

EASTERN ILLINOIS UNIVERSITY
Background Investigation for Employment

****CONFIDENTIAL****

(Please Print)

Name: _____
 First Middle Last

Address: _____

City State Zip Code EXT.

Sex: _____ Race: _____

Codes for Sex

Male.....M
Female.....F
Unknown.....U

Valid Codes for Race

White..... W
Black/Afro-American..... B
Asian/Pacific Islands..... A
American Indian/Alaskan..... I
Hispanic..... H
Unknown..... U

States where lived or worked: _____

Social Security Number: _____ Date of Birth: _____

Your Social Security Number (SSN) is required to ensure an accurate background check and is specifically authorized by Illinois Public Act 096-0874, the Identity Protection Act.

Applicant's Signature: _____

FOR OFFICE USE ONLY:

Charge back to: _____
 Account Name Account Number

Requested by: _____
 Employment Officer/Assistant Date

Type of Position: STATUS EXTRA-HELP FACULTY A&P/ASP

Date of Hire: _____

Revised 8/10