

**CONSENT TO PERFORM BACKGROUND CHECK
IN COMPLIANCE WITH THE FCRA and the DPPA
(Fair Credit Reporting Act and the Federal Driver's Privacy Protection Act)**

Date: _____

Last Name	First Name	Middle Initial
Maiden and/or Other Last Names Used	Phone Number	Email
Current Address	City and County	State and Zip Code
Date of Birth	Social Security Number	Check One: Male Female
Driver's License Number	State of Issue	

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations, such as speeding) YES NO

If YES, please provide an explanation below:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES NO

If YES, Please provide an explanation below:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO

If YES, Please provide an explanation below:

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO

If YES, Please provide an explanation below:

5. As of the date of this authorization, do you have any pending criminal charges against you? YES NO

If YES, Please provide an explanation below:

LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18:

City/Town	County	State/Province	Country	Date From	Date To

LIST ALL POST-SECONDARY EDUCATION:

Institution	Start Date	End Date	Field or Area of Study	Degree (if any)

LIST 3 REFERENCES:

Do not list members of your immediate family or people in your household.

Name	Address	Phone Number	Relationship

LIST EMPLOYMENT FOR PAST SEVEN YEARS:

Employer	City	State	Start Date	End Date	Supervisor or Contact Person (including phone number)

This authorization and consent for release of personal information acknowledges that the University of Cincinnati, (Hereafter referred to as "UC") and/or its agent, may now, or at any time I am assigned to, volunteer with or am employed by UC, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches will be used to determine work assignment or employment eligibility under the University's employment or volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the University. In addition, I release and discharge the University and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. After reading this document, I fully understand its contents and authorize the background verification.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE REVOCATION OF LABORATORY ACCESS AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER, INCLUDING DISCIPLINARY ACTION.

Signed this _____ day of _____, 20____

Applicant (Print Name) _____

Applicant Signature _____