



Youth Program Criminal Background Check (CBC) Authorization Form

Section 1. Youth Program & MSU Unit Information (Please Type or Print Legibly)

Youth Program Name:	Youth Program Start Date:
Sponsoring MSU Unit Name and Organization ID Number:	
Youth Program Coordinator Contact Information	
Last Name:	First Name:
Phone Number:	Email Address:

Section 2. Youth Program Worker/Volunteer Information (Please Type or Print Legibly)

Last Name/Surname:	First Name/Given Name:	Middle Name:
List any aliases and/or other legal names:		
Date of Birth (mm/dd/yyyy):	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Local Address (Street):	City:	
State:	Zip:	Cell/Local Phone Number (with Area Code):
Email Address:		
<p>I. ARE YOU CURRENTLY EMPLOYED BY MICHIGAN STATE UNIVERSITY? <input type="checkbox"/> Yes <input type="checkbox"/> No **If yes, please provide your ZPID or APID</p> <p>_____</p> <p>**If no, please answer question II.</p> <p>II. HAVE YOU EVER BEEN EMPLOYED BY MICHIGAN STATE UNIVERSITY? <input type="checkbox"/> Yes <input type="checkbox"/> No **If yes, please provide department name and reason for termination:</p> <p>_____</p>		

This section does not apply to MSU Employees:

EMERGENCY CONTACT NAME: _____ PHONE NUMBER: _____

CRIMINAL HISTORY

Have you ever been convicted of a crime? Yes No
Are there criminal charges pending against you at this time? Yes No

If you answer "yes" to either of these questions, please describe the nature of the crime(s) or charge(s), the date and place of the offense, and the legal disposition of the case.

NOTE: The University conducts a criminal background check on all youth program volunteers or workers. A "yes" response will not automatically disqualify an individual from consideration.

I understand that I will not be allowed to begin volunteer or work at an MSU Sponsored Youth Program until a criminal background check has been completed.

I authorize Michigan State University Human Resources to conduct a criminal background check on me and disclose my eligibility status to the youth program coordinator.

Applicant's or Legal Guardian's Signature: _____ Date: _____

MSU is an affirmative action/equal opportunity employer

MSU HR OFFICE USE ONLY

Date Authorization Form Received: _____ CBC Required? Yes No

MSU HR Staff Name and Signature: _____ Date CBC Completed: _____

ICHAT Record: Yes No NSOPW Record: Yes No

OTIS Record: Yes No Eligible? Yes No

Date Youth Program Coordinator Informed: _____

MSU HR Notes If Applicable:

