

BACKGROUND CHECK AUTHORIZATION

Full Legal Name: _____ Dixie ID (if known) _____

Email Address: _____

Employment Status (Circle One):

Full-Time Employee Volunteer

Position Title: _____

Part-Time Employee

Please mark box if under age 18.

NOTICE TO APPLICANTS:

If application is being made for employment with Dixie State University (DSU), or as a volunteer for DSU, the results of your background history will be forwarded to and viewed by the DSU Human Resources Department. According to the Fair Credit Reporting Act, you are entitled to know if your employment is denied because of information obtained by DSU from a consumer reporting agency, and you will receive a copy of such report and a description in writing of your rights under the law.

WAIVER OF LIABILITY:

I, _____, subject of the requested record, do hereby make application to review my criminal history record and release DSU from any liability in the event the requested documents are viewed by anyone other than myself. Further, I understand that in connection with my application for employment or volunteer services, DSU may procure an investigative report and/or consumer report on me as part of the process of considering my eligibility for employment. I therefore authorize DSU and/or its designated agents, to make an independent investigation of my background. I authorize and request any present or former employer, school, law enforcement agency department of motor vehicles, state or federal court of law, or credit reporting agency, including those records maintained by financial institutions or other persons having personal knowledge about me to furnish DSU, or its designated agent, with any and all information in their possession regarding me for the purpose of confirming the information contained on my employment application and/or obtaining other information which may be material, in DSU's sole discretion, to my qualifications for employment. Such information may include, but not be limited to, criminal history, employment history, work habits, character, experience, worker's compensation injuries, driving records, court records, education, credentials, credit history and references. Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based on this authorization request.

Furthermore, I hereby release and hold harmless DSU, or its agents, from any and all claims, demands, suits or expenses from or related to the content, validity, or handling of any report obtained herein.

I understand that I will be sent a secure email from **Checkr**, a third party background check vendor, requesting personal information for the sole purpose of completing a background check. I also agree to provide truthful and accurate information required to complete this mandatory background screen, and will do so in a timely manner.

If you have questions about the background check process, contact HR at hr@dixie.edu or call (435) 652-7520.

Signature: _____

Date: _____

Revised February 2018