

DRIVER EMPLOYMENT APPLICATION
WESTERN COLORADO UNIVERSITY
 1 Western Way, Gunnison, Colorado 81231
 970-943-3140, HR@western.edu
 An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States? ☐ YES ☐ NO

PREVIOUS THREE YEARS RESIDENCY					
<i>Attach additional sheet if more space is needed</i>					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none ☐

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, backing, turning, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

MOVING TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING)

Attach additional sheet if more space is needed. Check this box if none ☐

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

☐ YES ☐ NO

If yes, explain

Has any license, permit, or privilege ever been suspended or revoked?

☐ YES ☐ NO

If yes, explain

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				CDL?	Yes No
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

SECOND (MOST RECENT) EMPLOYER

NAME				PHONE		
ADDRESS						
POSITION HELD		FROM MO/YR		TO MO/YR		
REASON FOR LEAVING				CDL?	Yes No	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

THIRD (MOST RECENT) EMPLOYER

NAME				PHONE		
ADDRESS						
POSITION HELD		FROM MO/YR		TO MO/YR		
REASON FOR LEAVING				CDL?	Yes No	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

Applicant, you must add additional pages, if necessary, to complete required employment history.

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y N		DETAILS
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

Western Colorado University requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL) to be controlled substances tested with a negative result prior to driving.
Do you consent to such testing? ☐ Yes ☐ No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the University.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			

A required multi-page "Addendum" to the Western Colorado University Bus Driver Application Form follows this page.

Completion of these additional forms with the application will make the application review and hiring process go more smoothly and faster.

Three sets of Previous Employer Inquiry forms are included. If the applicant has had more than three previous employers for driving jobs in the past three years, make copies and complete and include a form for every employer.

Previous Employer Inquiry

Driver's Section

Prospective Employer: Western Colorado University
Address: 1 Western Way, Gunnison, Colorado 81231
Contact Representative: Kim Gailey **Title:** Director of Human Resources
Phone #: 970-943-3142 **Fax#:** 970-943-2277 **Email:** kgailey@western.edu

Drivers Name: _____

Prior Employer _____
Address: _____
Phone: _____ **Fax:** _____ **Email:** _____

I hereby release any and all information pertaining to my employment records as required by 49 CFR Part 391.23 to the above named company. You are released from any and all liability which may result from releasing such information.

Signed: _____ **SSN:** _____
Witness: _____ **Date:** _____

↓ Please complete the following information as it pertains to the driver listed above. ↓

1. Please indicate when the driver worked for your company and the nature of their employment.
Employed From: _____ (mo/yr) **To:** _____ (mo/yr) **CMV Driver:** ☐ **CDL Driver:** ☐
Duties: _____

2. Did the applicant have any accidents while employed with you? [] Yes [] No

Date	Time	Driver	Location City State	# Injured	# Killed	Vehicle Towed	Driver Cited	HazMat Spill

3. Did the driver violate any section of 49 CFR Subpart B?

Did this employee violate any of the following regulations:	Yes	No
Part 382.201 Alcohol concentration above .04.		
Part 382.205 Alcohol use on duty.		
Part 382.207 Alcohol use within 4 hours before coming on duty.		
Part 382.209 Alcohol use until 8 hours after an accident.		
Part 382.211 Refusing to submit to testing (Post accident, Random, Reasonable suspicion, or Follow Up test)		
Part 382.213 Controlled substances use on duty.		
Part 382.215 Tested positive for controlled substances.		
4. Part 391.23(e)(2). If you answered "yes" to any of the above items, did the employee complete the return-to-duty process according to: Part 382.605/Part 40 Subpart O		

5. Part 391.23(e)(3) After completing the return-to-duty process, Part 382.605/Part 40 Subpart O, did the driver:		
1. Test above .04 for alcohol	Yes	No
2. Received a verified positive controlled substances result		
3. Refused to be tested		

Previous employer, if you answered "yes" to any item in section 3, you must also transmit a copy/copies of the appropriate documentation (e.g., CCFs, MRO results reports, BATFs, SAP reports, follow-up testing record) to the new employer. (49 CFR Section 40.25)

As per Part 391.23(g) After October 29, 2004 previous employers must respond to the above request within 30 days after the request is received.

Type of equipment driven [] Straight truck [] Tractor semi-trailer [] Bus Trailer used. [] Van [] Flatbed [] Refrigerated [] Cargo Tank [] Triples [] Doubles
Was the applicant safe and efficient? [] Yes [] No
Remarks:
What kind of work did applicant perform?
Remarks:
Was applicant's general conduct satisfactory?
Remarks:

Reason for leaving your employ. [] Discharged [] Laid off [] Resigned [] Other:

How was the driver in:	EXCELLENT	GOOD	POOR
Quality of work			
Cooperation with others			
Safety Habits			
Personal Habits			
Driving Skills			
Attitude			

Comments:

Mailed On:	Faxed On:
Verified by Phone On:	
Signature:	Date:

Previous Employer Inquiry

Prospective Employer: Western Colorado University
Address: 1 Western Way, Gunnison, Colorado 81231
Contact Representative: Kim Gailey **Title:** Director of Human Resources
Phone #: 970-943-3142 **Fax#:** 970-943-2277 **Email:** kgailey@western.edu

Drivers Name: _____

Prior Employer _____
Address: _____
Phone: _____ **Fax:** _____ **Email:** _____

I hereby release any and all information pertaining to my employment records as required by 49 CFR Part 391.23 to the above named company. You are released from any and all liability which may result from releasing such information.

Signed: _____ **SSN:** _____
Witness: _____ **Date:** _____

↓ **Please complete the following information as it pertains to the driver listed above.** ↓

1. Please indicate when the driver worked for your company and the nature of their employment.
Employed From: _____ **(mo/yr) To:** _____ **(mo/yr)** **CMV Driver:** ☐ **CDL Driver:** ☐
Duties: _____

2. Did the applicant have any accidents while employed with you? [] Yes [] No								
Date	Time	Driver	Location City State	# Injured	# Killed	Vehicle Towed	Driver Cited	HazMat Spill

3. Did the driver violate any section of 49 CFR Subpart B?		
Did this employee violate any of the following regulations:		Yes
Part 382.201 Alcohol concentration above .04.		
Part 382.205 Alcohol use on duty.		
Part 382.207 Alcohol use within 4 hours before coming on duty.		
Part 382.209 Alcohol use until 8 hours after an accident.		
Part 382.211 Refusing to submit to testing (Post accident, Random, Reasonable suspicion, or Follow Up test)		
Part 382.213 Controlled substances use on duty.		
Part 382.215 Tested positive for controlled substances.		
4.	Part 391.23(e)(2). If you answered "yes" to any of the above items, did the employee complete the return-to-duty process according to: Part 382.605/Part 40 Subpart O	

Driver's Section

5. Part 391.23(e)(3) After completing the return-to-duty process, Part 382.605/Part 40 Subpart O, did the driver:		
1. Test above .04 for alcohol	Yes	No
2. Received a verified positive controlled substances result		
3. Refused to be tested		

Previous employer, if you answered "yes" to any item in section 3, you must also transmit a copy/copies of the appropriate documentation (e.g., CCFs, MRO results reports, BATFs, SAP reports, follow-up testing record) to the new employer. (49 CFR Section 40.25)

As per Part 391.23(g) After October 29, 2004 previous employers must respond to the above request within 30 days after the request is received.

Type of equipment driven [] Straight truck [] Tractor semi-trailer [] Bus Trailer used. [] Van [] Flatbed [] Refrigerated [] Cargo Tank [] Triples [] Doubles Was the applicant safe and efficient? [] Yes [] No Remarks: What kind of work did applicant perform? Remarks: Was applicant's general conduct satisfactory? Remarks:
--

Reason for leaving your employ. [] Discharged [] Laid off [] Resigned [] Other:

How was the driver in:	EXCELLENT	GOOD	POOR
Quality of work			
Cooperation with others			
Safety Habits			
Personal Habits			
Driving Skills			
Attitude			

Comments:

Mailed On:	Faxed On:
Verified by Phone On:	
Signature:	Date:

Previous Employer Inquiry

Prospective Employer: Western Colorado University

Address: 1 Western Way, Gunnison, Colorado 81231

Contact Representative: Kim Gailey **Title:** Director of Human Resources

Phone #: 970-943-3142 **Fax#:** 970-943-2277 **Email:** kgailey@western.edu

Drivers Name:

Prior Employer

Address:

Phone: **Fax:** **Email:**

I hereby release any and all information pertaining to my employment records as required by 49 CFR Part 391.23 to the above named company. You are released from any and all liability which may result from releasing such information.

Signed:

SSN:

Witness:

Date:

↓ Please complete the following information as it pertains to the driver listed above. ↓

1. Please indicate when the driver worked for your company and the nature of their employment.
Employed From: (mo/yr) **To:** (mo/yr) **CMV Driver:** ☐ **CDL Driver:** ☐
Duties:

2. Did the applicant have any accidents while employed with you? [] Yes [] No

Date	Time	Driver	Location City State	# Injured	# Killed	Vehicle Towed	Driver Cited	HazMat Spill

3. Did the driver violate any section of 49 CFR Subpart B?

Did this employee violate any of the following regulations:

Yes

No

Part 382.201 Alcohol concentration above .04.

Part 382.205 Alcohol use on duty.

Part 382.207 Alcohol use within 4 hours before coming on duty.

Part 382.209 Alcohol use until 8 hours after an accident.

Part 382.211 Refusing to submit to testing (Post accident, Random, Reasonable suspicion, or Follow Up test)

Part 382.213 Controlled substances use on duty.

Part 382.215 Tested positive for controlled substances.

4. Part 391.23(e)(2). If you answered "yes" to any of the above items, did the employee complete the return-to-duty process according to:
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5. Part 391.23(e)(3) After completing the return-to-duty process, Part 382.605/Part 40 Subpart O, did the driver:		
1. Test above .04 for alcohol	Yes	No
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Previous employer, if you answered "yes" to any item in section 3, you must also transmit a copy/copies of the appropriate documentation (e.g., CCFs, MRO results reports, BATFs, SAP reports, follow-up testing record) to the new employer. (49 CFR Section 40.25)

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Was the applicant safe and efficient? [] Yes [] No
Remarks:
What kind of work did applicant perform?
Remarks:
Was applicant's general conduct satisfactory?
Remarks:

Reason for leaving your employ. [] Discharged [] Laid off [] Resigned [] Other:

How was the driver in:	EXCELLENT	GOOD	POOR
Quality of work			
Cooperation with others			
Safety Habits			
Personal Habits			
Driving Skills			
Attitude			

Comments:

Mailed On:	Faxed On:
Verified by Phone On:	
Signature:	Date:

**General Consent for Limited Queries of the
Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse**

I, Driver's Name

, hereby provide consent to Carrier

to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I am consenting to multiple limited queries for the duration of employment.

I understand that if the limited query conducted by Carrier indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Carrier without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Carrier to conduct a limited query of the Clearinghouse, Carrier must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Driver signature

Date



DR 2559 (11/28/18)
COLORADO DEPARTMENT OF REVENUE
Division Of Motor Vehicles
Driver Control Section, Room 164
PO Box 173345
Denver, CO 80217-3345
www.colorado.gov/revenue

Search Fee \$9.00
Certified fee (additional) \$1.00

☐ Certified Record

Permission to Release Driver Records to Self or Another Person

**Driver's License offices provide only personal driving record information.
Records and/or other requests are available only at 1881 Pierce St., Lakewood, CO**

Pursuant to §42-1-206(1)(b)(II) (7)(a) and (7)(b)(XIII), C.R.S.

<input type="checkbox"/> 7 Year Driver Record			<input type="checkbox"/> Full Driver Record		
I (Please Print Last Name)			First Name		
hereby authorize the release of personal information contained in records maintained by the Colorado Department of Revenue, Division of Motor Vehicles, to:					
Last Name Thompson			First Name Nickie		<input type="checkbox"/> Check if to self
Pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§24-72-204, §42-1-206 (1)(b)(II)).					
Driver					
Driver's Date of Birth			Driver's License Number		
Signature				Date	
Signature of Parent or Guardian if Driver is a Minor				Date	
Person Receiving Record					
Release Records to: Last Name Thompson			First Name Nickie		
Driver's License Number			State		
Company (if applicable) Western Colorado University					
Mailing Address 1 Western Way					
City Gunnison			State CO		Zip Code 81231
If your check is returned for insufficient funds or a closed account, you may not be issued or renew any type of driver's license or identification card until the original check is redeemed and an administrative and short check fee are paid.					
Under penalty of perjury, I attest that I shall not obtain, resell, transfer, or use the information in any manner prohibited by law. I understand that motor vehicle or driver records that are obtained, resold, or transferred for purposes prohibited by law may subject me to civil penalties under federal and state law. All of the information provided is true and accurate to the best of my knowledge.					
Signature of Requestor					Date

(If applicant requires assistance to obtain copies contact the WCU Human Resources or Athletics Office)

Attach copy of the front and back of your current Colorado CDL License here:

(If applicant requires assistance to obtain a copy contact the WCU Human Resources or Athletics Office)

Attach copy of your current Medical Examiner's Certificate here:

WESTERN COLORADO UNIVERSITY
DISCLOSURE AND CONSENT CONCERNING CONSUMER
AND INVESTIGATIVE CONSUMER REPORTS

This form, which you should read carefully, has been provided to you because Western Colorado University ("University") may request Consumer Reports and/or Investigative Consumer Reports from a consumer reporting agency. The University will use any such report(s) solely for employment-related purposes.

Consumer Reports or Investigative Consumer Reports will be obtained from HireRight, Inc., ("HireRight") located at 2100 Main Street, Suite 400, Irvine, CA 92614. They can be contacted at 800-400-2761. Any such reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: credit reports, social security number, criminal records checks, public court records checks, including civil, driving records, educational records, verification of employment positions held, workers compensation records, personal and professional references, licensing, certification, etc. The information contained in these reports may be obtained by HireRight from private or public record sources including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

For California residents, under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

You are being given a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. section 1681(g)(c). You have the right to request additional disclosures of the nature and scope of the investigation and a statement of your rights by contacting HireRight.

CONSENT

I have carefully read and understand this Disclosure and Consent form and, by my signature below, consent to the release of consumer and/or investigative consumer reports, as defined above, to the University in conjunction with my application for employment. I further understand that any and all information contained in my job application or otherwise disclosed to the University by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the University. I understand that if the University hires me, it may request a consumer report and/or an investigative consumer report about me, as defined above, for employment-related purposes during the course of my employment. I understand that my consent will apply throughout my employment, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to the University at any time. This Disclosure and Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the University.

******* PLEASE PRINT CLEARLY *******

Applicant Last Name _____ First _____ Middle _____

Other Names Used _____

Social Security # _____ Date of Birth (for ID purposes only) _____

Driver's License State _____ # _____ Phone number _____

Present Address _____

City/State/Zip _____

Have you ever been convicted of a criminal offense? ☐ No ☐ Yes (provide details on a separate page)

Applicant's Signature _____ Date _____

CALIFORNIA, MINNESOTA AND OKLAHOMA APPLICANTS ONLY: ☐ I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report on me that is requested.

CONTINUATION OF CONSENT TO RELEASE OF
CONSUMER &/OR INVESTIGATIVE CONSUMER REPORTS

*History of Residences for **last 7 years:***

Dates MM/YY to MM/YY	Street	City	County, Parish, or Providence	State (or foreign country if not USA)	Zip

Applicant Signature: _____ Date: _____



Acknowledgment and Authorization for Criminal Background Check

As a condition of my candidacy for employment with Western Colorado University, I understand that the University will conduct a criminal background check on me for employment purposes and may conduct other employment related background checks.

By signing this Acknowledgment and Authorization, I authorize Western Colorado University or any company authorized by the University, to access such information as may be necessary to complete a criminal background check and all background checks as described in the Western Colorado University Background Check Policy, attached hereto.

I release from liability all persons and entities supplying such information. I indemnify Western Colorado University or any company authorized by the University against any liability which may result from making such requests. I understand that the information provided by me, including personal information, sex and date of birth, is for the sole purpose of accurately gathering information needed for the criminal background check and any other employment related background checks and will not be used unlawfully.

I understand that upon my request, I will be given a copy of the background report and a written description of my rights under the Fair Credit Reporting Act.

I am a candidate for the position of: _____

In the department of: _____

Printed Name: _____

Other Names Used: _____

Have you ever been convicted of a criminal offense?

☐ No ☐ Yes (provide details on a separate page)

I acknowledge receipt of the Western Colorado University Background Check Policy; I affirm, to the best of my knowledge, that all information provided by me in application for this position, and for the background check, is accurate, true and correct; and I fully understand the terms of the Policy, and this Acknowledgment and Authorization.

Signature: _____ Date: _____

BACKGROUND CHECK POLICY

WESTERN COLORADO UNIVERSITY

Purpose: Western Colorado University is committed to providing students with an outstanding education in a safe environment. To fulfill this commitment, careful selection procedures are necessary to hire qualified individuals. Background checks are an important part of a thorough selection process, reducing the risk of a poor hiring decision and helping ensure the University is a safe and secure environment for students, faculty, staff and visitors.

Policy: Western Colorado University conducts background checks on newly hired employees and on rehired employees in order to verify the information provided by candidates and to determine their suitability for employment. A criminal background check and a check of the National Sex Offender Public Registry is conducted post-offer for employees as described in the policy scope.

The University may also check candidates' professional, personal, and other employment related references, employment history and proof of required credentials. If job responsibilities dictate, post offer credit and driving records of newly hired employees and rehired employees may be checked.

Offers of employment will be contingent upon the completion of an acceptable background check.

Scope:

A. Criminal background and sex offender registry background checks apply to:

1. All faculty or administrators newly hired (post-offer). Faculty or Administrators who are hired for less than a 15 day term of service may not be subject to a background check.
2. Faculty and administrators rehired after a one year or more break in service. Faculty or Administrators who are rehired for less than a 15 day term of service may not be subject to a background check.
3. Classified employees hired (post offer) for regular or temporary appointments. Classified employees who are hired for less than a 15 day term of service may not be subject to a background check.
4. Classified employees rehired after a one year or more break in service for regular or temporary appointments. Classified employees who are rehired for less than a 15 day term of service may not be subject to a background check.
5. All independent contractors, depending upon their responsibilities on campus. Note that independent contractors and their regular employees or sub-contractors who are required to perform criminal record and sex offender registry background checks may be required to do so at the independent contractor's cost as a condition of their contract with Western.
6. Students employed in Residence Life, Campus Security and athletic camps, or students who have responsibility for the care, safety or security of students, including but not limited to those who have responsibility for supervising other students or campus visitors for classes or activities involving overnight activities are subject only to screening through the National Sex Offender Public Registry.
7. Any employee subject to a criminal background check under the Key Policy.

8. Any employee whose job duties or qualifications specifically require a criminal record and/or sex offender registry background check.
- B. Professional and personal references, employment history and proof of credentials background checks apply to all new employees.
- C. Credit history and driving record background checks may apply to new hires (post-offer) only when qualifications for the job require or the job duties are reasonably related to the check. Unrelated to hiring, the University driving policy may also require driving record checks.

II. Responsibilities:

- A. Human Resources: The Western Colorado University Office of Human Resources is responsible for carrying out the procedures related to criminal background checks, National Sex Offender Public Registry checks, credit history checks and driving record checks on all employees of the University, as defined under the scope of this policy. This responsibility includes adherence to applicable laws, including, but not limited to the Fair Credit Reporting Act, **§ 24-5-101, C.R.S.** and proper recordkeeping and retention of sensitive information. It is the responsibility of the Office of Human Resources to obtain a completed Acknowledgement and Authorization form from an employee/candidate before background checks are conducted. The University considers information received in response to a background check is highly confidential.

It is the responsibility of the Office of Human Resources to obtain employees' official transcripts and/or licenses, as applicable, as proof of required credentials.

It is the responsibility of the Office of Human Resources to check professional and/or personal references for candidates in classified personnel system searches.

When a background check yields records that may affect hiring or rehiring decisions, the director of human resources in consultation with legal counsel, when necessary, and the appropriate vice-president work together to determine the relevance of such information to the vacant position's responsibilities and the hiring decision.

Having a criminal history, a criminal conviction, or a motor vehicle violation does not necessarily preclude employment. The nature of the offense, the circumstances surrounding it and its relevance to a particular position are evaluated on a case-by-case basis. An evaluation shall consider, but shall not necessarily be limited to, the following factors:

- Falsification of application material pertaining to the conviction(s);
- Date of conviction(s);
- Subsequent employment record;
- Length of university service and performance;
- Number and gravity of crime(s) committed and the nature of the crime(s) in relationship to the nature of the work to be performed;
- Potential opportunity, through possible abuse of work-related functions or situations, to cause financial or property loss or other harm.

- B. Search Committees: Search committees are responsible for checking professional and/or personal references for faculty and administrator candidates.

Search committees shall include a statement in the full position announcement that Western Colorado University conducts background checks prior to employment and any offer of employment is contingent upon completion of an acceptable criminal background check.

- C. Appointing Authorities: The appointing authority is responsible for making offers of employment for appointments within the scope of this policy contingent upon acceptable results of the background check.

Once an offer of employment is made, the appointing authority, in conjunction with the Office of Human Resources, is responsible for having the candidate/employee sign an Acknowledgement and Consent form to allow the Office of Human Resources to conduct a background check. The candidate will complete the form and give it to the appointing authority or designee directly. Individuals who fail or refuse to complete the form or who provide false or misleading information may no longer be considered a candidate.

Appointing Authorities are responsible for the costs associated with conducting background checks.

Appointing authorities are responsible for consulting with the human resources office when considering the relevance of credit history and driving records to the vacant position's job responsibilities.

- D. Campus Security: The Office of Campus Security may be given joint responsibility with the Office of Human Resources in carrying out any of the background check procedures, to the extent permitted by applicable law.

Western Colorado University reserves the sole right to make the determination concerning the relevance of information obtained from a background check and the sole right to make employment decisions.

III. Sanctions for Violation:

Violations of any provision of the background check policy, including but not limited to providing false information, may result in disciplinary actions, up to and including termination of employment. Failure to disclose convictions in the application process is deemed falsification of the employment application and shall result in termination of employment, if employed, after the effective date of this policy.