Human Resources Division Revised: 12/2018



Missouri Department of Transportation

CONSULTANT/CONTRACTOR 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 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: | | | | |  | | | | | | | | | | | | |
| (If applicable, list any previously used social security numbers.) | | | | | | | |  | | | | | | | | | |
| Date of Birth: | | |  | | | Gender:  Male  Female | | | | | | | MoDOT Phone | | |  | |
| Company Name: | | | |  | | |  | | Company Phone Number: | | | | |  | | | |
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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: |  |