



Authorization to Obtain Records and Other Information For Employment Purposes

Please read carefully before signing!

The Cleveland Institute of Art wants all applicants to know that reference checking is an important part of our selection process and employment practices. In addition to contacting persons you furnish as references, the Institute may also identify and contact other reference sources.

In connection with my application for employment with The Cleveland Institute of Art, I hereby authorize a delegated representative to obtain relevant background information. The information obtained may include but is not limited to credit reports, investigative reports, academic records, police and law enforcement agency reports, driving and motor vehicle records, insurance claim files and employment references. These reports may include information about my character, credit worthiness, general reputation, work habits, performance and experience, as well as reasons for termination of past employment. I understand that should I be hired by The Cleveland Institute of Art, these reports may be obtained during the course of my employment without further notice.

I release all persons, businesses, corporations, institutions, medical establishments, local, state and federal law enforcement agencies and all government agencies from any and all liability of any type as a result of providing the above mentioned information. In addition, I hereby release and discharge The Cleveland Institute of Art, its Directors, employees, agents, representatives, successors and assigns, from all liability that may arise out of any background check obtained pursuant to this authorization.

The information provided on this form is used solely for the purpose of conducting the appropriate background checks. The Institute's intent is to protect the confidentiality of information received through background check sources. Information acquired as a result of background checks is shared only for legitimate business purposes.

Applicant Name: _____ Date: _____
Print Name
Signature _____

Social Security No: _____ Date of Birth: _____
(required to ensure accurate retrieval of records)

Other Name (maiden): _____

Permanent Address (including county and years lived there)

Previous Address (including county)

	Name of School	Phone Number	Graduation Date	Major	Degree
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Grad School	_____	_____	_____	_____	_____
Post-Grad	_____	_____	_____	_____	_____