

Policy 4.15 – Background Check Disclosure and Authorization

Section 1: Disclosure

This form, which you should read carefully, has been provided to you because The Ohio State University may request consumer reports and/or investigative consumer reports on you from a consumer reporting agency. The Ohio State University will use any such report(s) solely for employment, volunteer, and contractor related purposes.

Consumer reports and/or investigative consumer reports on you will be obtained by a background check vendor and provided to The Ohio State University. The types of information that may be obtained include but are not limited to: Social Security Number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, credit reports, workers' compensation records (only post-offer), personal and professional references checks, licensing and certification checks, etc. The information contained in these reports may be obtained by the vendor from private and/or public record sources, including sources identified by you.

You have the right to obtain a complete and accurate disclosure of the nature and scope of any investigative consumer reports by making such request in writing within a reasonable period of time to P.O. Box 105292, Atlanta, GA 30348. You may also request a written summary of your rights under the Fair Credit Reporting Act. You may contact First Advantage at P.O. Box 105292, Atlanta, GA 30348 and 800-845-6004 and <https://www.fadv.com/>.

Before any adverse action is taken, based whole or in part on information obtained from the completed consumer report, The Ohio State University will furnish you with a copy of the report, the name, address and telephone number of the reporting agency and a summary of your rights under the Fair Credit Reporting Act entitled "A Summary of Your Rights Under the Fair Credit Reporting Act."

Section 2: Authorization

I have carefully read and understand this Disclosure and Authorization form. By my signature below, I consent to the release of consumer reports and/or investigative consumer reports to The Ohio State University for employment, volunteer, or contractor purposes. I also authorize disclosure to The Ohio State University and/or to the background check vendor of information concerning my employment history, education, credit history, motor vehicle history and standing, criminal history, and all other information The Ohio State University deems pertinent by any individual, corporation or other private or public entity, including without limitation the following: employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; credit bureaus; motor vehicle records agencies; and other applicable sources.

I understand that some or all records related to my consumer report may be subject to release as a public record pursuant to Ohio Revised Code Section 149.43 or related statutes.

This Background Check Disclosure and Authorization form, in original, faxed, photocopied, or electronic form, will be valid for any reports that may be requested by The Ohio State University.

I understand that providing any false information or omitting any material information from any request or in the interview process will be sufficient grounds for rejection of the application, or termination of employment whenever discovered.

Section 3: Applicant Information (Complete the following requested information and return to the background check coordinator)

Applicant Full Name: First Middle Last Country of Residence

Does applicant have a SSN? No Yes Social Security Number Email

Date of Birth (for ID purposes only) Daytime Phone Number Driver's License#/State of Issue Male Female

Present Address: Street City State Zip

Convictions

Have you ever been convicted of or entered a plea of guilty or no contest to any felony or misdemeanor? No Yes (misdemeanors include DUI)
If you answered "yes," please answer the following:

Conviction Conviction Type Conviction Date (mm/dd/yyyy)

County City State

Conviction description: details of **all** offenses including nature, circumstances and dates. Attach additional sheets if necessary.
A conviction will not necessarily be a bar to employment.

Passport

Passport Issued by (country) Passport ID#

Government Issued by (country) Government ID#

Aliases/Other Names

First Name Middle Last Generation (suffix)

Does applicant have a maiden name? No Yes Maiden Name: _____

Previous Addresses

Applicant, please provide addresses of residences for the past seven years, including street address, city, state, zip code and country, and dates of residence for each address.

Applicant Signature Date

To Be Completed by Hiring Unit

Title and Posting Number (if applicable) of Position Offered

Hiring Manager Department

Submitted by Campus Phone

Is candidate an internal applicant or external applicant? Internal External

For OHR or Unit Background Check Coordinator Use Only

Date background check completed: _____ Approved for hire: Yes No

Background Check Coordinator (print name) Signature