

CONSUMER DISCLOSURE  
&  
AUTHORIZATION for BACKGROUND INVESTIGATION

In connection with my application for employment with AUBURN UNIVERSITY, I fully understand that AUBURN UNIVERSITY and/or consumer reporting agencies, may request/perform a consumer report/background investigation on me.

The consumer report/background investigation may contain the following types of information: verification of prior employment(s) and dates of employment, academic achievement, professional licensure, and credit reports. I further understand the report may contain information about any prior criminal history, civil litigation, social security number verification, driving records, Uniform Commercial Code (UCC) filings, any liens or judgments, and bankruptcy as a result of a public record(s) search from any federal, state, or any other agency which might contain such records.

Information regarding conviction will not necessarily bar an applicant for employment, but will be reviewed in light of all the surrounding circumstances, including age at the time of the offense, seriousness and nature of the violation, rehabilitation, relationship of the offense to employment and federal statutory requirements.

I authorize and request all persons, schools, business. corporations, credit bureaus, courts, law enforcement agencies, armed forces, employment commissions, and all government agencies to release said information without restriction or qualification. I authorize a Photostat (or facsimile "Fax") of this release to be considered as effective as the original. All results will be proprietary and kept confidential, and will not be provided to any parties other than AUBURN UNIVERSITY or its legal representative. I am aware that I have the right to request the nature and scope of the results, as reported, from AUBURN UNIVERSITY. I voluntarily waive all recourse and release the requested parties from liability for complying with this request/release.

All background information obtained shall be utilized to assist in verification of the employment application. Retrieval and usage of this information complies with all Equal Opportunity Commission, Americans With Disabilities Act, and the Fair Credit Reporting Act (Laws, Rules, and Regulations). AUBURN UNIVERSITY is an Equal Opportunity Employer, and does not discriminate as to race, color, gender, national or religious origin, age, disabilities or any other characteristic protected by law. I understand that the request for Date of Birth is for permissible purpose and not for purposes prescribed by the laws prohibiting age discrimination. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. It is unlawful for an employer to refuse to hire; discharge; or otherwise discriminate with respect to compensation, terms, conditions, or privileges of employment because of an individual's age.

I hereby declare that the answers to the questions on my application and related paper work which I have been asked to complete, and any attachments to same, are true and correct and that any misstatements of fact(s) or omissions may form the basis for rejection of my application or for my dismissal after employment. I authorize consumer reporting agencies designated by AUBURN UNIVERSITY to provide the results of said information to AUBURN UNIVERSITY or its representatives. If hired, this authorization shall remain on file and shall serve as ongoing authorization for AUBURN UNIVERSITY and/or consumer reporting agencies to procure consumer reports/background investigations at any time during my employment period. I further release AUBURN UNIVERSITY and consumer reporting agencies designated by AUBURN UNIVERSITY, its officers, employees, and agents, from any and all liability from the results and preparation of any reports concerning myself or my background. The facts set forth by me in this application are true, complete, and correct to the best of my knowledge and belief.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER AND STATE

\_\_\_\_\_  
DATE of BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE