



**Applicant Authorization
& Release Form**

I, _____, wish to be considered for employment with California State University, Monterey Bay (CSUMB). I hereby authorize CSUMB and its agents to inquire about and verify all statements contained in my employment application and to obtain information concerning my qualifications as a prospective employee. Further, I authorize CSUMB to contact the academic institution(s) and each of my former employers and the references listed herein. I also authorize the academic institution(s) and each of my former employers and the references listed herein to give CSUMB any and all information concerning verification of degree and my previous employment and any pertinent information they may have regarding my education and/or work performance; whether such information is favorable or unfavorable to me. I hereby fully release all such persons and entities from all liability with respect to furnishing such information to CSUMB, and waive any claims I may have against them with respect to the release of such information. I also authorize CSUMB to release such employment information as necessary to those employees and agents of CSUMB who require such information to investigate or to make a decision with respect to any matter pertaining to my employment. Please acknowledge the following:

I understand that selected finalists will be asked to undergo a formal, third-party background check.

I acknowledge that I have read this authorization and release, fully understand it and voluntarily agree to its provisions.

Applicant's Printed Name

Applicant's Signature

Dated

Department