

Criminal History Check

To be employed in or hold a job within SESC that is designated security sensitive, an applicant or employee must satisfactorily complete and pass a criminal history check (CHC). This form authorizes SESC to obtain criminal history information on the applicant, who is seeking employment position designated as security sensitive, or a current employee promoting into a security sensitive position.

Instructions: This form is to be completed by the applicant or employee. Print legibly and complete all information requested. Deliver the completed form to SESC. Human Resources Department or send via fax to Human Resources at 808-263-0860. Once the CHC results have been received, the hiring manager will be notified by Human Resources.

This form must be submitted and results received prior to the first day of employment in a security sensitive position.

Last Name:	First Name:	Middle Name:
Date of Birth: MM/DD/YYYY	* SSN:	Current Address (Street, City, State & Zip Code):
Maiden Name:	List Any Former Names Used:	Please Circle: Male or Female
Place of Birth: City, State, County	Mother's Maiden Name:	Driver's License No. and State License Issued:

*Some positions within SESC. require obtaining criminal history information on applicants for employment for security sensitive positions. Your SSN will be used to obtain this information as part of a background check. You are not required by law or other authority to disclose your SSN, however, failure to do so may result in the inability to complete the background check. Your SSN will not be disclosed to the public.

List all locations where you have lived during the last 7 years, beginning with your present place of residence. *Include the full address for any international locations*****

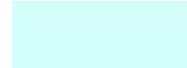
From MM/YYYY	To MM/YYYY	City	State	Zip Code	County

Acknowledgement and Authorization

I hereby authorize the SESC background agent to furnish SESC information related to my criminal history. I hereby release SESC the SESC System and all its officers, and employees, from all liability resulting from the use of information obtained as part of this background check. I certify that the information provided by me on this form is true, complete and correct to the best of my knowledge. I understand that any false information provided herein will void my application for employment and may result in termination. I further understand that a criminal history may disqualify me for employment at SESC

Signature Applicant/

Signature Field



Full Name (print or type)

Position Title:	Department:	Position #:	Req #:
Date Request Received:	Date Request Submitted:	Date Results Communicated:	HR Re