

Sample

Background Check Disclosure and Authorization Form

(Printed Manual Version)

FCRA DISCLOSURE REGARDING BACKGROUND INVESTIGATION FOR INVESTIGATIVE CONSUMER REPORTS

[Client Name] (the “Company”) may obtain one or more investigative consumer reports about you from a consumer reporting agency for employment purposes. These purposes may include hiring, promotion, retention, or reassignment.

These reports may include information about your character, general reputation, personal characteristics, and mode of living. They may also contain details regarding your criminal history, social security verification, motor vehicle records (“driving records”), verification of education or employment history, social media activity, or other relevant background information.

You have the right, upon written request made to the Company, to receive a disclosure of the nature and scope of the investigation requested for any investigative consumer report. The most common form of such a report in connection with employment is a reference check conducted through personal interviews with sources such as former employers, associates, and other information sources.

If you wish to receive a description of the scope of the investigation, please submit your written request directly to the Company’s Human Resources department.

End of FCRA DISCLOSURE REGARDING BACKGROUND INVESTIGATION FOR
INVESTIGATIVE CONSUMER REPORTS

AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document(s) entitled FCRA DISCLOSURE REGARDING BACKGROUND INVESTIGATION FOR CONSUMER REPORTS, FCRA DISCLOSURE REGARDING BACKGROUND INVESTIGATION FOR INVESTIGATIVE CONSUMER REPORTS and the disclosure entitled A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and understand that a background check will be conducted by the Company.

I understand that the scope of my authorization is not limited to the present and, if I am hired, will continue throughout the duration of my employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by me in writing.

I hereby authorize the obtaining of investigative consumer reports by the Company at any time after receipt of this authorization. To this end, I authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Simpliverified and/or the Company.

Consumer Copy Request

☐ Check this box if you would like to receive a copy of the investigative consumer report, free of charge, once it is complete.

First Name: _____ Last Name: _____

Birthdate: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature Authorization

I certify that I have read and understand this disclosure and authorization form. I authorize the procurement of background reports by the Company. If hired, this authorization shall remain on file and shall serve as ongoing authorization for the Company to procure such reports at any time during my employment, as permitted by law.

Signature _____ Date: _____

Printed Name: _____

For Company Use Only:

Company Representative: _____ Date: _____