



Authorization to Verify Employment History

Have you ever been employed at this institution or any other State Agency?

Yes No

If yes, please provide name of agency/institution(s): _____

In order to verify prior employment history and to be further evaluated as an applicant for a position at Minnesota State University, Mankato, I hereby authorize Minnesota State Mankato to contact the Human Resources Offices at my current and former employers as listed on my application and/or vitae.

Applicant Name (Printed)

Applicant's Signature

Date

HUMAN RESOURCES

Minnesota State University, Mankato
Applicant Authorization for Release of Information from Current and Former Employers

Name: _____
(Please Print)

Other Names Used in Prior Employment:

I am applying for a position of employment with Minnesota State University, Mankato. I authorize my current and former employers to orally and/or in writing make available to representatives of Minnesota State University, Mankato the following data, regardless of whether the data is public or not public, and regardless of the data's location: contents of my personnel file; information regarding my job performance; training and education provided by the employer; dates of employment; job title(s) and responsibilities; existence, status, and nature of any complaints or charges against me, regardless of whether the complaint or charge resulted in disciplinary action; nature of and reasons for any disciplinary action, whether or not such disciplinary action is in final disposition as defined in Minn. Stat. § 13.43, subd. 2(b); reasons for separation; eligibility for re-employment; and any and all other data about my employment that may be maintained by my current and former employers. **This authorization does not extend to any medical records or medical information about me that may be maintained by my current and former employers, including but not limited to information about Family and Medical Leave Act leave, worker's compensation, results of medical examinations or drug or alcohol testing, or any disability accommodations. This release also does not include any information about internal or external complaints or charges made by me against others.**

A list of my current and former employers is attached to this Authorization.

I understand that I may request that certain data not be released to Minnesota State University, Mankato. However, I also understand that restricting the release of certain information about me may result in my no longer being considered for employment by Minnesota State University, Mankato. I understand that I may discuss this further with a Minnesota State University, Mankato human resource representative if I have any questions prior to completing this form. With the above understanding, I place the following restrictions on the information that may be released by my current and former employers:

I understand that the purpose of permitting Minnesota State University, Mankato to obtain this information about me is to determine my suitability for employment with Minnesota State University, Mankato.

I understand that access to the data will be limited to individuals within Minnesota State University, Mankato and their representatives whose job duties reasonably require access, to myself and to any individuals authorized by me to receive the data, to the **Minnesota State Colleges and Universities System Office**, and to other persons or entities to the extent required by court order or authorized by state or federal law.

I hereby fully release my current and former employers from any and all liability for any damage of any kind or nature whatsoever that may result from furnishing the information as described in this Authorization. I also fully release Minnesota State University, Mankato from any and all liability for any damage of any kind or nature whatsoever that may result from requesting or making decisions based upon the information as described in this Authorization.

This authorization to release data as specified above expires when the position I am applying for has been filled. I understand that I may withdraw my authorization in writing at any time, but that if I do withdraw my authorization, it will not affect any data that was released prior to Minnesota State University, Mankato's receipt of my withdrawal.

Signature: _____ Date: _____