



Background Check: FCRA Authorization to Obtain a Consumer Report (background/credit check)

Sep 20, 2016

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize [Company Name] and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish [Company Name] or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Signature

Date

Please Print Clearly

- 1. Name (Full) _____
- 2. Maiden Last Name _____
- 3. List Any Former Names Used _____
- 4. Social Security Number ____-____-____
- 7. Date of Birth ____-____-____
- 8. Telephone Number _____

9. Current Street Address _____

10. City _____, State _____ Zip _____

11. Driver's License Number _____ State Issued _____

12. Name on Driver's License _____

By signing below, you are certifying that the above information is true and correct.

Signature

Date

Express Requests

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