DMACC Authorization/Consent & Release

DES MOINES AREA COMMUNITY COLLEGE

To be completed by Applicant:

I acknowledge that it is the responsibility of Des Moines Area Community College (DMACC) to hire qualified applicants, and that it is the responsibility of the College to make inquiries as the College, in its discretion, deems relevant to assess work performance. I authorize the College, or its agents, to contact references, to investigate my background, conduct a criminal history check, and to make such other inquiries as the College deems relevant to assess my qualifications for the position for which I am applying. I release all parties from any liability for such disclosure and I understand that the information disclosed will not be released to me.

Finally, I understand that signing this authorization does not create an employment contract, and that a job offer is not final until all hiring conditions have been met and all required approvals have been obtained.

Have you ever lived or worked outside the State of Iowa as an adult? ☐ Yes ☐ No
(If yes, please complete authorization/consent form for a national background check.)

Date of Birth: _____ Social Security Number: _____

_____ _____ _____
Applicant's Printed Name | Applicant's Signature | Date

To be completed by Department :

☐ Temporary ☐ Student ☐ Work Study ☐ Adjunct (Hourly) (PAN/Non-Cr Inst Input) ☐ Adjunct (All Other) (courses assigned CRN)

This employee will:
- ☐ Have access to keys
- ☐ Have access to cash or equipment
- ☐ Have contact with children
- ☐ Be expected to drive/operate a DMACC vehicle
- ☐ Have access to confidential information (e.g. Banner, student and personnel files)

What level of supervision is provided for this position? (Please check the appropriate descriptive statement.)
- ☐ Closely supervised by a DMACC employee
- ☐ Moderate supervision (DMACC supervisor within sight)
- ☐ Minimal supervision (DMACC employee checks in and out with supervisor but does not work in the same area)

_____ _____ _____ _____
Supervisor/Authorized Signature | Printed Name | Ext # | Date

Dept. Name or Campus _____ Timekeeper_____ Dept. Org. Code _____

For HR Use Only:

Result of Criminal Background Check: Was Employment Approved? ☐ Yes ☐ No _____ _____
Date | HR Initials

Date Sex Offender Check Completed _____ Date Data Entered into Banner_____

P-61A 8/27/09