

Background Check Request



Please return completed form to Campus Police.

Please conduct a background check on the individual listed below:

Staff/ Student Name

Position Title(s)

Start Date

I (print name) _____, authorize SBTS Campus Police to release all background information obtained to the following 3rd party: _____.

Staff/Student signature: _____

Purpose of background request, please circle appropriate descriptions below:

Childcare worker – includes Instructors Childcare volunteer

Student-teaching

Mission volunteer

Department & Cost Center _____

A Consumer Report Disclosure-Waiver and Release Form must be completed and signed by the individual listed above before we may process the background check. Please attach the CRD to this request.

Background checks take approximately 3-10 business days.

Employees are NOT AUTHORIZED to WORK prior to the completion of the background check.

Authorization:

Signature of Requesting Supervisor

Date

- Basic/Child Care Employee Screen** – (Local criminal, National criminal, Federal crime, SSN verification, Sex Offender registry)*
- Basic/Child Care Employee Screen with MVR** – (County Crime, SSN, MVR, Wanted Person Screen, Terrorist Watch List, Guard. 20/20)
- Basic/Director** – (Trac to Crim, SSN, MVR, Wanted Persons Screen, Terrorist Watch List, Guardian, 20/20, Fed. Records, Civil Search)
- Finance/Faculty/Executive Admin** – (Trac to Crim, Credit, Fed. Civil, SSN, Wanted Persons, Terrorist Watch List, Guardian, 20/ 20,
- Criminal County History Searches**
- US MVR – Standard Delivery**

*Basic/Child Care Employee Screen is \$39.95

CONSUMER REPORT DISCLOSURE – WAIVER AND RELEASE

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from US Investigations Services, LLC. (“USIS”). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, conversations with personal and/or business references, and drugs/alcohol use. Such reports may also contain public record information concerning your driving record, workers compensation claims, credit, bankruptcy proceedings, criminal reports, etc., from federal, state and other agencies which maintain such records, as well as information from USIS concerning previous requests made by others from such state agencies and state provided driving records.

You have the right to make a request to USIS, upon proper identification to release, the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

USIS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which USIS has or obtains, and my employment history if I am hired, may be supplied by USIS. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of future consumer reports, at any time, during my employment or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being release could affect my being hired, my employment, or my eligibility for promotion or transfer.

PRINT NAME: (Last, First, Middle) _____

SIGNATURE: _____ DATE: ____/____/____

SOCIAL SECURITY NO. _____ DATE OF BIRTH: ____/____/____

Note: Date of Birth information is only for use by US Investigation Services, LLC

DRIVER LIC. NO. _____ STATE ISSUED: ____ EXPIRATION DATE _____

Current Local Address: (cannot be a P.O. Box)

Address: _____ CITY: _____ ST: _____

HOME PHONE:(_____) _____ COUNTY: _____ ZIP CODE: _____

LIST PREVIOUS ADDRESSES [for at least last seven [7] years]

Address: _____ City _____ State ____ Zip Code _____

Address: _____ City _____ State ____ Zip Code _____

Address: _____ City _____ State ____ Zip Code _____