



Department of Human Resources  
280 University Hall  
3640 Colonel Glenn Hwy.  
Dayton, OH 45435-0001  
(937) 775-2120  
FAX (937) 775-3040

## Background Screening Request

### Employment

**To be completed by requesting department:**

---

Department \_\_\_\_\_

Supervisor requesting report \_\_\_\_\_

Name of applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_

SSN of applicant \_\_\_\_\_

---

Position applied for \_\_\_\_\_ Work location \_\_\_\_\_

Do the duties include:

- Unsupervised access to university property
  - Unsupervised access to student living areas
  - Unsupervised contact with children (17 and under)
  - Access to keys
  - Financial transactions
  - Other security sensitive duties \_\_\_\_\_
- 

In addition to the standard criminal background report, do you want any of the optional reports (the cost of the optional reports will be billed to your department). The Optional Screening form must be completed.

- Prior employment verification
- Military record

**TO BE COMPLETED BY HUMAN RESOURCES**

---

Date received \_\_\_\_\_

Criminal background:

- No restrictions authorized for employee
- Restrictions – not approved for employment



TO BE COMPLETED BY APPLICANT

Background Screening Information Form

Department of Human Resources
280 University Hall
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
(937) 775-2120
FAX (937) 775-3040

Standard Screening

To be completed by applicant:

(PLEASE PRINT)

Date of application \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Lived there since \_\_\_\_\_

Social Security number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Position desired \_\_\_\_\_

Residential history:

This Information is needed and will be used only in relationship to your background check. All applicants must account for the last seven years.

List below starting with the last previous address first:

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

Lived there from \_\_\_\_\_ To \_\_\_\_\_

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

Lived there from \_\_\_\_\_ To \_\_\_\_\_

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

Lived there from \_\_\_\_\_ To \_\_\_\_\_

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

Lived there from \_\_\_\_\_ To \_\_\_\_\_

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

Lived there from \_\_\_\_\_ To \_\_\_\_\_

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

Lived there from \_\_\_\_\_ To \_\_\_\_\_

Consent, authorization, release, and hold harmless:

I, \_\_\_\_\_, desiring to obtain employment with Wright State University,

(Please print applicant's name)

do hereby consent to and authorize Wright State University and/or any representative of Gall & Gall Company, Inc., to obtain, verify, and exchange information on any reports concerning me as maintained by, but not limited to, criminal background checks through City, County, State, Federal Law Enforcement Agencies, Military National Personnel Records Center, educational institutions, private companies, and present and/or past employers. I understand Wright State University may consider any information obtained in their sole discretion, as a factor in decisions they make, with respect to the employment for which I am applying.

Furthermore, I hereby release and hold harmless agents and affiliates of Wright State University and/or any representative of Gall & Gall Company, Inc., but not limited to, their officers, directors, and employees. I also release and hold harmless, City, County, State, Federal Law Enforcement Agencies, Military National Personnel Records Center, educational institutions, private companies, and present and/or past employers that shall provide information to Wright State University and/or any representative of Gall & Gall Company, Inc., upon request, from and against any and all claims, demands, suits, or expenses from or related to the content, validity, or handling of said reports.

I agree that a photocopy of telephonic facsimile of this authorization shall be valid as the original.

Signature of applicant

Date

273800/1086-00/JU00

