

# Background Check Release & Authorization Form

Office of Human Resources . Fax: 610-436-3464 . 201 Carter Drive . Suite 100 . West Chester . PA . 19383

The nature of the position for which you have made application is a position determined to require the following investigative consumer report(s) as a due diligence consideration associated with West Chester University's employment process. (Examples of these reports are criminal background checks, DMV reports, credit reports, education and professional licensure verifications. ) Procurement, use, disclosure, authorization and disposition of these reports is covered by the federal Fair Credit Reporting Act (FCRA).

Position: \_\_\_\_\_ Vacancy Notice #: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Investigative Consumer Report(s) Required: ☐ COUNTY SEARCH ☐ SOCIAL SEARCH  
☐ MULTI-STATE ☐ DEGREE  
☐ OTHER \_\_\_\_\_

## EMPLOYMENT CANDIDATE CONSENT FORM

Should information provided by a consumer reporting agency be utilized to deny employment to you, before making that decision, West Chester University will provide you with a copy of the investigative consumer report(s), the contact information for the consumer reporting agency which furnished it to the University's vendor CBY Systems Inc, as well as a summary of your rights to contest the report (s). Searches will not be suspended while such an appeal is in progress.

A PDF file or faxed copy of this consent form is considered an original by the University and its vendor, and will be valid for the purpose of authorizing and processing the request for a investigative consumer report(s) in connection with the University's recruitment and selection process for the above position.

Legal Name of Candidate for Employment: \_\_\_\_\_

Maiden or Prior Names of Candidate (if applicable): \_\_\_\_\_

University Attended (highest degree): \_\_\_\_\_ Graduation Year: \_\_\_\_\_

### Present Address:

STREET

CITY

STATE

ZIP

### Prior Address:

*if candidate has resided at present address for less than five years.*

STREET

CITY

STATE

ZIP

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

MONTH

DAY

YEAR

Valid Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

By my signature below, I give my consent and authorization for West Chester University and its vendor CBY Systems Inc., to obtain the aforementioned investigative consumer reports.

\_\_\_\_\_  
Signature of Candidate for Employment

\_\_\_\_\_  
Date