

**Purdue University Fort Wayne**

**Background Check INFORMATION/CONSENT Form**

This form demonstrates an understanding that the candidate identified below has received a conditional offer of employment from Purdue University Fort Wayne which is contingent on a satisfactory background check. Purdue Fort Wayne will request from HireRight, Inc. to begin a background check report to be used solely for employment-related purposes. (HireRight, Inc. is located at 5151 California Avenue, Irvine CA 92617 and can be contacted at 1-800-400-7983.) The background check will consist of Criminal Felony & Misdemeanor, Social Security Number Trace, and National Sex Offender Registry and based on position an Educational background check will be conducted on the highest degree acquired. I understand that this offer of employment from Purdue Fort Wayne will be contingent on the receipt and evaluation of the background check report. ***Failure to provide consent or provide the required information to HireRight may result in withdrawal of any offer of employment or termination of employment. Any false information or omissions may result in termination of employment regardless of the date of discovery.***

I have carefully read and understand this Background Check INFORMATION/CONSENT Form and consent to the release of Criminal Felony & Misdemeanor, Social Security Number Trace, National Sex Offender Registry and Educational background reports to Purdue Fort Wayne within the terms of this form. I certify the information I provided on this form is true and correct. I understand that any false information or omissions may result in termination of employment regardless of the date of discovery.

Please **PRINT** legibly (\*Required Information)

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*Middle: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Social Security#: \_\_\_\_\_

\*Street Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State/Zip: \_\_\_\_\_

\*Telephone#: \_\_\_\_\_ \*E-Mail Address: \_\_\_\_\_

Signature

Date

<p><b>HR USE ONLY:</b></p> <p><input type="checkbox"/> New Hire</p> <p><input type="checkbox"/> Rehire</p> <p><input type="checkbox"/> Transfer</p> <p><input type="checkbox"/> Add Additional Appointment</p> <p>NOTES:</p>	<p><b>TO BE COMPLETED BY HIRING DEPARTMENT:</b></p> <p>Organization Unit #: _____</p> <p><input type="checkbox"/> Faculty position</p> <p><input type="checkbox"/> Limited Term Lecturer (LTL)</p> <p><input type="checkbox"/> Management/Professional</p> <p><input type="checkbox"/> Administrative/Professional</p> <p><input type="checkbox"/> Operations/Technical</p> <p><input type="checkbox"/> Clerical/Service</p> <p><input type="checkbox"/> Temporary Employee</p>
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