

Indiana University

Background Check Consent Statement

I acknowledge that I have received a conditional offer of employment from Indiana University which is contingent on the university requesting a background check consisting of a criminal history check and a sex offender registry check to be used solely for employment related purposes.

I understand that Indiana University's offer of employment is contingent upon the receipt and evaluation of the background check report. I am providing the university with my social security number and date of birth to permit a background check to occur. Failure to provide consent or the required information after receipt of an offer of employment will result in the withdrawal of any offer of employment. If the university hires me, it may request such additional reports about me for employment related purposes during the course of my employment. I understand that if Indiana University hires me, my consent will apply throughout my employment to the extent permitted by law.

I have carefully read and understand this Background Check Consent Statement and, by my signature below, consent to the release of criminal history and sex offender registry reports to Indiana University within the terms of this Statement. This Background Check Consent Statement in original, faxed, photocopied, or electronic form will be valid for any such reports that Indiana University may request.

Signature: _____

Date: _____

Date of Birth: _____

SSN: _____

County of Permanent Residence: _____

INDIANA UNIVERSITY PURDUE UNIVERSITY INDIANAPOLIS

Criminal Background Check Data Sheet

FAX both pages to proper department

Hourly or Student Hourly to Human Resources 274-5481	Work-Study to Student Employment 278-1335
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Please PRINT Legibly

Personal Information

Last Name

First Name M. I.

Address

City State Zip

Permanent County of Residence

Primary Phone #

Email Address or Alternate Phone #

Date of Birth SSN

Gender Race

Are you authorized to work in the U.S.? YES NO

Are you currently or have you previously worked in a position at
Indiana University (IUPUI)?

YES NO If so, when? Dates: _____ to _____

Do you have any relatives who are currently employed at IUPUI?
 YES NO

If yes, enter Name, Position, Department where employed and relationship
for each relative on the lines below.

Have you ever been convicted of a crime other than a minor
traffic violation? 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. A minor traffic violation is an infraction for which you would be ticketed. Driving while under the influence, driving on a suspended license, reckless driving, leaving the scene of an accident and vehicular homicide are not minor traffic violations. A criminal history investigation looks at one's **entire** criminal history and is done on each new employee. 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.

Providing false/inaccurate information will result in termination of employment, loss of current/future Work-Study Awards, and the eligibility to work at Indiana University ever again. If a conviction included a plea agreement, be certain it included expunging your record before answering "NO". _____initial

If yes, it is mandatory that you complete this section. List each offense: date, charge, city, state and disposition.

Datasheet Consent Statement

I certify that all answers to questions on this datasheet are true. I understand that any false statement made herein may result in termination of subsequent employment regardless of the date of discovery. I further authorize the University to investigate all statements made on my application for employment. I authorize such educational institutions and employers and others (and their agents or employees) to respond to questions concerning information given on this application and I further release from liability such former employers, institutions, or persons providing such information to the University.

Signature

Date

DEPARTMENTAL USE ONLY

Contact Person _____

Contact Email _____

Contact Phone _____

* Position # _____ Account # _____

THIS SECTION IS FOR POLICE USE ONLY

No Record on File

Records Released to IUPUI Human Resources Administration

Signature: _____

Date: _____