



Background Check/Fingerprint Request

Review documents for accuracy & legibility to avoid delays in processing.

Return these forms to OHR Recruitment & Selection in **ONE** of two ways:

Fax: 480.993.0006 OR Email: backgroundcheck@asu.edu

DO NOT SEND ORIGINALS VIA INTEROFFICE MAIL.

SCHEDULE FINGERPRINTING: 855.ASU.5081 (855.278.5081)

DATE:		#OF PAGES:		AGENCY ORG:	
Requested By:				DEPARTMENT:	
EMAIL:				PHONE:	
BOM/Person authorized to receive results:					
EMAIL:				PHONE:	
CANDIDATE					
NAME (LAST/FIRST/MIDDLE INITIAL):					
EMAIL:			POSITION:		
CLASSIFICATION (Staff, Service Professional, Student, etc.):					
CHECK THE ONE BOX THAT APPLIES:					
<input type="checkbox"/> NEW HIRE	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> AGENCY TRANSFER (ABOR, UofA, NAU)		<input type="checkbox"/> REHIRE	<input type="checkbox"/> ADDITIONAL JOB
JOB ID:					

CHECK ONE BOX ONLY (EITHER BACKGROUND CHECK OR FINGERPRINT REQUEST).

NOTE: DO NOT request a background check if you request fingerprinting because it is already included.

☐ **BACKGROUND CHECK** (7-year County Search) & **SOCIAL SECURITY TRACE** (Required by ASU Policy)

NOTE: Ask your candidate to complete the attached **Consent and Disclosure form**.

☐ **FINGERPRINT REQUEST** (99-year National Search)

REASON: ☐ EMPLOYMENT ☐ P-CARD (must be an ASU employee) ☐ BOTH

NOTE: Ask your candidate to complete the attached **Consent and Disclosure form**.

Schedule fingerprinting: 855.278.5081 - Candidate **MUST BRING** picture ID (Driver's License, Passport, State-issued ID).

FORMS: cfo.asu.edu/hr-forms

POLICIES: [ACD 126 Reference Check & Background Verification](#) | [EHS 119 Motor Fleet Safety](#) | [SPP 319 Driver's License Monitoring](#)

SPECIFIC SERVICES | **PRICING:** www.asu.edu/hr/documents/hirerightpricing.pdf

CHOOSE ONE—BASED ON THE JOB YOU ARE FILLING:

☐ **Hiring Dept. will handle** ☐ **Human Resources (OHR) will handle via HireRight**

CHECK WHICH SPECIFIC SERVICES WILL BE CONDUCTED BY EITHER THE HIRING DEPT. OR OHR:

☐ **Employment Verification** (Dates of Employment)

☐ **Education Verification** | Specify Year of Graduation _____ (mm/yyyy) **AND**

Other Names Used During Attendance: _____

☐ **Professional License** | License/Organization to Contact: _____

☐ **Call References** provided by candidate on Pre-Employment Inquiry Form

☐ **Sexual Offender Database Search** (Do NOT request if you order fingerprinting; it already is included)

☐ **Department of Motor Vehicle Report:**

☐ MVR check for initial cart driving only (no driver authorization form needed)

☐ Driving required for the employee's position; monitoring under SPP 319 Driver's License Monitoring required

(Employee **MUST** complete and submit a Driver Authorization Form: www.asu.edu/hr/forms/driversauthorization.pdf)



Consent and Disclosure Form

PLEASE PRINT CLEARLY and return to your department for processing.

APPLICANT RELEASE

I understand a consumer report may be generated on me that may include obtaining information regarding, among other items, my work habits, performance and experience, along with reasons for termination of past employment, criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions, state Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration, military records from the National Personnel Record Center, education records including transcripts, and requests for records and information from any individual, company, firm corporation, present and/or past employers and public agencies (including the Social Security Administration and the U.S Citizenship & Immigration Service) subject to state and federal law. I also understand ASU may obtain further information through subsequent investigations to update, renew or extend employment. I fully understand that ASU and/or their agent may be requesting information from public and private sources about any of the information noted earlier in this paragraph and, I freely give my consent for ASU and/or their agent to do so.

If this background check is for a security or safety-sensitive position I understand I am required to complete a fingerprint form to be sent to the Arizona Department of Public Safety and the FBI. I authorize the Arizona Department of Public Safety and the FBI to disclose to Arizona State University any and all criminal history records pertaining to me, which may be in the files of any federal, state or local criminal justice agency.

I certify that all information provided below is true and complete to the best of my knowledge:

- I hereby consent to this investigation and authorize, without reservation, anyone contacted by ASU and/or their agent to furnish the information as stated above.
- I agree that a photocopy or telephonic facsimile of this authorization shall be as valid as the original.
- I hereby authorize, without reservation, ASU and/or their agent to contact my present employer for employment verification/references.
- I understand before I am denied employment based, in whole or part, on information obtained in the consumer report, I will be given a copy of the report and a description in writing of my rights under the FCRA.

DATE		PHONE	
APPLICANT SIGNATURE		PRINT NAME	
HOME ADDRESS			
CITY, STATE, ZIP			
MAIDEN NAME/OTHER NAMES USED			
SOCIAL SECURITY NUMBER			

NOTE: A Social Security Number is **required** for a criminal background check. It is **optional** for all other pre-employment screenings. Your Social Security number will only be used to confirm your identity for purposes of completing an accurate background investigation.

DATE OF BIRTH	
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The Age Discrimination in Employment Act of 1967 and the Arizona Civil Rights Act prohibit discrimination on the basis of age with respect to individuals who are at least 40 years of age. Your date of birth is required on this form to confirm your identity for purposes of completing an accurate background investigation, and is not provided to the hiring official for any purpose in connection with consideration of your application for employment.

DRIVER'S LICENSE NUMBER (Required for Motor Vehicle Division Reports)		STATE OF ISSUE	
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Have you ever been convicted of (or plea bargained to) a felony criminal charge? ☐ No ☐ Yes
NOTE: A prior conviction will not necessarily disqualify you from employment. However, failure to disclose criminal conviction information is an omission of material fact and may lead to the rescission of any conditional employment offer or termination of an employee's ASU employment.
If yes, list the nature of the conviction, jurisdiction and terms of sentencing and disposition of the case (attach page if necessary):

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Minnesota & Oklahoma Applicants Only: I have the right to request a copy of my consumer report from HireRight, Inc. by checking the box below. HireRight will mail the consumer report directly to me.

Minnesota Applicants Only: I have the right to make a written request to the consumer reporting agency to provide me with a complete and accurate disclosure of the nature and scope of the consumer report.

<input type="checkbox"/>	Being a resident of Minnesota or Oklahoma, I wish to receive a copy of the consumer report. (Check box ONLY if you wish to receive a copy)
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FAIR CREDIT REPORTING ACT, DRIVER'S PRIVACY PROTECTION ACT and ANY APPLICABLE STATE STATUE (S) NOTICE: In accordance with the Fair Credit Reporting Act, this information may only be used to verify a statement(s) made by an individual in conjunction with legitimate business needs. The depth of information available varies from state to state. The report is generated for employment purposes only and in compliance with the Fair Credit Reporting Act, the Driver's Protection Act and applicable state statute(s).