

**BACKGROUND SCREENING  
DOCUMENTATION CHECKLIST**

Dear Candidate:

In order to proceed with the pre-employment screening, please complete the following attached forms and provide us with the documentation as indicated below. These documents must be returned to the Florida Atlantic University employment office within three (3) business days.

Legible faxed copies will be accepted; however, the original forms are needed in order to complete the hiring process. Please mail, overnight or drop off the original signed documents to:

Florida Atlantic University  
777 Glades Road  
Department of Human Resources  
Office of Employment Services  
ADM 102  
Boca Raton, FL 33431

Telephone 561-297-3057  
Fax: 561-297-2404

- Signed and Notarized FDLE affidavit
- Signed FCRA Waiver
- Signed Acknowledgment and Authorization Form
- Signed Contingent Offer Letter
- Copy of Drivers' License (must be enlarged and legible)
- Copy of Birth Certificate (must be legible)
- Copy of Diploma/Transcript (highest level of education only)
- Completed Employment History form (prior 7 years)

The conclusion of the hiring process cannot proceed until all of the requested documents have been received by the Employment Office at the above address.



Florida Department of Law Enforcement

**AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)**



**CJSTC 58**

Incorporated by Reference in Rule 11B-27.0022(2)(b), F.A.C.

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records

APPLICANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER (Optional): \_\_\_\_\_

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: \_\_\_\_\_

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.



I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

768.095, F.S., titled Employer Immunity from Liability, disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760. Pursuant to Sections 943.13(2) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Address \_\_\_\_\_

**AFFIDAVIT**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, My Commission expires on \_\_\_\_\_, 20\_\_\_\_. Personally Known \_\_\_\_\_ - or -

Produced Identification \_\_\_\_\_ Notary Public: \_\_\_\_\_

Type of Identification produced: \_\_\_\_\_



University Police Department  
Investigative Services  
777 Glades Road  
Boca Raton, FL 33431  
tel: 561.297.6782  
fax: 561.297.0909  
[www.fau.edu/police](http://www.fau.edu/police)

## DISCLOSURE PURSUANT TO THE FAIR CREDIT REPORTING ACT (FCRA)

The Florida Atlantic University (FAU) may obtain one or more consumer reports, including but not limited to credit reports, about you, for employment purposes as defined by the Fair Credit Reporting Act, including for determinations related to initial employment, reassignment, promotion, or other employment-related actions.

## CONSUMER'S AUTHORIZATION FOR FAU TO OBTAIN CONSUMER REPORT(S)

I have read and understand the above Disclosure. I authorize the Florida Atlantic University (FAU) to obtain one or more consumer reports on me, for employment purposes, as described in the above Disclosure.

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Acknowledgement and Authorization for Criminal Background Check**

As a condition of my candidacy for employment with Florida Atlantic University, I understand that the University will conduct a criminal background check on me for employment purposes.

By signing this Acknowledgement and Authorization, I authorize Florida Atlantic University, the Florida Atlantic University Police Department, and /or any other company authorized by the University, to access such information as may be necessary to complete a criminal background check.

I release from liability all persons and entities supplying such information. I indemnify Florida Atlantic University, The Florida Atlantic University Police Department, and/or other company authorized by Florida Atlantic University, against any liability which may result from making such requests. I agree that a fax or photocopy of the Acknowledgment and Authorization with my signature will be accepted with the same authority as the original. I understand that upon my request, I will be given a copy of the background report and, when applicable, a written description of my rights under the Fair Credit Report Act.

I believe to the best of my knowledge that all information provided below is accurate, true and correct, and that I fully understand the terms of the Acknowledgment and Authorization.

I am a candidate for the position of \_\_\_\_\_ in the (College or Department) of \_\_\_\_\_.

Printed Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Drivers License Number and State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign and return this Acknowledgment and Authorization along with your acceptance of the University's offer of appointment

## FLORIDA ATLANTIC UNIVERISITY EMPLOYMENT HISTORY

As part of our background screening process, we request that you provide seven (7) years of employment history. Beginning with the most current, list all employers for the past 7 years.

Employer Name:	Begin Date	End Date
City	State	Zip Code
Job Title	Most Recent/Ending Salary	
Supervisor Name	Supervisor Title	
Supervisor Phone	Reason for Leaving	
May we contact this employer?		

Employer Name:	Begin Date	End Date
City	State	Zip Code
Job Title	Most Recent/Ending Salary	
Supervisor Name	Supervisor Title	
Supervisor Phone	Reason for Leaving	
May we contact this employer?		

Employer Name:	Begin Date	End Date
City	State	Zip Code
Job Title	Most Recent/Ending Salary	
Supervisor Name	Supervisor Title	
Supervisor Phone	Reason for Leaving	
May we contact this employer?		

Employer Name:	Begin Date	End Date
City	State	Zip Code
Job Title	Most Recent/Ending Salary	
Supervisor Name	Supervisor Title	
Supervisor Phone	Reason for Leaving	
May we contact this employer?		

Employer Name:	Begin Date	End Date
City	State	Zip Code
Job Title	Most Recent/Ending Salary	
Supervisor Name	Supervisor Title	
Supervisor Phone	Reason for Leaving	
May we contact this employer?		