

**FAIR CREDIT REPORTING ACT DISCLOSURE
AND AUTHORIZATION TO RELEASE INFORMATION**

Choose from the following categories:

<input type="checkbox"/> CDD	<input type="checkbox"/> Non-UT Student
<input type="checkbox"/> Kaplan	<input type="checkbox"/> Post-Doctoral
<input type="checkbox"/> New Hire (Faculty/Staff)	<input type="checkbox"/> Visiting Scholar
<input type="checkbox"/> Temp Pool	<input type="checkbox"/> Volunteer

Department: _____

Cost Center/WBS#: _____

Department Contact Person

Name: _____

Phone: _____

Email: _____

DISCLOSURE

In connection with your application for employment at the University of Tennessee, the University may verify information within the application or other materials relating to your application for employment. As part of that verification process, the University will request, from a background check vendor, an investigative consumer report (“Background Check Report”) on you as defined in the Fair Credit Reporting Act.

For University purposes, a Background Check Report will consist of a criminal background check, employment verification, education verification, reference check, public records check, driving records check, and professional license check. It will not include a credit check, although information that pertains to your credit may be contained among public records (*i.e.*, bankruptcy filings). The information obtained in the Background Check Report will be utilized only during the initial employment application process. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide to you a copy of the Background Check Report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

AUTHORIZATION

By my signature below, I expressly authorize and instruct the background check vendor to perform and release to the University a Background Check Report on me at the request of the University in conjunction with my job application. I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me, if any, may be used for the purpose of conducting a background check.

By my signature below, I also authorize the disclosure to the University and/or to the background check vendor of information concerning my employment history, earning history, education, motor vehicle history and standing, criminal history, and all other publicly available information the University deems pertinent by any individual, corporation or other private or public entity, including without limitation the following: employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; motor vehicle records agencies; and other public sources. I hereby release and hold the background check vendor and the University, its officers, directors, employees, and trustees harmless from any and all liability with respect to the Background Check Report, investigations, verifications, and/or the use of any information relevant to my employment.

By my signature below, I acknowledge that this Authorization Form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the University of Tennessee.

Print Name: _____

Signature of Applicant: _____ Date: _____

PLEASE PRINT THE FOLLOWING INFORMATION.

Last Name: _____ First Name: _____ Middle Name: _____

Other Names Used (alias, maiden, nickname): _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Driver's License Number: _____ State Issued: _____

Current Resident Address: _____
(Street Number & Name) (City) (State) (Zip Code)

NOTE: International Employees please include your Foreign Address also:

List Resident Address in Past Seven Years (attach additional sheets if necessary)

_____	_____	_____	_____	_____
(Date From – To)	(Street Number & Name)	(City)	(State)	(Zip Code)
_____	_____	_____	_____	_____
(Date From – To)	(Street Number & Name)	(City)	(State)	(Zip Code)
_____	_____	_____	_____	_____
(Date From – To)	(Street Number & Name)	(City)	(State)	(Zip Code)

School Information (Highest Degree Earned): N/A

School: _____ City/State: _____

Degree: _____ Degree Status: _____

Dates Attended: _____
(Start Month/Year) (End Month/Year)

For International Employees:

Father's Full Name: _____

Mother's Maiden Name: _____

Government ID Number: _____

Passport Number: _____

ADDITIONAL STATE LAW NOTICES**For Maine Applicants Only**

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

For New York Applicants Only

You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

For California Applicants Only

You may view the file maintained on you by TrueScreen during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at TrueScreen's offices in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. TrueScreen has trained personnel available to explain your file to you, including any coded information. If you appear in person, you must be accompanied by one other person, provided that person furnishes proper identification.

For Minnesota, Oklahoma and California Applicants Only: In connection with your application for employment, your investigative consumer report may be obtained and reviewed. Under California, Minnesota and Oklahoma law, you have a right to a free copy of your investigative consumer report by checking the appropriate box below.

- YES, I am a California resident and would like a free copy of my investigative consumer report.
- YES, I am a Minnesota resident and would like a free copy of my consumer report.
- YES, I am an Oklahoma resident and would like a free copy of my consumer report.

UT Health Science Center

Occupational Risk Assessment

Human Resources Department
910 Madison Ave., Ste. 722 – Memphis, TN 38163
Phone: (901) 448-5600 Fax: (901) 448-5170
Email: hr@uthsc.edu

Date: _____

Name: _____

Address: _____

State/Province: _____

Zip/Postal Code: _____

Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Position Title: _____ Hire Date: _____

Business Manager: _____ Office Contact Number _____

Principal Investigator (If Applicable) _____

Check All That Apply

The above employee will work or live in the following.

- Clinical Setting Dormitory
 Laboratory Animal Lab

Work Hours

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Sunday _____

Check One

- Employee Student Volunteer

Please return this completed form to the Human Resources Office.

Health Insurance Waiver

Please complete and return to the Office of Human Resources:

Non-UT Student

Friend

Volunteer

I certify that I am covered by a health insurance policy that includes coverage for medical care and transport. I will not hold the University of Tennessee, The Health Science Center or any employee of the University of Tennessee responsible for payment of any bill related to medical treatment, care, or services. This waiver is subject to any right to recovery independently existing under the Tennessee Claims Commission Act.

I will not hold any faculty member, instructor, staff member, department or the University of Tennessee Health Science Center liable should I become injured while engaging in volunteer activities at or affiliated with the University of Tennessee, The Health Science Center

Signature

Date

Print Name

NOTARY SEAL

SWORN TO AND SUBSCRIBED before me this _____ day of _____, _____.

Notary Public

My Commission Expires:
