Human Resources Division Revised: 08/2005



Missouri Department of Transportation

BACKGROUND CHECK

AUTHORIZATION FORM

I authorize the Missouri State Highway Patrol to furnish the Missouri Department of Transportation (MoDOT) any information regarding my criminal history. This includes pending charges and convictions for a misdemeanor or a felony.

I authorize the Missouri Department of Revenue to furnish to MoDOT information regarding the status of my driver’s license.

I do hereby release and forever discharge MoDOT and its officers, agents, and employees, from any and all liability arising out of or in any manner relating to the performance of the above reference checks and the disclosure of any information made with regard thereto.

Conviction of a violation of the law is not an automatic bar to employment. Each case is considered on an individual basis; however, falsification of the application will result in disqualification.

I have read and understand the above paragraphs.

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| Name:  |       | Name: |       |
| (Print Last, First, MI) (If applicable, include Jr., Sr., etc.) | (Please list any previous names.) |
| Signature:  |  | Date: |       |
| Social Security Number: (Please list any previously used social security numbers.) |       |
|  |
| **Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Please include any alcohol or drug related driving offenses or any other offense you have been convicted of.)****If YES, please provide explanation below:** **[ ]  YES** **[ ]  NO** |
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| **Have you ever received probation or community supervision for any federal, state, or municipal criminal offense?****If YES, please provide an explanation below: [ ]  YES [ ]  NO**  |
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| **Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?****If YES, please provide an explanation below: [ ]  YES [ ]  NO** |
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| **As of the date of this authorization, do you have any pending criminal charges against you?****If YES, please provide an explanation below: [ ]  YES [ ]  NO** |
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| **FOR DEPARTMENT OF TRANSPORTATION USE ONLY** |
| Job Title: |       | District/Division/Office: |       |
| SAM II Access: | [ ]  Yes | [ ]  No |
| Date of Birth: |       | Gender: |       | Purchasing Authority: |       |