

Antioch University

AURA - Antioch University Repository and Archive

999.x Policy Forms

Antioch University Policies

August 2012

4.109:01 Background Check Release and Authorization For Pre-Employment Background Screening

Follow this and additional works at: https://aura.antioch.edu/policy_forms

Recommended Citation

(2012). 4.109:01 Background Check Release and Authorization For Pre-Employment Background Screening. https://aura.antioch.edu/policy_forms/37

This Article is brought to you for free and open access by the Antioch University Policies at AURA - Antioch University Repository and Archive. It has been accepted for inclusion in 999.x Policy Forms by an authorized administrator of AURA - Antioch University Repository and Archive. For more information, please contact hhale@antioch.edu.



**Background Release and Authorization
for Pre-employment Background Screening**

RELEASE AND AUTHORIZATION

I _____ in connection with my application for employment at Antioch University hereby authorize Antioch University ("Company") and ScreeningOne, Inc. to perform a pre-employment background screening check (including future screenings for retention, reassignment or promotion, if applicable, and unless revoked by Applicant in writing). I understand and agree to the following:

1. A background check is not only for the benefit of Company as a sound business practice, but also for the benefit of all employees. It is no reflection on an applicant. I have read, understand and signed the separate Disclosure concerning my rights.
2. All reports are confidential, and provided to Company for employment decisions only. Consumer credit information including credit reports are obtained in strict compliance with the Fair Credit Reporting Act, the Americans with Disabilities Act (ADA), anti-discrimination and privacy laws and all other applicable federal and state laws.
3. I may review or obtain a copy of my report as provided by law. Screening One may be contacted by writing to: Screening One, Inc., 2233 W. 190th Street, Torrance, CA 90504.
4. I authorize and release people, companies, references, current and former employers, schools, credit bureaus, municipal, county, state and federal agencies and courts, and agencies that provide motor vehicle records, to provide all information that is requested to Company or Screening One.
5. I further release all of the above, including Company and Screening One, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.
6. I agree that a copy or fax of this document shall be as valid as the original.

Your signature _____ Date _____

COURTS AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR IDENTIFICATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND IS USED FOR IDENTIFICATION ONLY. YEAR OF BIRTH ENSURES ACCURACY AND AVOIDS DELAY.

Last Name

First Name

Middle Name

Social Security Number

DOB¹: ____/____/____

Former Names

Date of Name Change

Name on Drivers License

Driver's License or I.D. Number

State of Issue

PLEASE PROVIDE ALL ADDRESSES WHERE YOU HAVE LIVED
FOR THE PAST SEVEN YEARS INCLUDING ZIP CODES

CURRENT:

FORMER:

FORMER:

FORMER:

FORMER:

FORMER:

FORMER:

¹ Date of birth month and day is mandatory, year is optional.