



Authorization Form: Background Check

FACULTY: PLEASE SUBMIT A COPY OF YOUR CV WITH THIS COMPLETED AND SIGNED AUTHORIZATION FORM. Please return to: Pacific University, Human Resources Department, 2043 College Way, Forest Grove, OR 97116.

STAFF: PLEASE SUBMIT A COPY OF YOUR RESUME WITH THIS COMPLETED AND SIGNED AUTHORIZATION FORM. Please return to: Pacific University, Human Resources Department, 2043 College Way, Forest Grove, OR 97116.

I understand that, as a condition of my consideration for employment with Pacific University, or as a condition of my continued employment with Pacific University, Pacific University may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to Pacific University's procurement of such a report. I understand that, pursuant to the Fair Credit Reporting Act, Pacific University will provide me with a copy of such report if the information contained in such reports, in any way, to be used in making a decision regarding my fitness for employment with Pacific University. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Signature of Applicant

Date

Printed Name of Applicant

For identification purposes, please provide:

Home Address

Phone Number

Email address

Social Security Number

Date of Birth