

**Department of Human Resources
Recruitment Services
Standalone Background Check Request**

Instructions

In compliance with [Florida Atlantic University's Personnel Policy Number 7.5](#), all employees must have a background check prior to the offer of employment. Positions with fiduciary responsibilities may require a credit check prior to employment. Positions that have been determined to have a special trust or responsibility, or a sensitive location may require a level II background check screening in accordance with the Florida Statutes. Complete this form to request a standalone background check and return it to Recruitment Services at empl@fau.edu.

Requestor Information

Department/Unit: _____ Division: _____
Hiring Manager's Name: _____ Hiring Manager Email: _____
Smart TAG for background check expense: _____

Reason for Background Check Request

____ Hire/Rehire ____ Change in position responsibilities ____ Other, please explain _____

Applicant's Contact Information

Applicant's First and Last Name: _____

Applicant's email address: _____ Applicant's phone number: _____

Is the applicant under the age of 18? ____ Yes or ____ No

*Hiring departments must obtain a copy of the XXXXX with parental consenting to the applicant's background check.

Biographical Information:

Does the applicant have a social security number? ____ Yes or ____ No.

If the applicant has a social security number, was it issued within the last 6 months? ____ Yes or ____ No.

*Incorrect reporting of the social security number will cause delays with the background check screening.

Position Information

Employment start date: ____/____/____ Position Title: _____

Position type: ____ AMP ____ SP ____ OPS ____ Student ____ Adjunct ____ Affiliate ____ Faculty

____ Postdoc ____ Volunteer. If other, please explain _____

Level II Screening

- Will the applicant provide care, treatment, training, instruction, supervise or have direct contact with the vulnerable population such as children under the age of 18, elderly, or those with disabilities?
____ Yes or ____ No
- Will this individual occupy a position or have responsibilities of Special Trust? *Special trust positions are designated by the President, a Vice President, or the Provost.*
____ Yes or ____ No
- Will this individual occupy a position in a sensitive location?
____ Yes or ____ No

Credit Check Screening

- Does this position carry any fiduciary responsibilities? *Employees hired into positions with fiduciary responsibilities may require a credit check. Fiduciary responsibilities may include, but not limited to cash handling, P-card holders, access to checks, responsible for approving, dispensing, or the administrative oversight of university funds.*
____ Yes or ____ No

MVR Screening:

- Will this applicant be required to drive an FAU owned automobile vehicle? This includes, but not limited to golf carts.
____ Yes or ____ No

**FLORIDA ATLANTIC UNIVERSITY
HUMAN RESOURCES
RECRUITMENTS SERVICES**

PARENT/LEGAL GUARDIAN CONSENT FORM

FAU College/Department Information:

College/Department requesting the background check: _____

Name of College/Department Contact: _____

Contact Email: _____ Contact Phone Number: _____

Dear Parent or Legal Guardian,

_____ (a minor) is applying for employment or a volunteer assignment with Florida Atlantic University. The employment/volunteer process includes a criminal background check through a third-party company.

If you need additional information on the employment or volunteer assignment, please contact the FAU College/Department listed above.

If you CONSENT the background check for the minor listed above, please sign, and return this form to the College/Department noted above.

Signature of Parent or Legal Guardian consenting to the background check

Print Name of Parent or Legal Guardian consenting to the background check

Please list your relationship to the Minor

Signature of Minor Applying for Employment or Volunteer Assignment

Date: _____

Volunteer Registration Form Category One Volunteers Only

Section 1: VOLUNTEER INFORMATION

Name: _____
Last
First
Middle Initial

Mailing Address: _____

E-mail Address _____ Phone: _____

Are you 18 or older? Yes No
 (If volunteer is under the age of 18, a parent or guardian signature is required)

Have you ever been convicted of, or pled guilty or no contest to, a felony or misdemeanor? Yes No
 If yes, please list the date: _____
 Offense and disposition (Please explain fully): _____

Are you currently volunteering or have you volunteered in the last 12 months in another department or with another organization associated with Florida Atlantic University? Yes No

If yes, which department or organization? _____
 Supervisor's Name: _____

Category One Volunteer: A Volunteer who has a significant or recurring presence on campus and/or has significant or recurring interaction with students. Examples of Category One Volunteers include, but are not limited to, athletic team volunteers, coaches, and student organization/club advisors. Category One Volunteers must complete this form and the Volunteer Waiver and Release form and submit to a Background Check prior to serving as a Volunteer.
Category Two Volunteer: A Volunteer who has a limited presence on campus and/or limited interaction with students. Examples of Category Two Volunteers include, but are not limited to, Owl Parents Association volunteers, student move-in day volunteers and fundraising volunteers. Category Two Volunteers do not need to complete this form but must complete the Volunteer Waiver and Release form.

Are you legally eligible for employment in this country? Yes No
 Current employer: _____
 Job Title: _____

As a volunteer, I agree to abide by all applicable policies, procedures, rules and regulations of Florida Atlantic University and guidelines of this college/department and to fulfill the volunteer responsibilities to the best of my ability. I understand that FAU requires a criminal background check for all Category One Volunteers. I also understand that certain volunteer assignments require a level two background check, and if that is applicable, I will be required to provide my social security number and date of birth to the Human Resources Department. I further agree to disclose, after the submission of this registration form, any subsequent guilty pleas, convictions of a felony or misdemeanor, pleas of "Nolo Contendere", No Contest, or similar disposition of a crime which is a felony or a misdemeanor, and probation, enrollment in a pre-trial diversion program, deferrals of prosecution or the adjudication of guilt withheld for a crime which is a felony or a misdemeanor. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the university may terminate my volunteer service at any time without prior notice.

Volunteer's Signature: _____ **Date:** _____

Parent/Guardian Signature (if volunteer is under 18):
As the parent/guardian of _____, I grant my permission for him/her to participate as an unpaid volunteer for Florida Atlantic University. I further acknowledge that I have completed the Authorization for Treatment of Minors form on his/her behalf.

 Print name Signature Date

EMERGENCY CONTACTS

1. Contact Name: _____

Phone: _____ Relationship: _____

2. Contact Name: _____

Phone: _____ Relationship: _____

REFERENCE CONTACTS

1. Personal Reference: _____

Phone: _____ Email: _____

2. Professional or work-related: _____

Phone: _____ Email: _____

I certify that all information provided by me in this Volunteer Registration form is true and complete. I authorize Florida Atlantic University to conduct any investigation with respect to my application and release the University, my former employers, and references from any liability from damage caused by giving or receiving information about me.

Applicant Signature: _____

Date: _____

Section 2: TO BE COMPLETED BY THE SUPERVISOR

Department where volunteer will work: _____

Supervisor responsible for volunteer's work: _____

Print Name and Title

Supervisor's Phone #: _____

Please describe the work the Volunteer is expected to perform: _____

Volunteer's qualifications to perform this work: _____

Volunteer work will begin on _____ and end _____

A background check request has been submitted and approved for Category One Volunteers

Yes No

Email background check requests to empl@fau.edu. Include Volunteer's name, phone number, nature of appointment (Volunteer appointment), email address, and department index number.

Supervisor's Signature: _____ **Date:** _____

Original: Retain in Department

Copy: Weppner Center for Civic Engagement & Service



FLORIDA ATLANTIC UNIVERSITY
VOLUNTEER WAIVER AND RELEASE

Participant: _____
Mailing Address: _____
E-mail Address: _____
Phone (Home): _____ Cell: _____

I intend to volunteer at _____
("Organization") on days and at times as follows: _____ or as otherwise agreed upon
by me and the Organization. The volunteer services shall generally consist of the following types of
activities: _____ ("Services").

- 1. I acknowledge and agree that I am required to act and perform any Services in a mature, responsible
and professional manner at all times during the Services and further acknowledge and agree that I
will be held responsible for my own behavior.
2. I acknowledge and agree that I must observe all federal, state and local laws and all rules,
regulations and policies of Florida Atlantic University ("University") and the Organization.
3. In exchange for the University arranging for me to participate in the Services, I give the University
the right and permission to record my participation and appearance on videotape, audiotape, film,
photography or any other medium and to use my name, likeness, voice and biographical information
in connection with these recordings. The University may exhibit or distribute all or any part of these
recordings for any educational or promotional purpose that the University and its employees deem
appropriate. All such recordings shall be the University's property.
4. In exchange for the University arranging for me to participate in the Services, I, on behalf of myself,
my spouse, family, heirs, beneficiaries and personal representatives, agree to assume all the risks and
responsibilities of participating in the Services. I release and forever discharge and covenant not to
sue the Florida Atlantic University Board of Trustees, the Florida Board of Governors, and the State
of Florida, and their respective officers, agents, employees and representatives ("Releasees") from and
against any and all liability for any and all claims, demands, actions, causes of action of whatever
kind or nature, costs and expenses of any nature, including attorneys' fees ("Claims") that I may have
or that may hereafter accrue to me, arising out of or related to any harm, loss, damage or injury,
including but not limited to suffering, death or property loss that may be sustained by me, whether
caused by my action or negligence or the action or negligence of Releasees or third parties in
connection with the Services. I also agree not to sue Releasees in connection with any such harm,
loss, damage or injury. I agree to defend, indemnify and hold Releasees harmless from and against all
Claims asserted against any of the Releases by any entity or individual based upon my participation
in the Services. Notwithstanding the foregoing, nothing herein shall limit or affect my rights (if any)
to workers compensation benefits as a volunteer pursuant to Florida law.
5. I fully understand that there are potential risks and hazards associated with the Services, including,
but not limited to, possible injury or loss of life. I further understand that while participating in the
Services, I may be interacting with persons, places or objects that are not associated with or under
the control or supervision of the Releasees. Despite the potential risks and hazards associated with
the Services, I wish to proceed, and freely accept and assume all risks and hazards that may arise
from my participation in the Services and that could result in loss, illness, personal injury, death or
property damage, whether caused by the negligence of Releasees or otherwise.

6. I understand that during the Services, I may have access to, or may observe, certain information that is proprietary to the University and I hereby agree not to disclose, discuss or reveal any such information to parties outside of the University or to individuals who do not have a legitimate need to access such information. I agree to keep all University records and files confidential. I also agree to keep confidential any health or student information that I observe or access and will not disclose, discuss or reveal any such information to anyone, except where required within the scope of my volunteer Service.

7. I acknowledge and agree that should any provision or aspect of this Waiver and Release form be found to be unenforceable, all remaining provisions of this form will remain in full force and effect. Further, I acknowledge and agree that this form shall be construed pursuant to the laws of the state of Florida.

8. I acknowledge and agree that my participation in the Services may cease at any time at my request or at the request and discretion of the University or the Organization.

9. I acknowledge and agree that volunteers are not considered employees or agents of the University or the Organization and that I am not entitled to compensation for my Services. I may be entitled to workers compensation and state liability protection under the same conditions as state employees in accordance with Chapter 440 and 768.28 of the Florida Statutes.

I HAVE READ THIS WAIVER AND RELEASE FORM, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT AND VOLUNTARILY AGREE TO BE BOUND BY IT.

 Volunteer's Signature Date
 (I certify that I am 18 years of age or older)

 Parent/Guardian's Signature Date
 (If Volunteer is under 18 years of age)

Emergency Contact Information

1. Contact name: _____
 Phone: _____ Relationship: _____

2. Contact name: _____
 Phone: _____ Relationship: _____

Revised May 31, 2013