



**Application Certification and Background Authorization**

*Failure to complete and sign this form will result in your application being removed from consideration. However, this form will be separated from your application materials before being forwarded to the selection committee.*

**Full Legal Name: First: Middle: Last:**

**Any Previous Names Used:**

**Phone:**

**Current Address:**

**City: State: Zip:**

**SSN: Birthdate:  Male  Female**

**Email:**

**You will receive an email from [Customer\\_Service@accuratebackground.com](mailto:Customer_Service@accuratebackground.com)**  
**with**  
**“University of Montana Screening Information form”**  
**in the subject line**  
**The link will take you to a secure website**

If you have lived outside of Montana in the last 5 years, please complete the section below.

Residence History:

City, State, and Zip Code:	Dates Resided:

**Application of Employment**

*I hereby guarantee the correctness of all statements provided in my application materials for the above referenced position. I understand that making of false statements will be sufficient cause for denying me consideration for employment or for dismissal from employment. I authorize Helena College University of Montana to inquire as to my record with any and all of my former employers and references, and understand that Helena College University of Montana will suffer no liability as the result of such inquiries.*

**Authorization for Pre-Employment Criminal Background**

*As a candidate for the above-referenced position, I understand that Helena College University of Montana may conduct a criminal background investigation for employment purposes. If I am refused employment due to results of the background investigation, I understand that I may request an explanatory meeting with the Director of Human Resources. Such a request must be made within 5 working days of my receipt of notice. Failure to provide complete and accurate information will be cause for disqualification/termination of employment.*

*I certify the accuracy of the information contained on all my application materials, including this form, and understand that failure to provide complete and accurate information is cause for my immediate termination from employment by Helena College University of Montana.*

**Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Position Applying for: \_\_\_\_\_ Department: \_\_\_\_\_**

**RETURN THIS FORM TO HR. Office Use Only: Dept. Index #: \_\_\_\_\_**