

Star of the North Maternity Home
Background Check Form - COMPLETE the YELLOW Blanks

FAIR CREDIT REPORTING ACT DISCLOSURE

In conjunction with my application for employment (including contract or volunteer services) with TFLN/SON, I understand that TFLN/SON has hired SELECTION.COM® to obtain Consumer Reports and / or Investigative Consumer Reports (Reports) about me as defined in the federal Fair Credit Reporting Act (FCRA). These Reports may include information concerning my academic background, character, credentials, general reputation, mode of living, personal characteristics, reasons for work termination, work experience, work habits and / or work performance. TFLN/SON may also seek information concerning my civil litigation history, criminal record, educational background, employment history, motor vehicle records, and / or worker's compensation history.

I understand that TFLN/SON may rely on the information contained in these Reports in determining whether to extend an offer/maintenance of employment or to allow me to volunteer with TFLN/SON. If TFLN/SON contemplate making an adverse employment-related decision that will affect me based, in whole or in part, upon a Report obtained from SELECTION.COM®, I will receive a copy of the Report and a written summary of my Consumer Rights under the FCRA before TFLN/SON finalize that decision.

I have read the above disclosure and I hereby authorize TFLN/SON, SELECTION.COM® or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. This authorization shall remain on file and be valid for the duration of my volunteer time, contract or employment with TFLN/SON. It shall serve as an ongoing authorization for TFLN/SON to obtain Reports about me from SELECTION.COM®. A photocopy or facsimile of this authorization shall be as valid as the original.

Print Name: Date:

Signature:

Notice to Applicants living in CA, OK or MN:

By checking this box, I request to receive a free copy of any Consumer Report ordered about me.

E-Mail address:

By entering my e-mail address, I authorize SELECTION.COM® to deliver my Report via e-mail.
THIS FORM IS FOR PERMANENT RETENTION IN PERSONNEL FILE.

EMPLOYMENT INQUIRY RELEASE

In conjunction with my application for employment (including contract and / or volunteer services) with TFLN/SON, I understand that TFLN/SON intend to hire SELECTION.COM® to obtain Consumer Reports and / or Investigative Consumer Reports (Reports) about me as defined in the federal Fair Credit Reporting Act (FCRA). These Reports may include information concerning my academic background, character, credentials, general reputation, mode of living, personal characteristics, reasons for work termination, work experience, work habits and / or work performance. TFLN/SON may also seek information concerning my civil litigation history, criminal record, educational background, employment history, motor vehicle records, and/or worker's compensation history.

I understand that TFLN/SON may rely on the information contained in these Reports in determining whether to extend an offer of employment (including contract and / or volunteer services) to me or maintain my employment with TFLN/SON. If TFLN/SON contemplate making an adverse employment-related (including contract and / or volunteer services) decision that will affect me based, in whole or in part, upon a Report obtained from SELECTION.COM®, I will receive a copy of the Report and a written summary of my Consumer Rights under the FCRA before TFLN/SON finalize that decision.

I have read the above disclosure and I hereby authorize TFLN/SON, SELECTION.COM® or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. This authorization shall remain on file and be valid for the duration of my employment (including contract and / or volunteer services) with TFLN/SON. It shall serve as an ongoing authorization for TFLN/SON to obtain Reports about me from SELECTION.COM®. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from any Report shall be brought only in state or federal court in Hamilton County, Ohio and shall be governed by, and construed in accordance with, the laws of the State of Ohio.

Signature Date Please complete the following page as well.

Thank you.

THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE

BACKGROUND INVESTIGATION

PRINT NAME

Last Name First Name Middle Initial Social Security Number PREVIOUS OR

MAIDEN NAME (if applicable) PHONE NUMBER

STREET ADDRESS

CITY STATE ZIP DRIVER'S LICENSE NUMBER STATE ISSUED

E-MAIL ADDRESS

Date of Birth

List states and counties of residence, other than above, for the past seven (7) years:

COUNTY STATE

COUNTY STATE

COUNTY STATE

FOR IDENTIFICATION PURPOSES ONLY: Date of birth

My prospective employer (including contract and / or volunteer services) understands that age is a protected characteristic and that any age related information requested will not be used as a basis for employment decision.

Notice to Applicants living in CA, OK or MN

By checking this box, I request to receive a free copy of any report ordered on me. **E-Mail address:**

By entering my e-mail address, I authorize Selection.com to deliver my report via e-mail.