

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
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Name _____	Job/Position Title _____
PRE-EMPLOYMENT CHECK or EMPLOYMENT MVR CHECK AUTHORIZATION (PLEASE SELECT ONE)	
Department: _____	Supervisor Name: _____
PRE-EMPLOYMENT JOB STATUS: Regular ___ Temporary ___ Adjunct ___ CIAR/WELLNESS ___	
EMPLOYMENT: MVR ONLY AUTHORIZATION: (PLEASE SELECT ONE)	
CURRENT RIT REGULAR EMPLOYEES _____ STUDENT EMPLOYEE _____	

OTHER-(Please identify program requiring check)	
Program/Event Name: _____	Director/Coordinator: _____
STATUS: Volunteer ___ Student ___ RIT Regular Employee (faculty/staff) _____ (Please check one: Faculty/Staff/Student)	

1. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history, 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
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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.
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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
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Previous Home Address	City	State	Zip
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Driver's License Number and State	Name as it appears on License
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