COLORADO COMMUNITY COLLEGE SYSTEM CRIMINAL RECORD DISCLOSURE

Please print on all forms

In connection with your application for or current employment, we may procure a criminal record and, if applicable to the employment you are applying for, a credit check or driving history report on you as part of the process of considering your suitability for employment with the Colorado Community College System. In the event that either or both of these reports are utilized in whole or in part in making an adverse decision with regard to your potential or current employment, before making the adverse decision, we will provide you with a copy of the criminal record, credit check and/or driving history report as well as a description in writing of your rights under the law.

The Colorado Community College System also reserves the right to conduct a background check on a current employee.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the attached document.

By your signature below, you hereby authorize us to obtain a criminal record and, if applicable to current employment or the employment you are applying for, a credit check or driving history report on you in order to consider your employment with the Colorado Community College System.

Applicant's Name:	
- PP	(Please Print)
Applicant's Address:	
City/State/Zip:	
judgments from the age of 18 m results show that false statem employment, as well as any acti	Ity or nolo contendere pleas, deferred adjudications or deferred aust be reported on the reverse side of this form. If the verification nents, including omission(s), were made, then application for ons based on it, will be voided and the person will not be eligible Colorado Community College System.
Signature:	
Phone:	

COLORADO COMMUNITY COLLEGE SYSTEM CONVICTION DETAIL

Important Instructions:

- You must list all adult criminal convictions, guilty or nolo contendere pleas, deferred adjudications or judgments.
- If the position you are applying for involves the operation of a state vehicle, you must list all adult driving offenses and convictions.
- Complete one section for each conviction, guilty or nolo contendere plea, deferred adjudication or judgment.
- Each reported record must be fully completed. Leave no blank spaces.
- Please attach a separate page if additional space is needed.
- You may not be able to modify this form later.

	ctions, guilty or nolo contendere dications or applicable driving below.	. , , ,
Convictions, Guilty or No	Loe Contendra Pleas, and/or Deferred J	udgments or Adjudications
Date (mm/yyyy)		
Type of offense		
Name of court		
Nature of offense		_
Date (mm/yyyy)		
Location (city, state)		_
Type of offense		
Name of court		
Nature of offense		
Date (mm/yyyy)		
Location (city, state)		
Type of offense		
Name of court		
Nature of offense		
my knowledge and belief a herein, including omission	ts made by me in this section are true, c and are made in good faith. I understar s, will void my application and any act nent with the Colorado Community Col	nd that any false statements made ions based on it and I will not be
Print Name	 Signature	 Date

COLORADO COMMUNITY COLLEGE SYSTEM RELEASE AUTHORIZATION

- 1. In connection with my employment or application for employment, I understand that Colorado Community College System may procure a criminal record and, if applicable to the employment I am applying for, a credit or driving history report on me as part of the process of considering my suitability for employment with the Colorado Community College System. In the event that any of these reports are utilized in whole or in part in making an adverse decision with regard to my employment or potential employment, before making the adverse decision, the Colorado Community College System will provide me with a copy of the criminal record, credit history and/or driving history report as well as a description in writing of my rights under the law.
- 2. According to the Fair Credit Reporting Act, I am entitled to know if action is taken or employment is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- 3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original.
- 4. I hereby authorize, without reservation, any law enforcement agency, governmental agency, institution, information service bureau, school, employer, reference or insurance company contacted by the Colorado Community College System, or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

Please print your full name				
	ast	First	Middle	
Please print other names you ha	ave used and when they were las	st used		
Social Security Number		Date of Birth		
Sex: Male Female	e			
Race: Black, non-Hispanic Hispanic or Latino	☐ American Indian or Alas ☐ White, non-Hispanic	kan Native	□ Native Hawaiian/Pacific Islander □ Asian	
Drivers License Number		State Is	suing License	
results show that false statemen	nts, including omission(s), were y actions based on it, will be voi	made by the	e side of this form. If the verification e applicant, then his or her application e person will not be eligible for future	

Date

Signature

COLORADO COMMUNITY COLLEGE SYSTEM ADDRESS INFORMATION

Present Address				/
Street	City	State	Zip	County
How long did you live at this address?				
Have you lived outside of the state of Color	ado in the last	seven (7) years? Ye	s 🗌 No	
If yes, please list all previous addresses outs spent at each address:	side of Colorac	do within the past seven	(7) years and the	amount of time
Previous Address				/
Street	City	State	Zip	County
How long did you live at this address?				
Previous Address				/
Street	City	State	Zip	County
How long did you live at this address?				
Previous Address				/
Street	City	State	Zip	County
How long did you live at this address?				
Previous Address				/
Street	City	State	Zip	County
How long did you live at this address?				
Previous Address				/
Street	City	State	Zip	County
How long did you live at this address?				
Duniona Addinas				/
Previous Address Street	City	State	Zip	County
I certify that the statements made by me in and belief and are made in good faith. I und void my application and any actions based Community College System.	derstand that a	ny false statements mad	de herein, includir	ng omissions, will
Print Name	_ <u> </u>	nature		Date

COLORADO COMMUNITY COLLEGE SYSTEM GENERAL RELEASE AND AUTHORIZATION

I,, for m	yself, my successors, agents and
estate, hereby release the State of Colorado, the State B Occupational Education (SBCCOE), Colorado Commu state community colleges and the central System of employees, agents and attorneys of the State of Colorado faction, liabilities, expenses and for damages which I a result of my undergoing an employment or pre-employeek by the Colorado Community College System.	Board for Community Colleges and nity College System, including the ffice, and all current and former do from any and all claims, causes may assert against any of them as
Furthermore, I hereby authorize any former employer, to provide said information to any represent College System upon request.	•
Furthermore, I agents and estate, hereby release any former employ employer from any and all claims, causes of action, lia which I may assert against any of them as a result of the Colorado Community College System as part of background and reference checking on me.	er and/or any agents of a former abilities, expenses and for damages the information they provided to the
Furthermore, I understand that this release shall be modification or release therefrom may be made without Colorado Community College System and SBCCOE.	
A photocopy of this release will be sufficient taforementioned information.	to authorize the release of the
Signature	Date