

## BACKGROUND CHECKS AUTHORIZATION FORM

PLEASE PROVIDE INFORMATION AS REQUIRED ON ALL FOUR PAGES.

**INSTRUCTIONS:** This form is to be completed by persons subject to background checks as set forth in Marshall University Board of Governors Policy HR-14, Background Checks, <http://www.marshall.edu/president/board/policies.html>, and Marshall University Human Resource Services Interim Procedure MU-HR-AP-14, Background Checks, <http://www.marshall.edu/human-resources/poly/>, and who will be employed by Marshall University (MU). A completed, printed form including ink signature should be sent in a sealed envelope via Campus Mail or U.S. Mail to MU Human Resource Services at the address at the top of this form. If not completed on-screen, please clearly print all entries except for signatures. Background checks required by policy must be completed prior to the first day of employment or the first day of participation in an activity that requires a background check. If you have questions or need assistance, please contact Human Resource Services (address at top of form). MU's approved third-party provider is American Background Information Services, Inc. (doing business as American Background), 629 Cedar Creek Grade, Suite C, Winchester, VA 22601, 800.669.2247.

<b>NAME</b>			
<b>EMPLOYING COLLEGE/DEPARTMENT</b>			
Please place a check mark in the box to the left of the appropriate answer at the "YES/NO" items. <u>IF YOU MARK MORE BACKGROUND CHECK CATEGORIES BELOW THAN ARE REQUIRED FOR YOUR TYPE OF EMPLOYMENT, MU WILL ONLY CHECK THOSE COMPONENTS THAT ARE ACTUALLY REQUIRED.</u>			
<b>POLICY/PROCEDURE INFORMATION:</b> I certify either that I have been provided with (1) copies of the above-named policy and procedure; (2) an opportunity to consult these on the web; <u>and/or</u> (3) an opportunity to ask questions about these in order to understand the type of background checks that may be required according to the type of employment I will have with MU or according to the type of activity that I will participate in that includes a requirement for a background check. I understand that the specific background check components required may vary according to the type of employment I will have or the type of activity I may participate in.			
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<b>EMPLOYMENT VERIFICATION:</b> I understand, consent to, and authorize the release of information to MU or American Background regarding my previous or current employment for the ten (10) year period preceding the date on which employment at MU would begin (or as many years as I have been presently or previously employed if less than ten years). I hereby authorize all past employers or agents who employed me within that ten (10) year period to respond to written, e-mail, or telephonic inquiries from MU or from American Background about my employment record, including not limited to, (1) job title or position held, (2) dates of employment, (3) last pay rate, (4) quality of work performance, (5) disciplinary records, if any, (6) evaluation of reliability, and (7) information about any incidents of dishonesty, insubordination, violence, and/or unsafe, harmful, or threatening behavior, including information based upon materials in my personnel files. I understand that previous employers may have rules with respect to the release of information about current or former employees and may not provide all of the types of information identified above. I understand, however, that the minimum for a successful background check with a former employer which meets the requirements of the above-cited policy and procedure will include (1) the date I started employment, (2) the date I ended employment (if no longer employed by that employer), (3) my job title, and (4) whether or not I am eligible for re-hire by that employer.			
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<b>CRIMINAL RECORDS CHECK:</b> I understand, consent to, and authorize the release of information to MU or American Background regarding any <u>criminal record</u> which I may have and which information may be (1) included in county criminal records or federal district court criminal records for counties or federal court districts that I have resided in during the preceding ten years; and/or (2) included in any proprietary database of criminal records maintained by or accessible by American Background. I understand that any such country criminal record data source may contain records of crimes committed in municipalities within that county. I understand that criminal records contained in those data sources may be associated with crimes that may have occurred earlier than ten years ago but which are currently maintained in those data sources, and I consent to and authorize the release of said information to MU or American Background. I understand that the criminal records check contemplated herein will focus on convictions and that a criminal record will not necessarily disqualify me from consideration for employment but will be at the discretion of MU to decide upon.			
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<b>EDUCATION VERIFICATION:</b> I understand that IF I documented on my employment application possession of an academic degree that was offered as qualification for employment at MU, I will be required to contact the registrar of the institution that granted my degree and request that an official, raised-seal copy of my transcript be sent to my prospective employing office and that I am responsible for the payment from personal funds of any fee that may be required by the degree-granting institution for the generation of the transcript.			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE (DID NOT OFFER A DEGREE AS QUALIFICATION FOR EMPLOYMENT)	
<b>CONSUMER HISTORY REPORT/CREDIT REPORT:</b> I understand that certain <u>limited</u> categories of prospective employment may require a <u>consumer history report</u> (also credit history report). <u>These categories of employment are set forth in paragraph 5.1.4 of BOG Policy MU-HR-14.</u> I have been informed by my prospective employing department or MU Human Resource Services whether or not a consumer history report will be required in my case. If I am to be employed in a category of employment requiring a consumer history report, I hereby request, authorize, and consent to the release of a consumer history report and/or investigative consumer report concerning me as generated by Equifax, Experian, or TransUnion (hereafter consumer reporting agencies) and provided to MU Human Resource Services either directly or by and through American Background. <b>(CONTINUED ON NEXT PAGE.)</b>			

**CONSUMER HISTORY REPORT/CREDIT REPORT (CONTINUED FROM PRECEDING PAGE):** I understand that I can obtain the address and telephone number for the consumer reporting agency/agencies from MU Human Resource Services. I further understand that a consumer history report concerning me may include (1) information about credit accounts (store accounts, credit/debit cards, installment payment plans, revolving charge plans) that I have or have had; (2) information about my conduct under those accounts; (3) information about delinquency of payments or non-payment of amounts owed if any; and/or (4) information from which general conclusions can be drawn about my financial condition, general reputation, or lifestyle. I further understand that if a consumer history report is used as the basis for a decision whether or not to hire me, such usage may fall under the provisions of the federal Fair Credit Reporting Act (FCRA) (hereinafter the Act) and that the Act provides me with certain rights. I further understand that I may consult with MU Human Resource Services or American Background about my rights under the Act as applicable and understand that I may take recourse through the provisions of the Act if I feel that any improper or illegal usage was made of my consumer history report. I further understand that I am entitled to view my consumer history report or obtain a copy of it as maintained by the consumer reporting agency providing the consumer history report to MU Human Resource Services either directly or by and through American Background. I further understand that MU will not deny me employment or terminate me if presently employed solely on the basis that I have filed for bankruptcy. I further understand that a consumer history report is only required for specific limited categories of employment set forth in policy and that a consumer history report will not be requested by MU unless I will be prospectively employed in one of those categories of employment.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>NOT REQUIRED FOR MY CATEGORY OF EMPLOYMENT.</b>
--------------------------	--------------------------	--------------------------	--------------------------	--

**SEX AND VIOLENT OFFENDER REGISTRIES:** I understand, consent to, and authorize the release of information to MU or American Background regarding any entries about me that may appear in sex and violent offender registries maintained for the geographical area(s) including the counties I have resided in during the past ten (10) year period. I understand that such registries may gather information from counties other than just the counties I resided in, and I do not object to the consideration of any record in such registries regardless of the county where the alleged incident took place. I further understand that such sex and violent offender registries may contain records that are older than the ten (10) year timeframe contemplated in the policy and procedure governing background checks at MU, and I do not object to the consideration of any record in such registries that may be older than ten years. I understand that it will be solely at the discretion of MU to employ me if records about me are found in a sex and violent offender registry.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

**HEALTHCARE SANCTIONS REGISTRY:** I will be employed in the healthcare field or in healthcare-related research. Therefore, I understand, consent to, and authorize the release of information to MU or American Background regarding any entries about me that may appear in the federal healthcare sanctions registry regardless of the date at which such entry may have been made to this registry. I understand that it will be solely at the discretion of MU to employ me or not to employ me if negative information about me is found in the federal healthcare sanctions registry and if I was to be employed in an employment category requiring such check.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>NOT APPLICABLE. WILL NOT BE EMPLOYED IN HEALTHCARE OR RELATED FIELD.</b>
--------------------------	--------------------------	--------------------------	--------------------------	---

**PROHIBITED PERSONS DATABASES/REGISTRY:** I am a foreign national AND/OR I will be employed in the healthcare field or in healthcare-related research. Therefore, I understand, consent to, and authorize the release of information to MU or American Background regarding any entries about me that may appear in databases containing information on persons federally designated as prohibited persons regardless of the date at which such entry may have been made to these databases. I understand that it will be solely at the discretion of MU to employ me or not to employ me if negative information about me is found in the databases/registry representing prohibited persons and if I was to be employed in an employment category requiring such check.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>NOT APPLICABLE, NOT A FOREIGN NATIONAL, OR NOT TO BE EMPLOYED IN AN AFFECTED AREA.</b>
--------------------------	--------------------------	--------------------------	--------------------------	---

**Answer the next question only if you are a foreign national. Do not answer the next question if you are a U.S. citizen.**

My visa or authorization to work in the United States was issued prior to October 24, 2001.

<input type="checkbox"/>	<b>YES, ISSUED PRIOR TO OCTOBER 24, 2001.</b>	<input type="checkbox"/>	<b>NO, ISSUED ON/AFTER OCTOBER 24, 2001.</b>
--------------------------	---	--------------------------	--

Within the last ten (10) years have you been convicted of, pled guilty to, pled "no contest" to a crime that has not been expunged from your record, or served prison time? (Crime means felonies and misdemeanors, including vehicular misdemeanors and felonies. Examples of vehicular misdemeanors and felonies include reckless driving, driving while license has been suspended, driving without insurance, driving under the influence (DUI), involuntary manslaughter, damage to property, etc. Prison includes time spent in city and county jails as well as local, state, and federal prisons.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>IF YES, FILL IN BELOW.</b>
--------------------------	--------------------------	--------------------------	-------------------------------

Date		City		State	
------	--	------	--	-------	--

Details

Are you currently on probation or parole for a criminal offense or have you received an alternative disposition sentence for a criminal act?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>IF YES, FILL IN BELOW.</b>
--------------------------	--------------------------	--------------------------	-------------------------------

Date		City		State	
------	--	------	--	-------	--

Details			
Name the specific court that adjudicated the admitted conviction.			
Court Name			
Date		State	
NOTE: A conviction does not automatically mean you cannot be employed. Factors such as your age at the time of conviction, how long ago it occurred, the reason for the conviction, and the rehabilitation you received will all be considered.			

**PLEASE PROVIDE THE ADDRESS(ES) WHERE YOU HAVE RESIDED FOR THE LAST TEN (10) YEARS PRIOR TO THE DATE OF THIS AUTHORIZATION FORM. PLEASE ENTER THE CURRENT OR MOST RECENT ADDRESS FIRST.**

<b>CURRENT OR MOST RECENT ADDRESS</b>	Number of years at this address:	
Address (Line 1)		
Address (Line 2)		
City, State, ZIP		

<b>SECOND MOST RECENT ADDRESS (Within Last Ten Years)</b>	Number of years at this address:	
Address (Line 1)		
Address (Line 2)		
City, State, ZIP		

<b>THIRD MOST RECENT ADDRESS (Within Last Ten Years)</b>	Number of years at this address:	
Address (Line 1)		
Address (Line 2)		
City, State, ZIP		

<b>FOURTH MOST RECENT ADDRESS (Within Last Ten Years)</b>	Number of years at this address:	
Address (Line 1)		
Address (Line 2)		
City, State, ZIP		

<b>FIFTH MOST RECENT ADDRESS (Within Last Ten Years)</b>	Number of years at this address:	
Address (Line 1)		
Address (Line 2)		
City, State, ZIP		

<b>SIXTH MOST RECENT ADDRESS (Within Last Ten Years)</b>	Number of years at this address:	
Address (Line 1)		
Address (Line 2)		
City, State, ZIP		

**IF ANY ADDITIONAL ENTRIES ARE NECESSARY TO ACCOUNT FOR YOUR PLACES OF RESIDENCE FOR THE LAST TEN-YEAR PERIOD, PLEASE ATTACH AN ADDITIONAL PAGE WITH INFORMATION PRESENTED IN THE SAME ORDER AS ABOVE. IF YOU HAVE FEWER PLACES OF RESIDENCE THAN LISTED ABOVE, STOP ENTRIES WITH THE EARLIEST ADDRESS WITHIN THE LAST TEN YEARS.**

**PLEASE PROVIDE THE INFORMATION REQUESTED BELOW AND THEN SIGN AND DATE THE FORM.**

Social Security Number			
Date of Birth		Area Code/Phone Number	

Driver's License No.	
Issuing State	
If known, please indicate name of person in your prospective employing department that is working with you on the background checking process.	
<p><b>GENERAL AFFIRMATIONS AND DISCLAIMERS:</b> I understand, consent to, and authorize the conduct of the background checks components required for the type of employment I will have by either (1) my prospective employing department; (2) the department that oversees an activity that I will participate in that imposes a requirement for a background check; (3) MU Human Resource Services, and/or (4) MU's third-party provider (American Background Information Services, Inc.). I understand that my employment by MU is conditional upon successful results from background checks conducted consistent with the type of employment I will have at MU. I understand that I will be provided with an opportunity to disprove to the satisfaction of MU any negative information gained during the background checks that would otherwise constitute a bar to employment. I certify that the information contained herein is true and understand that any falsification will result in the rejection of my application or termination of my employment. I also understand that the requested information is for the sole purpose of conducting a background investigation which may include a check of my identity, work history, education history, credit history, driving records, and any criminal history which may be in the files of any federal, and/or state or local criminal agency. Information regarding age, sex, or race will not be used as part of any employment decision. I understand that MU will require a paper copy of this Background Checks Authorization Form signed by me in ink. I further understand that a telephone facsimile (FAX) of this authorization as delivered by MU to American Background shall be as valid as the original.</p> <p>I hereby authorize Marshall University and/or American Background to verify all information contained in this form or in my application and to inquire into my character, general reputation, personal characteristics, and mode of living. I hereby agree to hold harmless and release Marshall University and American Background, their organizational and corporate affiliates, their employees, their authorized agents and representatives, and all others involved in this background investigation from any liability and any claims of damage, harm, or loss in connection with any information they give or gather and any decisions made concerning my employment based on such information. I understand that any offer of employment I may have received is contingent upon the successful completion of the background investigation. I further understand that I have a right, under Section 606(b) of the Fair Credit Reporting Act, to make a written request to this company within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation requested, and for a written summary of rights pursuant to section 609(c) of the FCRA. I understand that American Background means American Background Information Services, Inc., 629 Cedar Creek Grade, Suite C, Winchester, VA 22601, (800) 669-2247. I understand that if a consumer history report is required according to the type of employment I will have at MU, American Background is the agency soliciting and submitting the consumer history report. I understand that my prospective employing department or college is responsible as necessary for verifying my educational credentials if offered as qualification for employment and my present or previous employment. However, I further understand that if it shall become necessary for MU Human Resource Services and/or American Background to verify my educational credentials or to verify my present or past employment, it will be necessary for me to provide to MU Human Resource Services in writing my claimed academic credential(s) and granting institution(s) and current or past employment within the last ten years to include name of company or organization at which I was employed, when I began work, when my work there ended (if ended), my job title, and the rate of pay I received during that employment.</p>	
Date Signed	
Signature	

**NOTE:** This form is available on the Marshall University Human Resource Services website at <http://www.marshall.edu/human-resources/forms/>. It may be available in PDF® format which can be filled out on-screen and then printed.

**DISTRIBUTION:** Signed original to Human Resource Services. Individual retains one copy. One copy provided to prospective employing department.  
HR-SERV-FORM-48