**Siena Heights University**

**Employment Background Screening Disclosure and Release**

Siena Heights University

DISCLOSURE TO CONSUMER

As part of our employment process, we may obtain where permitted, one or more consumer reports or investigative consumer reports about you that we obtain from a consumer-reporting agency, such as:

iiX, a Verisk Analytics Business IChat

1716 Briarcreat Drive Internet Criminal History

Suite 200 Access Tool

Bryan, TX 77802 Michigan State Police

* Consumer reports may include background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any.
* An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individual who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history.
* If your employment falls under the federal Department of Transportation (“DOT”) and the Federal Motor Carrier Safety Administration (“FMCSA”), including 49 CFR40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information.

Under the provisions of the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. 1681 et seq: FMCSA regulations in the Federal Code of Regulations, including 49 CFR 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information.

You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled “Rights Under the Fair Credit Reporting Act”. Under the FCRA, before we take adverse action on the basis, in whole or in part, of information in a consumer report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under FCRA.

**AUTHORIZATION TO OBTAIN INFORMATION**

Siena Heights University

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. 1681 et se., the regulations and applicable to the federal Department of Transportation’s Federal Motor Carriers Safety Administration, including 49 CFR 40.329, the American with Disability’s Act and all other applicable federal, state, and local laws, I here authorize and permit the above mentioned organization to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers’ compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents form any military service records.

I understand an “investigative consumer report” may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individual who may have knowledge concerning such items of information. I authorize information to be obtained from my former employers.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iiX, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer-reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant’s/Employee’s Full Name (Print clearly)

Applicant’s/Employee’s Signature

 / /

Date of Signature

**AUTHORIZATION TO OBTAIN CRIMINAL RECORDS**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Name First Name Middle Name

MAIDEN OR FORMER NAMES PREVIOUSLY USED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 # Street City State Zip

Additional address information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Apartment #, building #, lot # or other address identifying information

STATE OF RESIDENCE:

Current State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Former State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Former State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY OF RESIDENCE:

Current County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Former County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Former County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTHDATE: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ SEX: M F

SOCIAL SECURITY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

RACE (optional) *if unidentified then “other” or “unknown” will be used)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION TO OBTAIN DRIVING RECORD**

Siena Heights University

For those who are requesting to drive University vehicles or in the commission of performing job function, volunteer function or student function:

As part of the University requirements for driving Siena Heights University vehicles, or driving for University business, persons must have a safe driving record. Therefore, the University is required to do a Motor Vehicle Report (“MVR”) on each potential driver.

I realize that it is my obligation to report any infractions regarding my driving status to Siena Heights University.

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Name First Name Middle Initial

SIENA HEIGHTS UNIVERSITY ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIENA HEIGHTS UNIVERSITY DEPARTMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRIVER’S LICENSE NUMBER: \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_ STATE:\_\_\_\_\_\_

***Include copy of valid Driver License***

**STATE SPECIFIC REQUIREMENTS**

Siena Heights University

* **California:** If you participate in the Employer Pull Notice (“EPN”) program, continuing consent only applies for requests generated through EPN. If you are requesting a record for employees not enrolled in the EPN program, continuing consent does not apply. A separate authorization must be requested each time a report is ordered. See Cal. Civ. Code 1786.16 (a)(2). In addition, please consult your Californian Requester Account Agreement regarding applicable statuses, including but not limited to Cal. Civ. Code 1786.16 9a)(2).
	+ ***California Applicants:*** *check here to have a copy of your consumer report sent directly to you. The employer or prospective employer is to provide a copy of the report(s) to you in accordance with California Civil Code 1786.16. [ ]*
* **Arkansas:** For driving records, “a release signed…shall remain in force for a period of five (5) years form the date signed by the driver. See Ark. Code Ann. 27-50-908.
* **Massachusetts:** An employer may not make written, pre-employment injuries of an applicant about his or her criminal history. See G.L. c 151B, 4(91/2).
* **Nebraska:** For driving records, a complete and notarized Authorization to Obtain a Copy of Nebraska Driving Records must be obtained for all non-CDL [commercial driving license] employment requests. See Neb. Rev. Stat. 60-2907.
* **New Hampshire:** For driving records, the authorization is to be kept for no more than two years from the date of signature. See N.H. Rev. Stat. Ann. RSA 260:14V(c)(2)(D).
* **Washington:** For MVR’s, the requested Washington specific authorization obtained for prospective employees expires after 30 days if not hired. If hired, the authorization does not expire.
	+ ***Minnesota and Oklahoma Applicants:***  *Check here to have a copy of your consumer report sent directly to you. If you wish to receive a copy, you must complete the information below. Please print clearly. [ ]*

Printed name

Signature Date

Street Address

City State Zip Code

Date of Birth SS # Driver’s License # and State

Employer or Prospective Employer