

pressure, interpersonal skills, general physical ability, and reputation among co-workers.) I expressly and without reservation waive my right to review the information collected in the reference checks.

I authorize St. Mary's College of Maryland to order a Criminal Background Check as part of the College's investigation and consideration of my application for employment. I agree to provide fingerprints which will be used to check the criminal history records of the FBI. I understand that these reports may contain criminal or other information about me.

I authorize St. Mary's College of Maryland to conduct a credit check as part of the College's consideration of my application for employment if the job for which I am being considered is one with fiduciary responsibility.

If I am hired, I authorize the College to retain this Authorization and it shall serve as an on-going Authorization for the College to obtain further reports at any time during my employment with the College in order to evaluate my continued suitability for employment, to the extent permitted by law.

St. Mary's College of Maryland will maintain reference, criminal background and credit information in confidence and solely for the purpose of evaluating my suitability for employment, except as required by law or by court order. Information appearing on the Authorization will be used for identification purposes and used to provide information that will be considered to determine suitability for employment.

Under the Fair Credit Reporting Act, consumers have certain rights regarding all consumer reports, including criminal background reports and credit history reports. Notice of those rights may be obtained from the College's Office of Human Resources.

A photocopy or electronic copy of this signed authorization is to be considered valid as an original.

Once you have completed and saved this form, please email your document(s) to: hr@smcm.edu.

Include your full name, program name, and form name in the subject line. Example: John Smith - Journalism & Broadcast Program, Student Preferred Name Form. If you have any questions or issues submitting your form; contact us at the same email address for assistance.

IN EXECUTING THIS AUTHORIZATION, I FULLY AND COMPLETELY RELEASE ALL PRESENT AND PAST EMPLOYERS AND THEIR EMPLOYEES AND THE STATE OF MARYLAND AND ST. MARY'S COLLEGE OF MARYLAND AND THEIR OFFICERS, EMPLOYEES, REPRESENTATIVES, AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, AND LIABILITY ARISING FROM THE USE, DISCLOSURE, OR RELEASE OF INFORMATION RECEIVED BY THE COLLEGE PURSUANT TO THIS AUTHORIZATION, EXCEPT FOR CLAIMS SUBJECT TO THE MARYLAND TORT CLAIMS ACT OR AS PROVIDED BY LAW.

I HAVE CAREFULLY READ AND UNDERSTAND ALL OF THE PROVISIONS OF THE AUTHORIZATION, AND VOLUNTARILY AND WITHOUT COERCION OR DURESS AGREE TO THE PROVISIONS OF THIS AUTHORIZATION.

Candidate's full name (Print) Other last names you have used (if any)

Candidate's signature

Date