



Notification and Authorization for Release of Information for Criminal Background Check

Requisition Number _____

Org and Department Name _____

Position Number/Classification _____

Notice: In connection with your application for employment at The University of Iowa, a criminal background check will be conducted on you.

Failure to provide consent will deny further consideration of your application. If the check reveals a criminal conviction, you will be informed of the record and be given a reasonable opportunity to provide clarifying information. If upon further review, it is The University of Iowa's judgment that the conviction has a nexus to the position for which you have applied, you will no longer be considered for employment or, if already employed at The University of Iowa, you will be terminated. You will be informed in writing of such action. If you seek future employment at The University of Iowa, the hiring department may be informed of this action and may be directed to take this information into consideration when evaluating your application and/or appointment.

Authorization: I hereby authorize without reservation, any party or agency contacted by The University of Iowa, any of its agents, or any entity employed by The University of Iowa for such purposes to furnish the above-mentioned information.

I have the right to make a request of The University of Iowa or its agents, under the federal Fair Credit Reporting Act, upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request. I have received a copy of "A Summary of Your Rights under the Fair Credit Reporting Act."

I understand that my date of birth is used solely as an identifier to avoid possible misidentification while completing the background check process.

California, Minnesota, or Oklahoma applicants only – You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

I wish to receive a free copy of the report.

ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, New York or Washington applicant, please also note:

CALIFORNIA: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

NEW YORK: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

WASHINGTON STATE: If we request and investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

I have read and understand the above and do hereby grant authorization to conduct the background check investigation in the event that I am the recommended candidate for this position.

The following information is required:

Name of Applicant _____
(first name, middle name, last name)

Other Names Used _____ Date of Change _____

Other Names Used _____ Date of Change _____

Street Address _____

City, State, Zip _____

List all cities, states and zip codes you have lived in, if the above address does not encompass 7 years

Telephone Number _____ E-Mail _____

Social Security Number _____ Date of Birth _____

If you have lived in another country during the past seven years you must list ALL street addresses, cities, states/provinces, and postal codes where you have lived. A passport number is also required.

Passport Number _____

Country _____

Street Address City State/Province Zip Code

In the past seven years, have you been convicted of any violation of law: felonies, misdemeanors and/or ordinance violations other than a minor traffic violation? (Example: speeding is considered a minor violation; operating while intoxicated is major and should be disclosed).

Yes

No

If Yes, please explain (convictions, locations, dates) _____

I certify that answers given herein are true and complete to the best of my knowledge. I understand that false statements made on this application or incomplete information may eliminate me from further consideration for employment or may be grounds for dismissal.

Signature and date are required when this form is used in hard copy:

Signature _____ Date _____

- FOR INTERNAL USE ONLY -	
Background Check Completed (Date)	_____
Senior HR Unit Representative (Name)	_____
Check revealed conviction? Yes	No
If yes, was the conviction determined to have a nexus to the position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date adverse action letter sent to employee	_____