

INSTRUCTIONS FOR COMPLETING
BACKGROUND CHECK APPLICATION

1. Please type or write legibly, completing all sections highlighted.
2. Attach a separate page, if necessary, to include all information.
3. It is important that you verify that references are still at the contact phone number that you provide and that they are willing to provide a reference for you. Your Principal Investigator cannot be listed as a personal reference.
4. You must include any maiden name and other name by which you were known (list Sr., Jr., middle initials, and any nicknames by which you were officially known and include any variation of your name).
5. Whenever feasible, include copies of any diplomas from institutions outside of North America. If translations of non-English diplomas are available, include those as well.
6. In the absence of a diploma, provide copies of transcripts or copies of financial aid applications, student ID number, etc.
7. Be sure to include a COA for charging the costs of the vendor report.
8. *Informed consent.* (1) Licensees may not initiate a background investigation without the informed and signed consent of the subject individual. This consent must include authorization to share personal information with other individuals or organizations as necessary to complete the background investigation. Before a final adverse determination, the licensee shall provide the individual with an opportunity to correct any inaccurate or incomplete information that is developed during the background investigation. Licensees do not need to obtain signed consent from those individuals that meet the requirements of § 37.25(b). A signed consent must be obtained prior to any reinvestigation.
9. The subject individual may withdraw his or her consent at any time. Licensees shall inform the individual that:
 - If an individual withdraws his or her consent, the licensee may not initiate any elements of the background investigation that were not in progress at the time the individual withdrew his or her consent; and
 - The withdrawal of consent for the background investigation is sufficient cause for denial or termination of unescorted access authorization.



Request for Sterling Background Check

To: Sterling Order Creation Department		Fax: 1-866-226-6588 or 1-866-943-7500	
		Email: SterlingOrders@sterlinginfosystems.com	
CustID		Account ID:	
Company Name:	Yale University	Requestor Name:	Michael Kaseta
Your Phone #:	203-737-2104	Your Fax #:	203-785-7588

Job Position:		Applicant's Projected Salary	
Bill Code:			

# Pages in Fax:		# Applicants in Order:	
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Services/Packages To Be Ordered		
Select	Profile Name:	Services:

Jurisdiction Specific Counties/State/Federal Searches To Run (If Any)

A LA CARTE Options			
Select	Product Name:	Select	Product Name:
	Data Entry/Order Entry – Fee \$10.00		

Applicant Information

Applicant Information	Applicant # 1
*SSN	
*Last Name	
*First Name	
*Middle Name	
Suffix	
Gender	
*Date of Birth	
*Day Phone	
*Email Address	
Driver License #	
Driver License State	
Last Name on Drivers License	
First Name on Drivers License	
Middle Name on Drivers License	
Current Address	Applicant # 1
*Country	
*Street Address	
*City	
*State	
*Zip	
*# Years at Current Address	

Employment Verification

Please list the last seven years of employment

Employment Verification # 1	
* Employer Name:	
Type of Employment:	
* Current Employer: (Yes/No)	
* Can we contact this employer: (Yes/No)	
Phone:	
* Country:	
Street Address:	
* City:	
* Province/Region (For International):	
Postal Code	
Line of Business:	
Supervisor's name:	
Supervisor's contact information:	
* Start Date (MM - DD - YYYY):	
* End Date (MM - DD - YYYY) :	
Starting Salary:	
Ending Salary:	
Position:	
Notes:	
Reason for Leaving:	
Temp / contracting agency (If applicable):	

Employment Verification # 2	
* Employer Name:	
Type of Employment:	
* Current Employer: (Yes/No)	
* Can we contact this employer: (Yes/No)	
Phone:	
* Country:	
Street Address:	
* City:	
* Province/Region (For International):	
Postal Code	
Line of Business:	
Supervisor's name:	
Supervisor's contact information:	
* Start Date (MM - DD - YYYY):	
* End Date (MM - DD - YYYY) :	
Starting Salary:	
Ending Salary:	
Position:	
Notes:	
Reason for Leaving:	
Temp / contracting agency (If applicable):	

Employment Verification # 3	
* Employer Name:	
Type of Employment:	
* Current Employer: (Yes/No)	
* Can we contact this employer: (Yes/No)	
Phone:	
* Country:	
Street Address:	
* City:	
* Province/Region (For International):	
Postal Code	
Line of Business:	
Supervisor's name:	
Supervisor's contact information:	
* Start Date (MM - DD - YYYY):	
* End Date (MM - DD - YYYY) :	
Starting Salary:	
Ending Salary:	
Position:	
Notes:	
Reason for Leaving:	
Temp / contracting agency (If applicable):	

Employment Verification # 4	
* Employer Name:	
Type of Employment:	
* Current Employer: (Yes/No)	
* Can we contact this employer: (Yes/No)	
Phone:	
* Country:	
Street Address:	
* City:	
* Province/Region (For International):	
Postal Code	
Line of Business:	
Supervisor's name:	
Supervisor's contact information:	
* Start Date (MM - DD - YYYY):	
* End Date (MM - DD - YYYY) :	
Starting Salary:	
Ending Salary:	
Position:	
Notes:	
Reason for Leaving:	
Temp / contracting agency (If applicable):	

Education Verification

Please list the highest educational degree received.

Education Verification # 1	
Attendance Name:	
Type of Institute:	
*School/ College/University Name:	
*Country:	
*Province/Region (For International):	
City:	
*State:	
Zip Code:	
*Start Date (MM - DD- YYYY):	
*End Date (MM -DD - YYYY) :	
*Major:	
Type of Degree:	
*Completed:	
Completed Comments	
Notes:	
Education Verification # 2	
Attendance Name:	
Type of Institute:	
*School/ College/University Name:	
*Country:	
*Province/Region (For International):	
City:	
*State:	
Zip Code:	
*Start Date (MM - DD- YYYY):	
*End Date (MM -DD - YYYY) :	
*Major:	
Type of Degree:	
*Completed:	
Completed Comments	
Notes:	



Personal/Professional Reference Verification

Personal/Professional Reference Verification # 1	
*Reference Name:	
*Phone:	
*Relationship:	
*Email Address:	
Notes:	
Personal/Professional Reference Verification # 2	
*Reference Name:	
*Phone:	
*Relationship:	
*Email Address:	
Notes:	
Personal/Professional Reference Verification # 3	
*Reference Name:	
*Phone:	
*Relationship:	
*Email Address:	
Notes:	
Personal/Professional Reference Verification # 4	
*Reference Name:	
*Phone:	
*Relationship:	
*Email Address:	
Notes:	
Personal/Professional Reference Verification # 5	
*Reference Name:	
*Phone:	
*Relationship:	
*Email Address:	
Notes:	
Personal/Professional Reference Verification # 6	
*Reference Name:	
*Phone:	
*Relationship:	
*Email Address:	
Notes:	

Yale *Environmental Health & Safety*

Request for Background Check Form

- Write legibly or type form.
- Obtain applicant and authorizer signatures.
- Do not attach a check. Payment will be made by EHS and charged to the COA listed below.
- Return the completed forms to Michael Kaseta at michael.kaseta@yale.edu or by fax at 203-785-7588. If you have any questions, please contact Michael Kaseta at 203-737-2104.

Today's Date:	
Principal Investigator	
Name:	Email:
Phone:	Fax:
Department name:	Campus Address:
Employee's name:	
Based on my direct knowledge and observation of the above named individual, I consider this person trustworthy and reliable. I recommend this individual to be approved for unescorted access to certain University equipment that is subject to special access controls.	
Supervisor signature:	Date:
Business Office Contact	
Name:	Email:
Phone:	Fax:
Department name:	Campus Address:
Charging Instructions <i>Indicate the COA charging instructions. EHS will process the payment.</i>	
Company:	
Yale Designated:	
Grant:	
Gift:	
Cost Center:	
Program:	
Project:	
Spend/Revenue Category:	
Ledger Account:	
Location:	
Assignee:	
Authorizer (Business Office of the Principal Investigator)	
Name:	Signature:
Date:	

Consent to Request Consumer Report & Investigative Consumer Report Information

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Applicant's First Name or Initial

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Last Name

I understand that Yale University (“COMPANY”) will use **Sterling Infosystems Inc., 1 State Street, New York, NY 10004, (877) 424-2457** to obtain a consumer report and/or investigative consumer report (“Report”) for employment purposes. I also understand that if hired, to the extent permitted by law, COMPANY may obtain further Reports throughout my employment for an employment purpose from Sterling.

I understand **Sterling Infosystems Inc.’s** (“STERLING”) investigation may include obtaining information regarding my credit background, bankruptcies, lawsuits, judgments, paid tax liens, unlawful detainer actions, failure to pay spousal or child support, accounts placed for collection, character, general reputation, personal characteristics and standard of living, driving record and criminal record, subject to any limitations imposed by applicable federal and state law. I understand such information may be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. If an investigative consumer report is being requested, I understand such information may be obtained through any means, including but not limited to personal interviews with my acquaintances and/or associates or with others whom I am acquainted.

The nature and scope of the investigation sought is indicated by the selected services below: **(Employer Use Only)**

- Criminal Background Check Education Verification Sex Offender Search
- SSN Trace/Address Locator Employment Verification OFAC/Terrorist Watch List
- Motor Vehicle Report Personal Reference Verification Fraud & Abuse Control Info System (FACIS®)
- Employment Credit Report Professional License/Certification Office of Inspector General Sanctions (OIG)

Other Please List:

I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, any related state summary of rights (collectively “Summaries of Rights”).

This consent will not affect my ability to question or dispute the accuracy of any information contained in a Report. I understand if COMPANY makes a conditional decision to disqualify me based all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summaries of Rights, and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify COMPANY within five business days of my receipt of the Report that I am challenging the accuracy of such information with STERLING.

I hereby consent to this investigation and authorize COMPANY to procure a Report on my background.

In order to verify my identity for the purposes of Report preparation, I am voluntarily releasing my date of birth, social security number and the other information and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.

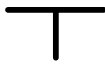
The name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries regarding the investigative consumer report is:

Sterling Infosystems, Inc. | 1 State Street, 24th Floor, New York, NY 10004 | 877-424-2457 | or | 5750 West Oaks Boulevard, Ste. 100 Rocklin, CA 95765 | 800-943-2589 | or | 6111 Oak Tree Boulevard, Independence, OH 44131 | 800-853-3228

California, Maine, Massachusetts, Minnesota, New Jersey & Oklahoma Applicants Only: I have the right to request a copy of any Report obtained by COMPANY from STERLING by checking the box. (Check only if you wish to receive a copy)

California, Colorado, Connecticut, Maryland, Oregon, Vermont and Washington State Applicants Only (AS APPLICABLE):

Please note: These sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. Sterling Infosystems expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided.



PRINT CHARACTERS LIKE THIS
ABCDE 98765

CORRECT INCORRECT

I further understand that COMPANY will not obtain information about my credit history, credit worthiness, credit standing, or credit capacity unless: (i) the information is required by law; (ii) I am seeking employment with a financial institution (California, Colorado, Connecticut and Vermont only – in California the financial institution must be subject to Sections 6801-6809 of the U.S. Code and in Vermont it must be a financial institution as defined in 8 V.S.A. § 11101(32) or a credit union as defined in 8 V.S.A. § 30101(5)); (iii) I am seeking employment with a financial institution that accepts deposits that are insured by a federal agency, or an affiliate or subsidiary of the financial institution or a credit union share guaranty corporation that is approved by the Maryland Commissioner of Financial Regulation or an entity or an affiliate of the entity that is registered as an investment advisor with the United States Securities and Exchange Commission (Maryland only); (iv) I am seeking employment in a position which involves access to confidential financial information (Vermont only); (v) I am seeking employment in a position which requires a financial fiduciary responsibility to the employer or a client of the employer, including the authority to issue payments, collect debts, transfer money, or enter into contracts (Vermont only); (vi) COMPANY can demonstrate that the information is a valid and reliable predictor of employee performance in the specific position being sought or held; (vii) I am seeking employment in a position that involves access to an employer’s payroll information (Vermont only); (viii) **the information is substantially job related, and the bona fide reasons for using the information are disclosed to me in writing, (complete the question below)** (Colorado, Connecticut, Maryland, Oregon and Washington only); (ix) I am seeking employment as a covered law enforcement officer, emergency medical personnel, firefighter police officer, peace officer or other law enforcement position (California, Oregon and Vermont only - in Oregon the police or peace officer position must be sought with a federally insured bank or credit union and in Vermont the law enforcement officer position must be as defined in 20 V.S.A. § 2358, the emergency medical personnel must be as defined in 24 V.S.A. § 2651(6), and the firefighter position must be as defined in 20 V.S.A. § 3151(3)); (x) the COMPANY reasonably believes I have engaged in specific activity that constitutes a violation of law related to my employment (Connecticut only); (xi) I am seeking a position with the state Department of Justice (California only); (xii) I am seeking a position as an exempt managerial employee (California only); and/or (xiii) I am seeking employment in a position (other than regular solicitation of credit card applications at a retail establishment) that involves regular access to all of the following personal information of any one person: bank or credit card account information, social security number, and date of birth,, I am seeking employment in a position that requires me to be a named signatory on the employer’s bank or credit card or otherwise authorized to enter into financial contracts on behalf of the employer, I am seeking employment in a position that involves access to confidential or proprietary information of the Company or regular access to \$10,000 or more in cash (California only).

Bona fide reasons why COMPANY considers credit information substantially job related (complete if this is the sole basis for obtaining credit information) or in California and Vermont the COMPANY’S basis for the credit check.

NY Applicants Only: I also acknowledge that I have received the attached copy of Article 23A of New York’s Correction Law. I further understand that I may request a copy of any investigative consumer report by contacting STERLING. I further understand that I will be advised if any further checks are requested and provided the name and address of the consumer reporting agency.

California Applicants and Residents: If I am applying for employment in California or reside in California, I understand I have the right to visually inspect the files concerning me maintained by an investigative consumer reporting agency during normal business hours and upon reasonable notice. The inspection can be done in person, and, if I appear in person and furnish proper identification; I am entitled to a copy of the file for a fee not to exceed the actual costs of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified addressee. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to me. I further understand that the investigative consumer reporting agency shall provide trained personnel to explain to me any of the information furnished to me; I shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. “Proper identification” as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver’s license, social security account number, military identification card and credit cards. I understand that I can access the following website <http://sterlinginfosystems.com/privacy> to view STERLING’S privacy practices, including information with respect to STERLING’S preparation and processing of investigative consumer reports and guidance as to whether my personal information will be sent outside the United States or its territories.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Signature:

Today’s Date:

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PRINT CHARACTERS LIKE THIS	CORRECT	INCORRECT
ABCDE 98765	<input checked="" type="radio"/>	<input type="radio"/>

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For Office Use Only – Group ID (optional)

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For Office Use Only – User ID (optional)

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For Office Use Only – Location / Store # (optional)

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First Name

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Middle Name or Initial

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Last Name

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Date of Birth (MMDDYYYY)

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Other Names Known By

<input type="radio"/>	<input type="radio"/>
Male	Female

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Social Security Number

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Primary Telephone Number (no dashes)

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Current Address

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Apt #

#yrs at this address

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City

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State

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Zip Code

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Previous Address

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Apt #

#yrs at this address

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City

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State

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Zip Code

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Driver's License Number (no dashes)

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License State

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Email Address

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Signature

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Today's Date (MMDDYYYY)