



## ACKNOWLEDGMENT AND AUTHORIZATION

### AUTHORIZATION Regarding Consumer Reports

I acknowledge receipt of the DISCLOSURE REGARDING CONSUMER REPORTS and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of the documents. I hereby authorize the obtaining of "consumer reports" by the University at any time after receipt of this authorization and throughout my employment and/or contract for services, if applicable, unless otherwise indicated and/or to the extent permitted by law. In accordance with this notice, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Applicant Insight, Inc., 5652 Meadowlane Street, New Port Richey, FL, 34652, www.applicantinsight.com, 1-800-771-7703**, another outside organization acting on behalf of the University, and/or the University itself. I agree that a fax, electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law

**Minnesota applicants or employees only:**

Check here to receive a copy of a consumer report if one is obtained by the University.

**Oklahoma applicants or employees only:**

Check here to receive a copy of a consumer report if one is obtained by the University.

**California applicants or employees only:**

Check here to receive a copy of a consumer credit report at no charge if one is obtained by the University. By signing below you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other Names/Aliases [with Timeframes] \_\_\_\_\_

*Include Maiden OR Name Changes, BUT NOT Direct Derivatives (e.g. do not include Sue for Susan or Dave for David)*

\*Social Security # \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

*\*This information will be used for background screening purposes only and will not be used as hiring criteria.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Important:** Please complete the **Additional Personal Information** requested on the back of this form.

## Additional Personal Information

Full Name As It Appears on Driver's License \_\_\_\_\_

Driver's License # \_\_\_\_\_ Driver's License State of Issuance \_\_\_\_\_

Phone # \_\_\_\_\_ e-Mail Address \_\_\_\_\_

**Present** Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_

**Current Mailing Address** (if different from address above) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Show Addresses for the **Past Seven Years** (or other time frame specified by the Hiring Manager):

**Previous** Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_

**Previous** Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_

**Previous** Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_

**Previous** Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_

**Previous** Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_

**Previous** Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_