



# INDIANA UNIVERSITY

## Consumer Disclosure

Indiana University will obtain one or more consumer reports about you for the following purposes: 1) for employment purposes which may include hiring, re-assignment, or promotion; or 2) for any employee, student, or volunteer affiliated with Indiana University who will be working in a program involving children for whom the University has not obtained a background check within the past five years.

Indiana University will obtain these reports through General Information Services, Inc. (GIS), or another consumer reporting agency. GIS's address is P.O. Box 353, Chain, SC 29036. GIS's telephone number is (866) 265-4917. GIS's website is www.geninfo.com, where you can find information about GIS's privacy practices.

To prepare the reports, GIS may investigate your address history, social security number validity, criminal records, driving record, and any other publicly held information.

You may inspect GIS's files about you (in person, by mail or by phone) by providing identification to GIS. If GIS obtains any information about you by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

Please sign below to acknowledge your receipt of this disclosure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

**FOR DEPARTMENT/HR USE ONLY**

Department Code: \_\_\_\_\_ Account Number: \_\_\_\_\_

Programs Involving Children (PIC) Yes or No

Name of PIC Program \_\_\_\_\_

Type of Position (Circle one)

Academic Staff                      Student/Volunteer (non-employee)

Student Temporary                      Regular Temporary

**For IU Academic Departmental Use Only**

Date that candidate accepted offer: \_\_\_\_\_



## INDIANA UNIVERSITY

### Consumer Report Consent & Authorization

Indiana University requires a background check for the following individuals: i) all new employees, including those that have received a conditional offer of employment; ii) current employees as may be required for continued employment pursuant to the University's Background Check policy; and iii) any employee, student, or volunteer affiliated with the University who will be working in a program involving children, for whom the University has not obtained a background check within the past five years. Indiana University will obtain these reports through General Information Services, Inc. (GIS), or another consumer reporting agency. GIS's address is P.O. Box 353, Chain, SC 29036. GIS's telephone number is (866) 265-4917. GIS's website is [www.geninfo.com](http://www.geninfo.com), where you can find information about GIS's privacy practices.

This Consent & Authorization allows: i) GIS to request information about you from any public information source; ii) anyone to provide such information about you to GIS; iii) GIS to provide Indiana University one or more reports based on that information ("Background Check"); and iv) the University to share your Background Check with others for legitimate business purposes related to your affiliation with the University. Information requested may include a criminal history check and a sex offender registry check, as well as verification of address history, social security number validity, driving record and other publicly held information. The Background Check may include information about your character, general reputation, personal characteristics, and mode of living. If GIS obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

Please review the Background Check Consent Statement below *applicable to you*, and provide your signature at bottom.

#### **THIS SECTION APPLIES TO UNIVERSITY EMPLOYEES OR INDIVIDUALS OFFERED EMPLOYMENT WITH THE UNIVERSITY:**

- o I understand that an offer of employment from the University for any position is contingent on the receipt and evaluation of my Background Check. In order to facilitate the required Background Check, I will provide the University my social security number and date of birth (if not currently on file). I understand that failure to provide consent or the required information will result in the withdrawal of any offer of employment.
- o I understand that following my initial hire and during the course of my employment, the University may obtain follow-up Background Checks at any time. This consent will apply throughout my employment in any position at Indiana University to the extent permitted by law, unless I specifically revoke this consent in writing. I understand that revocation of this consent may result in termination of my employment.
- o I understand that any information obtained from a Background Check may also be considered by the University in the course of any current or future engagement, including employment or volunteering, with the University.
- o I further understand that if the Background Check indicates an outstanding warrant issued against me, the University will share that information with appropriate law enforcement agencies.

**THIS SECTION APPLIES TO YOU IF YOU ARE PARTICIPATING IN A PROGRAM INVOLVING CHILDREN:**

- o I understand that my ability to participate in any program involving children as a University employee, student or volunteer, is contingent on the receipt and evaluation of my Background Check. The terms “program” and “children” are defined in University Policy PS-01 entitled “Programs Involving Children,” which is available by going to policies.iu.edu, clicking on “Administration & Operations,” and going to the “Public Safety and Institutional Assurance” list of policies.
- o I agree that in order to facilitate the required Background Check, I will provide the University my social security number and date of birth (if not currently on file). I understand that failure to provide consent or the required information will result in the denial of or termination of my participation in any program involving children.
- o I understand that following the receipt of the first acceptable Background Check that supports my participation in any program involving children, the University may obtain follow-up Background Checks at any time during my participation in such programs, to the extent permitted by law, unless I specifically revoke this consent in writing. I understand that revocation of this consent may result in the immediate termination of my participation with any program involving children.
- o I further understand that any information obtained from a Background Check may also be considered by the University in the course of any current or future engagement, including employment, with the University.
- o I further understand that that if the Background Check indicates that an outstanding warrant has been issued against me, the University will share that information with appropriate law enforcement agencies.

**For international checks**

To perform background screening of employees and employment applicants, we have contracted with General Information Services, a company located in the United States. In order for GIS to carry out its functions, information about you will be transferred to the United States. By signing below, you consent to information about you being transferred to the United States for the purposes of background screening.

The Consumer Financial Protection Bureau’s “Summary of Your Rights under the Fair Credit Reporting Act” is attached to this authorization. For New York applicants, a copy of New York’s law on the use of criminal records is attached.

**I have read and understand all of the information above, and by my signature below, consent to and hereby grant authorization to obtain and release of the background check reports described above to the University within the terms of this Statement.**

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

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Email Address \_\_\_\_\_

SSN: \_\_\_\_\_

D.O.B: \_\_\_\_\_

This signed Statement, in original, faxed, photocopied, or electronic form, will be valid for any such reports that Indiana University may request.

# Employment Application Form

*Indiana University is an Equal Opportunity/Affirmative Action Employer.*

Name (print) \_\_\_\_\_  
(Last) (First) (Middle)

Are you over 18 years of age?  yes  no

If required for the position, do you hold a valid driver's license?  yes  no

Are you legally authorized to work in the United States?  yes  no

Are you a current Indiana University employee?  yes  no

If yes, date started, position, and location \_\_\_\_\_

Have you ever been employed by Indiana University in the past?  yes  no

If yes, your name (if different), date started and left, position, and location \_\_\_\_\_

Have you ever been convicted of a criminal offense that has not been expunged, restricted, or sealed by a judge?  yes  no

*Convicted* means you were declared guilty by a judge or you pleaded guilty in court. A conviction may have even taken place if you did not pay a fine or spend time in jail or in prison. A conviction could have been for either a misdemeanor or a felony. Certain traffic offenses rise to the level of a misdemeanor or felony and must be declared; examples include driving under the influence, driving on a suspended license, reckless driving, leaving the scene of an accident, and vehicular homicide. A criminal history investigation is done on each new employee, and employment with the University is conditional, subject to the findings of a criminal history investigation. Answering yes to this question does not automatically disqualify you for employment; however, information obtained from the investigation will be used in the employment review process.

**If yes, you must disclose for each offense: date, charge, city, state and disposition:**  
(Include type of offense (e.g., misdemeanor, felony) and judgment (e.g., guilty, conditional dismissal).)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Notice:**

Indiana University is an Equal Opportunity/Equal Access/Affirmative Action institution. IU intends to maintain an alcohol and drug-free workplace and to comply with the Drug Free Workplace Act of 1988 and its amendments. To that end, all employees must comply with the University's Substance Free Workplace policy. Annual security and fire safety reports containing policy statements and crime and fire statistics for Indiana University campuses are available at [protect.iu.edu/police/crimestats/](http://protect.iu.edu/police/crimestats/).

**Please read and sign the following statement:**

I certify that all information provided in all my application material is true. I understand that any false statement made herein is sufficient reason for rejection of this application or termination of subsequent employment regardless of date of discovery. I authorize the university to investigate all statements made in my application material for employment. I authorize such educational institutions and employers and others (and their agents or employees) to respond to questions concerning information given in this application material and I further release from liability such former employers, institutions, or persons providing such information to the university.

I understand that an offer of employment from Indiana University will be contingent on the receipt and evaluation of the background check report. Disclosure of convictions within this application does not automatically disqualify me for employment; however, information obtained from the investigation will be used in the employment review process.

I agree that the university may require my participation in and contribution to retirement programs while employed. I also understand that the direct deposit of my paycheck to my personal checking or savings account is a condition of employment. I understand that no offer of benefits such as a pension plan, insurance, vacation, or salary rate is final until cleared by Human Resources, and fully approved by appropriate university officials.

I have carefully read and understand this statement and, by my written or electronic signature below, note such.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**All questions and statements must be answered in full or your application will not be processed.**