

Background Check Consent**Route this form to:**OHR - Job Center
AHC - Human Resources
UMD - Human Resources**U Wide Form**
UM 1692**Rev: 9/13**

Information and Consent Concerning Consumer and Investigative Consumer Reports for Employment Purposes (Required before proceeding with background checks by Act 15 U.S.C.)

TO BE COMPLETED BY HIRING AUTHORITY:

Department Name		DeptID	
Entity	Department Phone Number		Requisition #
Applicant's full name		Position/Job Title	

APPLICANT: Please read the information below and complete the following forms

- Information and Consent form (see page 2)
 Disclosure Statement

This form has been provided to you because the University may request a consumer report and/or investigative consumer report, as defined by the Fair Credit Reporting Act, which also governs the procurement of background reports for employment purposes. The University will request such reports solely from employment-related purposes.

The consumer report and/or investigative consumer report will be obtained from General Information Services, Inc (GIS) located at 917 Chapin Road, Post Office box 353, Chapin, SC 29036. GIS may be contacted at 1-888-333-5696. The information sought may include but not be limited to a number of sources, such as criminal conviction records; public court records; and when applicable, Department of Motor Vehicle records; credit reports; verification of highest degree; and if applicable current professional license or certification earned. GIS and the University will keep the information in strict confidence.

Although GIS may not be doing a background check on your credit history, since such credit report information is not requested when such information has no employment-related purpose, the rules outlined in the Fair Credit Reporting Act, 15 U.S.C § 1681g(a), also apply to criminal background checks and, upon your request, GIS shall disclose to you a copy of the report in your file at the time of the request. Also on request, you can receive a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. § 1681g(c). You have the right to request additional disclosures of the nature and scope of the investigation pursuant to a pre-adverse or adverse action by the University.

CONSENT

I have read carefully and understand this Information and Consent Form and, by my signature below, consent to the release of a consumer and/or investigative consumer report, as defined above, to the University in conjunction with my letter or indication of interest and resume or application for employment. This consent form in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the University at this time or in the future relative to any employment position.

Employee's Signature	Date
Print Name	

NOTICE TO APPLICANTS WHO ARE CALIFORNIA RESIDENTS

Under section 1786.22 of the California Civil Code, you may inspect the file maintained on you by GIS. You may also obtain a copy of this file, upon submitting proper identification and paying the cost of duplication services, by appearing at GIS offices in person, during normal business hours and on reasonable notice, or you may receive a summary of the file by mail. GIS has trained personnel available to explain your file to you, including any coded information. If you appear in person, one other person may accompany you.

NOTICE TO RESIDENTS OF CALIFORNIA, MINNESOTA, AND OKLAHOMA

In accordance with the laws of California, Minnesota, and Oklahoma, a resident of one of those states has the right to receive a free copy of his or her consumer report and/or investigative consumer report by checking the box.

Yes, I wish to receive a free copy of the consumer report and/or investigative consumer report requested on me.

TO BE COMPLETED BY APPLICANT (PLEASE PRINT):

Last Name		First Name		Middle Name
Present Address			City/State/Zip Code	
Phone Number			Email Address	
Social Security #			Date of Birth (for ID purposes only)	
Name on Driver's License			Driver's License #	
State of License			Expiration Date on License	
List FULL ADDRESSES of where you have lived during the previous 7 years, both in and outside the United States				
List any other LAST NAMES you have used during the previous 7 years				

PLEASE RETURN COMPLETED FORM VIA MAIL OR FAX TO APPROPRIATE OFFICE BELOW.

(NOTE: FOR SENIOR AND OTHER HIGH-LEVEL LEADERS, PLEASE RETURN COMPLETED FORMS TO THE JOB CENTER.)

Office of Human Resources Job Center, Attn: Background Checks 545 West Bank Office Building 1300 S. 2 nd Street Minneapolis, MN 55454 Fax 612-626-7911	Academic Health Center Human Resources Employment Representative Attn: Background Checks 547 Boynton Heath Services 410 Church Street Minneapolis, MN 55455 Fax 612-625-5161	UMD Human Resources and Equal Opportunity 255 DADB 1049 University Drive Duluth, MN 55812 Fax 218-726-6590
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