

The University of Oklahoma
Health Sciences Center
**Fair Credit Reporting Act Disclosure and Candidate/Employee
Authorization**

DATE:

Department:

JOB #

Under University of Oklahoma policy, the University of Oklahoma Health Sciences Center will conduct Standard Pre-Employment Background Screening on all new hires and on certain employees to substantiate their qualifications for employment. Criminal background checks will be conducted in addition to the Standard Pre-employment Screening. I understand that the University of Oklahoma Health Sciences Center may utilize the services of HireRight, Inc., 2100 Main Street Suite 400 Irvine, CA 92614, as part of the procedure for processing my application for employment. I also understand if my application for employment is granted, the University of Oklahoma Health Sciences Center may obtain further information through subsequent investigations by HireRight, Inc. in order to update, renew or extend my employment. In accordance with the Fair Credit Reporting Act, this information may only be used to verify statement(s) made by an individual in conjunction with legitimate business needs. The depth of information available varies from state to state. The report will be generated for employment purposes only and in compliance with the Fair Credit Reporting Act, the Driver's Protection Act, and any applicable state statute(s).

APPLICANT/EMPLOYEE DISCLOSURE

I understand an investigative report may be generated on me which may include obtaining information from the last seven (7) years regarding, among other items, my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history, criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions, state Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration, military records from the National Personnel Record Center, education records including transcripts, and requests for records and information from any individual, company, firm corporation, present and/or past employers and public agencies (including the Social Security Administration and the Immigration & Naturalization Service) subject to state and federal law. I fully understand that the University of Oklahoma Health Sciences Center and/or their agent HireRight, Inc., may be requesting information from public and private sources about any of the information noted earlier in this paragraph, and I freely give my consent for the University of Oklahoma Health Sciences Center and/or its agent HireRight, Inc. to do so.

I understand that I have the right to receive notice about the nature and scope of any investigative consumer report requested within five days after the University receives my request or five days after the investigative consumer report was requested, whichever is later. I also understand that before I am denied employment based, in whole or part, on information obtained in the investigative consumer report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act prepared pursuant to 15 U.S.C. section 1681(g)(c). I understand if I disagree with the accuracy of any information in the report, I must notify the University of Oklahoma Health Sciences Center within five business days of my receipt of the report. If I notify the University of Oklahoma within five business days of the receipt of the report that I am challenging information in the report, the University of Oklahoma Health Sciences Center will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report.

APPLICANT/EMPLOYEE RELEASE AND AUTHORIZATION

I hereby consent to this investigation and authorize, without reservation, any one contacted by the University of Oklahoma Health Sciences Center and/or its agent HireRight, Inc. to furnish the information as stated above. In order to verify my identity for purposes of the background investigation I am voluntarily releasing my date of birth for my own benefit and fully understand that age is not a consideration of employment. In addition, I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original.

Applicant's Signature

Date

Printed Name (First Name)

(Middle Name)

(Last Name, Suffix)

California, Minnesota & Oklahoma Applicants Only: I have the right to request a copy of my consumer report from HireRight, Inc. by checking the box below. **Minnesota Applicants Only:** I have the right to make a written request to the consumer reporting agency to provide me with a complete and accurate disclosure of the nature and scope of the consumer report. **California Applicants Only:** You may obtain a copy of your file, upon submitting proper identification and paying the costs of duplications services in person, by mail or you may also receive a summary report of the file by telephone. 800-400-2761.

Being a resident of California, Minnesota or Oklahoma, I wish to receive a copy of the consumer report. (Check box only if you wish to receive a copy)

The University of Oklahoma
 Health Sciences Center
**Supplement to Fair Credit Reporting Act Disclosure and
 Candidate/Employee Authorization**

(Please Print)

First Name	Middle Name	Last Name, Suffix

Maiden Name/Other Names Used	Social Security Number - A Social Security Number is required for a criminal background check. Your Social Security number will only be used in order to confirm your identity for purposes of completing an accurate background investigation.

Driver's License Number <small>(Required for Motor Vehicle Division Reports)</small>	State of Issue	Date of Birth

Phone	E-Mail

Current Address		
City	State	Zip

Permanent Address (if different than Current Address)		
City	State	Zip

Other cities or towns in which you have resided over the last 7 years (Attach additional form if necessary)		
City	State	Zip
From (Month/Year)	To (Month/Year)	
City	State	Zip
From (Month/Year)	To (Month/Year)	
City	State	Zip
From (Month/Year)	To (Month/Year)	

Applicant's Signature _____ **Date** _____