with the LSU Agricultural Center. As such, I certify that the information provided to the LSU Agricultural Center both orally and in writing in all materials is accurate and complete. I authorize the AgCenter and any agent acting on its behalf to confirm this information and to secure necessary information from all my employers, references, and academic institutions. I understand that my police record will be reviewed and civil litigation records may be checked. I release all of those information providers, the AgCenter and any agent acting on its behalf from any and all liability arising from their giving or receiving information about my employment history, academic credentials or qualifications. I understand that this information is confidential and that disclosure of this information will be governed by AgCenter policy and state law.

May we contact your current employer? [ ] YES [ ] NO If no, why? \_\_\_\_\_

Have you ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea? [ ] YES [ ] NO If yes, explain below. Give the law enforcement authority (city policy, sheriff, FBI, etc.), the offense, date of offense, place, and disposition of case.

Have you ever been fired from a job or resigned to avoid dismissal? If yes, please provide details, including the reason, name and address of employer, and dates of employment.

I understand that any false or misleading statements I have made will be sufficient cause for rejection of my application or for dismissal if the AgCenter employs me. I have read and understand the preceding statement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Name (Printed) \_\_\_\_\_ SSN \_\_\_\_\_

Other Names Used \_\_\_\_\_

Driver's License # and issuing state \_\_\_\_\_ Proposed Starting Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_

Current Address \_\_\_\_\_  
Street Address and Apt. (if any) City State Zip

Unit: \_\_\_\_\_ Contact person/phone number \_\_\_\_\_

Title: \_\_\_\_\_ Position Number: \_\_\_\_\_

FOR HRM ONLY \_\_\_\_\_