

AUTHORIZATION FOR BACKGROUND CHECKS

I voluntarily authorize Franklin Pierce University or any of its appointed representatives to conduct a background check and as well as check my references in relation to my application. I also authorize any person, business or governmental agency that may have information about me to disclose the same to Franklin Pierce University. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment with Franklin Pierce University.

In accordance with the requirements of the Fair Credit Reporting Act, Title 15, U.S.C. S 1618 et seq, I understand that an investigative consumer report may be requested that may include information regarding, but not limited to, my creditworthiness or similar characteristics, court records (both civil and criminal), DMV records, educational, professional references and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness. This may come from either public or private sources including but not limited to friends, neighbors, associates or others with whom I am acquainted or who may have knowledge regarding my character, general reputation, personal characteristics, experience, work habits, mode of living and reasons for termination from past employment.

I also understand that I may (1) request in writing the nature of the information obtained, and (2) request a written summary of my rights under the Fair Credit Reporting Act. I further understand that if Franklin Pierce University is considering taking any adverse action on my application based on this report that I have the right to receive a copy of the report and will be provided with a written summary of my rights under the Fair Credit Reporting Act. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid and a summary of rights provided to me free of charge. I have read, understand, and agree with the above.

I also hereby release Franklin Pierce University from all liability for damages or claims including, but not limited to: defamation, interference with contract, and negligence – which may arise or result from any reference information gathered pursuant to this authorization. It is understood and agreed upon that any misrepresentation or falsification by me on this application will be sufficient cause for cancellation of my employment application and/or termination of employment if I have been employed.

Personal Information:

Name: _____ Date of Birth: ____/____/____ SS#: ____/____/____

Address: _____
Street City: State: Zip:

Phone: (____) _____ - _____ Driver's License: # _____ State Issued: _____

Previous Names Used: _____

Previous Addresses:

Address:	_____	_____	_____	_____	_____
	Street	City	State	Zip	Dates there
Address:	_____	_____	_____	_____	_____
	Street	City	State	Zip	Dates there
Address:	_____	_____	_____	_____	_____
	Street	City	State	Zip	Dates there

Signature

Date