

**Personnel Services Department**  
**Office of Employment**  
**Florida Atlantic University**  
**777 Glades Road, Boca Raton, FL 33431-0991**  
**Telephone: 561-297-3058 (Voice or TTY)**  
**E-mail: Joblist@fau.edu**  
**Website: http://personnel.fau.edu/Employment/Job**

**EMPLOYMENT POLICIES AND PROCEDURES**

1. All vacant positions, except those approved for open posting, are posted at least seven calendar days. Application deadlines are posted per position. Applicant referrals are not processed until after the application deadline has expired.
2. Each applicant is assured equal employment opportunity without regard to race, color, sex, religion, creed, national origin, age, disability, political opinions or affiliations. Florida Atlantic University complies with the requirements of Veterans Preference and the Americans with Disabilities Act.
3. It is the policy of Florida Atlantic University that all employees with the exception of student employees establish direct deposit with a financial institution for the purpose of payment of salaries, and other payments that may apply. Authorization must be obtained from each employee in writing or electronically per the guidelines established in Florida Statute 668.50. All authorizations remain in effect until withdrawn. Account information is confidential and not subject to current Sunshine Laws.

All specified employees should use direct deposit unless otherwise exempted under this policy.

4. The State of Florida requires all employees to sign a loyalty oath prior to employment. Employees in certain classifications must be fingerprinted and/or undergo a criminal background investigation. All new A&P, USPS and OPS employees must undergo a criminal background investigation.
5. The Military Service Act requires that males between the ages of 18 and 26 (except aliens legally admitted as non-immigrants) must provide proof of registration in order to be eligible for employment. Such applicants must provide a copy of either a Registration Acknowledgment Card or letter from the Selective Service System.
6. All applicants selected for employment must complete and sign U.S. Government Form I-9 and provide documents proving their identity and employment eligibility as specified by the Immigration Reform and Control Act of 1986.
7. Individuals transferring from USPS, Administrative and Professional, or Faculty positions at other state agencies must provide to the Employment Office a copy of their Employee Data Transfer Report to insure continued uninterrupted coverage of state health and life insurance.
8. Individuals are expected to give at least a two (2) week notice of resignation to the University.

***Your signature is required for participation in the application process and certifies that you have read this document in its entirety. Please sign below and maintain this page with the application package.***

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

***Equal Opportunity/Equal Access Institution***

# FLORIDA ATLANTIC UNIVERSITY

## AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I, \_\_\_\_\_, the undersigned, hereby authorize Florida Atlantic University, or its authorized representative(s), bearing this release or copy thereof, to obtain any information in your files pertaining to my juvenile or adult criminal justice, employment, military service, and/or education records including, but not limited to, academic achievement, attendance, personal history, and disciplinary records. I hereby direct you to release such information upon request of the bearer. This release is for the official use of aforementioned Florida Atlantic University.

I hereby release you, as the custodian of such records, and any governmental agency, educational institution, hospital or other repository of juvenile or adult criminal justice records, military records, consumer reporting agency, or retail business establishment, including officers, employees, or related personnel, both individually and collectively, from any and all liability for damage 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.

The information hereby obtained by the aforementioned Florida Atlantic University is to be used for the purpose of evaluating applicants for employment. This consent shall continue to be effective during my employment, if I am hired.

**I understand, that if I am hired, I must provide to the University proof of my highest degree received within thirty (30) days of date of hire.**

**Note:** The hiring process may include verification of employment and education. May we contact your current employer to verify employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

I also understand and acknowledge that this authorization becomes effective on the date signed.

\_\_\_\_\_  
Signature (full name)

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

\_\_\_\_\_  
Maiden/other name used (Print), if applicable

\_\_\_\_\_  
Student ID #

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

*Equal Opportunity/Equal Access Institution*

PERSONNEL DEPT. USE ONLY:	
BGC: _____	_____
	Date/Initial
DL: _____	_____
	Date/Initial

Personnel Services Department  
Office of Employment  
Florida Atlantic University  
777 Glades Road, Boca Raton, FL 33431-0991  
Telephone: 561-297-3058 (Voice or TTY)  
E-mail: [Joblist@fau.edu](mailto:Joblist@fau.edu)  
Website: <http://personnel.fau.edu/Employment/Job>

Name: First \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_  
Prefix: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr. ☐ Other \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Street: \_\_\_\_\_ Apt.# \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Home phone number: \_\_\_\_\_ or, Cell phone number: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

**\* IF YOU ARE UNCERTAIN HOW TO ANSWER ANY OF THE FOLLOWING QUESTIONS, PLEASE VERIFY YOUR ANSWER BEFORE COMPLETING AND SIGNING THIS FORM.**

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## BACKGROUND INFORMATION

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HAVE YOU EVER PLED GUILTY OR BEEN CONVICTED OF A FELONY OR MISDEMEANOR? ☐ Yes ☐ No

If "YES", what charges?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where convicted? \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

HAVE YOU EVER PLED "NOLO CONTENDERE," NO CONTEST OR ENTERED A SIMILAR DISPOSITION TO A CRIME WHICH IS A FELONY OR A MISDEMEANOR? ☐ Yes ☐ No

If "YES", what charges?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where? \_\_\_\_\_ Date: \_\_\_\_\_

HAVE YOU EVER BEEN PLACED ON PROBATION, ENROLLED IN A PRETRIAL DIVERSION PROGRAM, HAD PROSECUTION DEFERRED OR HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A MISDEMEANOR?

☐ Yes ☐ No If "YES", what charges?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where? \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** A "YES" answer to these questions will not automatically bar you for from consideration. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered. Failure to answer truthfully will be grounds to refuse or terminate employment.

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## AUTHORIZATION AND CERTIFICATION

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I certify that the above statements are true. I further understand that any false statements made by me maybe grounds for immediate discharge or rejection from consideration for further employment.

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

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

*Equal Opportunity/Equal Access Institution*

Dates of employment: Start      /      /      End      /      /       
Mo / day / year Mo / day / year

Supervisor's name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Extension: \_\_\_\_\_

Employer: \_\_\_\_\_

Dates of employment: Start      /      /      End      /      /       
Mo / day / year Mo / day / year

Job Title: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Extension: \_\_\_\_\_

Employer: \_\_\_\_\_

Dates of employment: Start      /      /      End      /      /       
Mo / day / year Mo / day / year

Job Title: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Extension: \_\_\_\_\_

## AUTHORIZATION AND CERTIFICATION

I am aware that any **omissions, falsifications, misstatements, or misrepresentation to the resume/vitae and addendum** may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Florida Atlantic University for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for employment are public records except as exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachment are true, correct, complete, and made in good faith.

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

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

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

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*Equal Opportunity/Equal Access Institution*

# FLORIDA ATLANTIC UNIVERSITY

5/8

## VERIFICATION OF EDUCATION

**You will be required to provide proof of your highest degree, and/or additional credit hours received, within thirty (30) days of accepting a position with Florida Atlantic University.** You may provide a notarized copy of your diploma, or the educational institution may complete and return this form, or an official transcript, by mail or fax.

\_\_\_\_\_  
Last Name, First Name, Middle Initial (Print)

\_\_\_\_\_  
Last Name Enrolled Under

\_\_\_\_\_  
Student ID Number:

\_\_\_\_\_  
Dates Enrolled: From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Name and Address of Institution Attended  
(Highest Degree)**

**RETURN FORM TO:**

**Florida Atlantic University  
Department of Personnel Services  
Att: Employment Office  
777 Glades Road  
Boca Raton, FL 33431  
FAX: (561) 297-2404**

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RECORDS VERIFIER USE ONLY

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**REGISTRAR:** Please complete the following information. We appreciate your cooperation.

Highest Degree/Diploma Received: \_\_\_\_\_ Date Awarded: \_\_\_\_\_

Total Number of Additional Credit Hours Earned (optional): \_\_\_\_\_

Major: \_\_\_\_\_

If degree or diploma was not awarded: Dates Attended From: \_\_\_\_\_ To: \_\_\_\_\_

Highest grade completed or class standing: \_\_\_\_\_

\_\_\_\_\_  
Name/Title of person submitting this information (print)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FLORIDA ATLANTIC UNIVERSITY  
Personnel Services Department  
Employment Office  
777 Glades Road  
Boca Raton, FL 33431-0991  
Job Line: (561) 297-3506  
Voice /TTY: (561) 297-3058  
Website: [www.fau.edu](http://www.fau.edu)

To: Employment Manager, Personnel Services, Florida Atlantic University

From: \_\_\_\_\_ (Insert Name Optional)

Subject: Voluntary Self-Identification Form - **Position #** \_\_\_\_\_

Florida Atlantic University is committed to equal employment opportunity and affirmative action. In order to fulfill this commitment and to comply with existing state and federal requirements, it is important to determine the composition of the applicant pool for each position. The requested information is to be submitted on a strictly voluntary basis.

This information is being collected separately and confidentially so as not to become part of your application file. It will enable us to determine whether protected groups identified by the Department of Labor are given an equal opportunity to compete.

Please check as applicable?

*Race/Ethnic Origin:*

- |  |  |
|--|--|
| <input type="checkbox"/> Hispanic or Latino        | <input type="checkbox"/> Asian                                     |
| <input type="checkbox"/> White                     | <input type="checkbox"/> American Indian or Alaskan Native         |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |

Sex: ☐ Male ☐ Female

Please identify below how you became aware this position was available?

Printed Publication \_\_\_\_\_  
Personal Contact \_\_\_\_\_  
Other Source/Referral: \_\_\_\_\_

Thank you for taking the time to complete this form.

**PLEASE RETURN THIS DOCUMENT TO:**

Employment Manager  
Department of Personnel Services  
Florida Atlantic University  
777 Glades Road  
Boca Raton, FL 33431-0991



LexisNexis™  
PeopleWise®

securint  
Intelligent choices made easy

## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as where you work and live, if you pay your bills on time, and whether you've been sued, arrested, or filed for bankruptcy -- to creditors, employers, and other businesses. The FCRA gives you specific rights in dealing with CRAs, and requires them to provide you with a summary of these rights as listed below. You can find the complete text of the FCRA, 15 U.S.C. 1681 et seq., at the Federal Trade Commission's web site (<http://www.ftc.gov>).

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must give you the name, address, and phone number of the CRA that provided the report.
- You can find out what is in your file. A CRA must give you all the information in your file, and a list of everyone who has requested it recently. However, you are not entitled to a "risk score" or a "credit score" that is based on information in your file. There is no charge for the report if your application was denied because of information supplied by the CRA, and if you request the report within 60 days of receiving the denial notice. You are also entitled to one free report a year if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee of up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the items (usually within 30 days) unless your dispute is frivolous. The CRA must pass along to its source all relevant information you provided. The CRA also must supply you with written results of the investigation and a copy of your report, if it has changed. If an item is altered or deleted because you dispute it, the CRA cannot place it back in your file unless the source of the information verifies its accuracy and completeness, and the CRA provides you a written notice that includes the name, address and phone number of the source.
- Inaccurate information must be deleted. A CRA must remove inaccurate information from its files, usually within 30 days after you dispute its accuracy. The largest credit bureaus must notify other national CRAs if items are altered or deleted. However, the CRA is not required to remove data from your file that is accurate unless it is outdated or cannot be verified.
- You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, they may not continue to report it if it is in fact an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to those who have a need recognized by the FCRA -- usually to consider an application you have submitted to a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers or that contain medical information. A CRA may not report to your employer, or prospective employer, about you without your written consent. A CRA may not divulge medical information about you without your permission.
- You can stop a CRA from including you on lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call and tell the CRA if you want your name and address excluded from future lists or offers. If you notify the CRA through the toll-free number, it must keep you off the lists for two years. If you request and complete the CRA form provided for this purpose, you can have your name and address removed indefinitely.
- You may seek damages from violators. You may sue a CRA or other party in state or federal court for violations of the FCRA. If you win, the defendant may have to pay damages and reimburse you for attorney fees. If you lose and the court specifically finds you sued in bad faith, you or your attorney may have to pay the defendant's fees.

You may have additional rights under state law. You may wish to contact a state or local consumer protection agency or a state attorney general to learn those rights.

If you have questions or believe your file contains errors, call our toll-free number.

Tel: 877.913.6245

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:  
CRAs, creditors and others not  
listed below

PLEASE CONTACT:  
Federal Trade Commission  
Bureau of Consumer Protection - FCRA  
Washington, DC 20580 \* 202-326-3761

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National banks, federal branches/agencies of  
foreign banks (word "National" or initials "N.A."  
appear in or after bank's name)

Office of the Comptroller of the Currency  
Compliance  
anagement, Mail Stop 6-6  
Washington, DC 20219 \* 800-613-6743

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Federal Reserve System member banks  
(except national banks, and federal  
branches/agencies of foreign banks)

Federal Reserve Board  
Division of Consumer & Community Affairs  
Washington, DC 20551 \* 202-452-3693

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Savings associations and federally chartered  
savings banks (word "Federal" or initials  
"F.S.B." appear in federal institution's name)

Office of Thrift Supervision  
Consumer Programs  
Washington, DC 20552 \* 800-842-6929

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Federal credit unions (words "Federal Credit  
Union" appear in institution's name)

National Credit Union Administration  
1775 Duke Street  
Alexandria, VA 22314 \* 703-518-6360

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Banks that are state-chartered, or  
are not Federal Reserve System members

Federal Deposit Insurance Corporation  
Division of Compliance & Consumer Affairs  
Washington, DC 20429 \* 800-934-FDIC

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Air, surface, or rail common carriers  
regulated by former Civil Aeronautics  
Board or Interstate Commerce Commission

Department of Transportation  
Office of Financial Management  
Washington, DC 20590 \* 202-366-1306

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Activities subject to the Packers and  
Stockyards Act, 1921

Department of Agriculture  
Office of Deputy Administrator - GIPSA  
Washington, DC 20250 \* 202-720-7051

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