

HR-Serv.net FORM RESOURCES

Human Resource Services for West Virginia Organizations. 207 Old Main, One John Marshall Drive, Huntington, WV 25755.
Phone 304.696.6455, FAX 304.696.6844, Statewide Toll-Free 1-866-447-5315, E-mail human-resources@marshall.edu, Web <http://www.hr-serv.net>
For any questions about or assistance with HR-Serv.net forms, contact the HR-Serv.net Team at the above address.

BACKGROUND CHECKS RELEASE FORM

THIS IS PAGE ONE OF A TWO-PAGE FORM.

PLEASE COMPLETE THE APPROPRIATE INFORMATION ON BOTH SIDES OF THE FORM.

Applicants for employment or persons hired by **Marshall University, Marshall Community & Technical College, and/or Marshall University Research Corporation** (hereafter **employing entity**) may be asked to complete this form. Indication will be made of which portions of this form - if not all - you are asked to complete. For each type of report for which disclosure is authorized by the applicant or employee, please place a check mark in the brackets at the left and your initials in the spaces to the right. Completed forms should be submitted to HR-Serv.net at the above address. HR-Serv.net is a service unit of Marshall University. Background checks are requested from a commercial provider by HR-Serv.net.

CATEGORIES OF BACKGROUND CHECKS:

1. [] **CREDIT REPORTS.** This component specifically authorized by my initials: _____
I request, authorize, and consent to the release of a credit report and/or investigative consumer report concerning me by Equifax and obtained through LexisNexis Screening Solutions, LLC. I understand that I can obtain the address and telephone number for Equifax from HR-Serv.net. I understand that the results of a background check and my credit records will be used as part of the evaluation of my application and that both verbal and written reports will be obtained from the reporting service. I also understand that an investigative consumer report concerning me my include information about my character, general reputation, personal characteristics, and mode of living. I further understand that I am entitled to review any files containing such investigative consumer reports at the offices of Equifax during normal business hours, for a reasonable fee. I may also receive copies of any such report by certified mail, if I make a written request addressed to Equifax. I also understand that I may receive a verbal summary of such information by telephone, if I make a written request to Equifax. To receive any of this information or access to records, I realize that I must submit proper identification of my request. The employing entity will not deny employment or terminate employment solely on the basis that an applicant has filed bankruptcy. Please indicate if you wish to receive a copy of your credit report or investigative consumer report: [] Yes [] No.

2. [] **CRIMINAL RECORDS.** This component specifically authorized by my initials: _____
I request, authorize, and consent to the employing entity's thorough investigation of whether I have a record of criminal convictions and, if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. The employing entity has advised me that its criminal background check will focus on convictions and that a criminal record will not necessarily disqualify me from consideration for employment or cause termination of my employment.

3. [] **EDUCATION RECORDS.** This component specifically authorized by my initials: _____
I request, authorize, and consent to the release and disclosure to the employing entity of educational records from any and all public or private educational institutions that I have attended. Such educational records include all records of my academic performance, courses attended, grades earned, diplomas, degrees, or other certificates conferred. These records are to be released and disclosed to the employing entity in connection with a background check pertaining to an application for employment or for continued employment. My consent to the release and disclosure of these records applies only to the employing entity, its agents, servants, officers, or employees. This consent is given with the understanding that the employing entity will not transmit the information contained in these records to any other agency or person without my written consent.

4. [] **EMPLOYMENT INFORMATION.** This component specifically authorized by my initials: _____
I request, authorize, and consent to the release of information to the employing entity regarding my previous employment and authorize all past employers or agents that they may designate to respond to verbal or written inquiries from the employing entity regarding my employment record, including not limited to, positions held, dates of employment, last pay rate, work performance, disciplinary records, reliability, and any incidents of dishonesty, insubordination, violence, and/or unsafe, harmful, or threatening behavior, including information based upon materials in my personnel files.

CATEGORIES OF BACKGROUND CHECKS CONTINUED ON NEXT PAGE (PAGE TWO).

I UNDERSTAND THIS IS PAGE ONE OF A TWO-PAGE FORM. MY SIGNATURE BELOW ACKNOWLEDGES MY AGREEMENT WITH THE SECTIONS INITIALED BY ME ABOVE. I WILL PROVIDE THE INFORMATION REQUIRED ON THE NEXT PAGE (PAGE TWO).

Name (Print)		Date Signed	
Signature			

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CATEGORIES OF BACKGROUND CHECKS CONTINUED:

5. [] **LICENSE/CERTIFICATE INFORMATION.**

This component specifically authorized by my initials: _____

I request, authorize, and consent to the release of information from any public agency or private entity concerning any professional or vocational license or certification that I have held in the past or currently hold, including, but not limited to, information concerning whether such license or certification is in good standing and any disciplinary or other proceedings concerning such license or certification.

6. [] **PERSONAL REFERENCE INFORMATION.**

This component specifically authorized by my initials: _____

I request, authorize, and consent to the employing entity's contacting the personal references identified in my application for purposes of confirming information contained in my application for employment and otherwise furthering the purposes of the employing entity's applicant background and employee investigation policy. I specifically request, authorize, and consent to the employing entity's verbal or written inquiries addressed to my personal references about the information contained in my application or other documents representing my application for employment, as well as my reliability, honesty, and potential tendency, if any, to engage in any form of violence or other harmful, unsafe, or threatening behavior.

PLEASE PRINT ALL INFORMATION BELOW EXCEPT FOR SIGNATURE.

Name (Last, First, Middle)			
Other Name, Maiden Name			
Social Security Number			
Date of Birth		Area Code/Phone Number	
Driver's License No.			
Issuing State			
<i>CURRENT HOME ADDRESS</i>	Years at this address:		
Address Line 1			
Address Line 2			
City, County, State, ZIP			
<i>FORMER HOME ADDRESS</i>	Years at this address:		
Address Line 1			
Address Line 2			
City, County, State, ZIP			
Date Signed			
Signature			

NOTE: This form is available on the HR-Serv.net website at <http://www.hr-serv.net/> and/or on Marshall University Human Resource Services website at <http://www.marshall.edu/human-resources/forms/>. It may be available in Adobe® format that can be filled out on-screen and then printed.

DISTRIBUTION: Signed original to Human Resource Services. Copy to be retained by requesting department. Applicant/employee may request and obtain a copy.