

PART: III

BACKGROUND CHECK – AUTHORIZATION

Description

Because all Master Gardeners represent the Alabama Cooperative Extension System and Auburn University when acknowledged with such title, the ACES and AU have the right to request/perform a criminal background investigation on them.

We implement this procedure for everyone's safety – Master Gardeners, and everyone associated with the Program and its volunteers. Conducting a personal background check is a standard best-practice for quality volunteer program management.

Auburn University and the Alabama Cooperative Extension System reserve the right to deny any MG Intern certification as an Alabama Master Gardener and/or to revoke certification of any Alabama Master Gardener.

Authorization and Biographical Data

These two forms: *Consumer Disclosure & Authorization for Background Investigation* and *Biographical Data* are required by Auburn University. Remove them from Parts I and II of the application. Parts I and II are sent to your local County Extension Office and the forms in Part III are sent directly to ACES Human Resources at Auburn University.

Complete the two forms in Part III and send to ACES Human Resources by one of the methods below.

- Fax to 334-844-5345
- Send by postal service to:
ACES HR for Master Gardener
104 Duncan Hall
Auburn University AL 36849
- Scan and email a copy to:
mccecm@aces.edu

Regarding volunteers, the background check is **ONLY** checking for criminal history and verification of social security number to accurately match records. The Biographical Data form has information used to verify these two checks. Employment history is only necessary if you have been employed during the last 7 years and phone numbers are not necessary in the Employment/Education sections.

All personal information files will be securely kept confidential as access to these files is restricted under Auburn University policies. The Human Resources Office provides quality records services consistent with a commitment to privacy rights, affirmative action and equal employment opportunities.

**This application and all its contents are revised 9/10/10 and should be used for all MG Program applicants and by all supporting ACES staff for the 2011 MG training sessions.

BIOGRAPHICAL DATA

for MASTER GARDENER

AUBURN UNIVERSITY

PLEASE READ! As part of your background investigation, you must complete this form for the last **SEVEN YEARS** for both your residences and your past employment. If you have had more than four residences or more than five employers in the past seven years, please attach an additional sheet. **PLEASE PRINT CLEARLY IN BLACK INK !** Illegible handwriting will only slow the process. The request for Date of Birth is for permissible purposes and not for purposes proscribed by the law prohibiting age discrimination. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. It is unlawful for an employer to refuse to hire; discharge; or otherwise discriminate with respect to compensation, terms, conditions, or privileges of employment because of an individual's age.

NAME _____ ALIAS(S) _____

MAIDEN NAME _____ YEARS USED _____ - _____ MAIDEN NAME _____ YEARS USED _____ - _____

PHONE _____ DOB _____

DRIVER'S LICENSE NO _____ STATE _____ I.D. NO _____ STATE _____

Have you ever been convicted of ANY felony crimes, OR any misdemeanor crimes involving violence or dishonest acts such as theft, burglary, robbery, forgery or fraud? (Note: A criminal record is not necessarily a bar to participation. Each case is considered on an individual basis including age at time of offense, seriousness and nature of the offense, time elapsed since conviction and eligibility to be bonded in compliance with university policy) YES NO

CITY _____ COUNTY _____ STATE _____ YEAR _____

RESIDENCES (Starting with current)

ADDRESS: _____ HOW LONG? _____
STREET APT CITY STATE ZIP

ADDRESS: _____ HOW LONG? _____
STREET APT CITY STATE ZIP

ADDRESS: _____ HOW LONG? _____
STREET APT CITY STATE ZIP

ADDRESS: _____ HOW LONG? _____
STREET APT CITY STATE ZIP

EMPLOYMENT (Starting with current or most recent)

EMPLOYER _____ FROM _____ TO _____ PHONE _____
 CITY _____ STATE _____ SUPERVISOR _____ LOCATION _____

EMPLOYER _____ FROM _____ TO _____ PHONE _____
 CITY _____ STATE _____ SUPERVISOR _____ LOCATION _____

EMPLOYER _____ FROM _____ TO _____ PHONE _____
 CITY _____ STATE _____ SUPERVISOR _____ LOCATION _____

EMPLOYER _____ FROM _____ TO _____ PHONE _____
 CITY _____ STATE _____ SUPERVISOR _____ LOCATION _____

EMPLOYER _____ FROM _____ TO _____ PHONE _____
 CITY _____ STATE _____ SUPERVISOR _____ LOCATION _____

EMPLOYER _____ FROM _____ TO _____ PHONE _____
 CITY _____ STATE _____ SUPERVISOR _____ LOCATION _____

EDUCATION

HIGH SCHOOL _____ LAST YEAR ATTENDED _____ GRADUATED DID NOT GRADUATE GED
 CITY _____ STATE _____ PHONE _____

VOC/TECH SCHOOL _____ LAST YEAR ATTENDED _____ GRADUATED DID NOT GRADUATE

COLLEGE _____ LAST YEAR ATTENDED _____ GRADUATED DID NOT GRADUATE
 CITY _____ STATE _____ PHONE _____

GRADUATE SCHOOL _____ LAST YEAR ATTENDED _____ GRADUATED DID NOT GRADUATE
 CITY _____ STATE _____ PHONE _____ MASTERS PHD BOTH

**CONSUMER DISCLOSURE
&
AUTHORIZATION for BACKGROUND INVESTIGATION**

In connection with my volunteer services to AUBURN UNIVERSITY, I fully understand that AUBURN UNIVERSITY and/or consumer reporting agencies, may request/perform a consumer report/background investigation on me.

The consumer report/background investigation may contain the following types of information: verification of prior employment(s) and dates of employment, information about any prior criminal history, civil litigation, social security number verification, and driving records as a result of a public record(s) search from any federal, state, or any other agency which might contain such records.

Information regarding conviction will not necessarily be a bar to my participation, but will be reviewed in light of all the surrounding circumstances, including age at the time of the offense, seriousness and nature of the violation, rehabilitation, relationship of the offense to the volunteer activity and federal statutory requirements.

I authorize and request all persons, schools, business, corporations, courts, law enforcement agencies, armed forces, employment commissions, and all government agencies to release said information without restriction or qualification. I authorize a Photostat (or facsimile "Fax") of this release to be considered as effective as the original. All results will be proprietary and kept confidential, and will not be provided to any parties other than AUBURN UNIVERSITY or its legal representative. I am aware that I have the right to request the nature and scope of the results, as reported, from AUBURN UNIVERSITY. I voluntarily waive all recourse and release the requested parties from liability for complying with this request/release.

All background information obtained shall be utilized to assist in verification of the information provided in the Biographical Data Form. Retrieval and usage of this information complies with all Equal Opportunity Commission, Americans With Disabilities Act, and the Fair Credit Reporting Act (Laws, Rules, and Regulations). AUBURN UNIVERSITY is an Equal Opportunity Employer/Educational Institution, and does not discriminate as to race, color, gender, national or religious origin, age, disabilities or any other characteristic protected by law. I understand that the request for Date of Birth is for permissible purpose and not for purposes prescribed by the laws prohibiting age discrimination.

I hereby declare that all information which I have been asked to provide is true and correct and that any misstatements of fact(s) or omissions may form the basis for rejection of my volunteer services. I authorize consumer reporting agencies designated by AUBURN UNIVERSITY to provide the results of said information to AUBURN UNIVERSITY or its representatives. If selected for services, this authorization shall remain on file and shall serve as ongoing authorization for AUBURN UNIVERSITY and/or consumer reporting agencies to procure consumer reports/background investigations at any time during my volunteer period. I further release AUBURN UNIVERSITY and consumer reporting agencies designated by AUBURN UNIVERSITY, its officers, employees, and agents, from any and all liability from the results and preparation of any reports concerning myself or my background. The facts set forth by me in all documentation provided are true, complete, and correct to the best of my knowledge and belief.

PRINT NAME

DRIVER'S LICENSE NUMBER AND STATE

DATE of BIRTH

SOCIAL SECURITY NUMBER

DATE

SIGNATURE

for Master Gardener