

Rochester Institute of Technology (RIT)
Background Check Authorization-Please fill in appropriate section-Required fields highlighted

RETURN FORM TO: HUMAN RESOURCES: ATTN: Lizanne Zamites -1st Floor Eastman Hall Room 1132
Fax: 585-475-7170 Email: LXZPSN@rit.edu

Name _____ Job/Position Title _____ (select from below)

PRE-EMPLOYMENT CHECK

Department: _____ Supervisor Name: _____

PRE-EMPLOYMENT JOB STATUS: Regular _____ Temporary _____ Adjunct _____ Other _____

EMPLOYMENT MVR CHECK AUTHORIZATION ONLY

CURRENT RIT REGULAR EMPLOYEES _____ STUDENT EMPLOYEE _____ (PLEASE SELECT ONE)

OTHER-(Please identify program requiring check)

Program/Event Name: _____ Director/Coordinator: _____

STATUS: Volunteer _____ Student _____ RIT Regular Employee (faculty/staff) _____ (PLEASE SELECT ONE)

1. I understand that an investigative report may be generated on me that may include, but not limited to, information as to my character, work habits, performance and experience, along with reasons for termination of past employment, criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions, state Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration, military records from the National Personnel Record Center, education records including transcripts, and requests for records and information from any individual, company, firm corporation, present and/or past employers and public agencies (including the Social Security Administration and the Immigration and Naturalization Service). I fully understand that RIT and/or its agent (Lexis Nexis) may be requesting information from public and private sources about any of the information noted earlier in this paragraph, and I freely give my consent for RIT to do so.
2. According to the Fair Credit Reporting Act (FCRA), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency. If so, I will be notified and be given the name of the agency providing the report. Summary of rights can also be found on the Human Resources website at: <http://finweb.rit.edu/humanresources/forms.html>.
3. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state and county agencies.

I hereby authorize, without reservation, any one contacted by RIT and/or their agent Lexis Nexis, to furnish the information described in Section 1.

Signature _____

Please print full name _____

Date _____

The following information is required by law enforcement agencies and other positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please print other names you have used _____

Social Security Number-Required- Your SS# will only be used to confirm your identity for purposes of completing an accurate background investigation.

Date of Birth -Required- The Age Discrimination Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. Your date of birth is required on this form to confirm your identity for purposes of completing an accurate background investigation, and is not provided to the hiring official for any purpose in connection with consideration of your application for employment.

Current Home Address _____ **City** _____ **State** _____ **Zip** _____

Previous Home Address _____ **City** _____ **State** _____ **Zip** _____

Driver's License Number and State _____ **Name as it appears on License** _____

Updated Sept 2012