

University Events and Venues Criminal Background Check (CBC) Authorization

Form Completed forms can be submitted in the following ways:

Email: mayette.hicks@whartoncenter.com or

Mail: 750 E. Shaw Lane, East Lansing, MI 48824

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

Event Name:	<input type="checkbox"/> Wharton <input type="checkbox"/> Auditorium <input type="checkbox"/> Broad Art	Start Date:	MSU Unit/Department or Venue
	<input type="checkbox"/> MSU Museum <input type="checkbox"/> Planetarium		
Event Coordinator Name:	Phone Number:	Email Address:	

Section 2. Volunteer/Worker 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:		

This section does not apply to MSU Employees:

EMERGENCY CONTACT NAME: _____ PHONE NUMBER: _____

CRIMINAL HISTORY

Have you ever been convicted of a misdemeanor or felony crime? Yes No

Are there felony 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 event and venue volunteers or workers. A "yes" response will not automatically disqualify an individual from consideration.

I understand that I will not be allowed to begin to volunteer or work at a MSU sponsored event until a criminal background check has been completed.

I verify all information in Section 2 is true and accurate and authorize Michigan State University Human Resources to conduct a criminal background check on me and disclose my eligibility status to the MSU event coordinator.

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

MSU IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

MSU HR OFFICE USE ONLY

HR Staff _____

Date Form Received: _____ Date CBC Completed: _____ Date Coordinator Informed: _____

ICHAT Record: Yes No OTIS Record: Yes No NSOPW Record: Yes No Eligible: Yes No