

NOTIFICATION / AUTHORIZATION / RELEASE OF INFORMATION

In connection with my application for employment with **STOCKTON UNIVERSITY** (hereafter referred to as **UNIVERSITY**), I hereby understand and acknowledge that the **UNIVERSITY** utilizes the services of an investigative consumer reporting agency, **TABB INC.**, to verify the information I have provided on the employment application. I am hereby notified that the **UNIVERSITY** intends to procure an investigative consumer report and I authorize the procurement of information for such report. I understand that the report will contain information about my background, criminal history (convictions), character, general reputation, and job performance. The investigative consumer report may consist of, but not be limited to, an interview with all listed employers to verify my employment, references, supervisors, educational records, licensing agencies, governmental databases, address databases, and driving history records. This authorization shall remain valid during the course of my employment to the extent permitted by law. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview knowing that they will be relied upon in considering my application. I understand that, upon written request within a reasonable period of time, I am entitled to a copy of the report and additional information concerning the nature and scope of this investigation. I have the right to know if adverse action is being considered against me as a result of information contained in this report. I have the right to a copy of this report prior to any adverse action taken against me and to dispute the accuracy of any information in the report by contacting the consumer reporting agency, **TABB, INC.**, at the address and telephone number listed below. The **UNIVERSITY** has provided me a copy of "A Summary of Your Rights Under the FCRA" and such information is incorporated as if set forth herein at length. I understand that I may have additional rights under State law which I may determine by contacting my state or local consumer protection agency. I understand that any offer of employment from the above named **UNIVERSITY** will be contingent upon a number of factors including this background investigation. **Should the position for which I am applying require a credit worthiness check, I understand that I will be told such information will be sought.**

I hereby authorize the release of information that includes, but is not limited to, matters of opinion relating to my character, ability, reputation and past performance. I further authorize all persons, schools, organizations, companies, corporations, credit bureaus, law enforcement agencies, state and federal agencies and courts for the purpose of criminal record research and motor vehicle agencies for the acquisition of a driving record or abstract if required to release such information without restriction or qualification to **TABB, INC.**, and/or any of its officers, agents, employees and servants. I knowingly and voluntarily waive all recourse and release any sources of information including individuals, companies, organizations, researchers, government agencies and firms, including the above named **UNIVERSITY** and **TABB INC.**, from liability for complying with this authorization. I hereby release the **UNIVERSITY** and **TABB, INC.**, their officers, agents, employees, and servants from any liability arising from the preparation of this report or investigations relating thereto and I hereby hold the **UNIVERSITY** and **TABB INC.** harmless and agree to indemnify them from and against all third party claims, losses, lawsuits, settlements, demands, causes, judgments, expenses and costs including reasonable attorney fees arising under or in connection with this authorization unless such liabilities are proximately caused by the gross negligence or willful misconduct of **UNIVERSITY** or **TABB INC.**

I acknowledge that I have read and understand the above provisions are for employment purposes and comply with FCRA and the Driver's Privacy Protection Act, 18 U.S.C. 2725 and other applicable statutes.

NAME: _____ OTHER NAMES USED: _____
PLEASE PRINT

CURRENT ADDRESS: _____

SOCIAL SECURITY #: _____ - _____ - _____ DATE OF BIRTH: _____

Have you ever been convicted of a crime that has not been expunged? Yes No
If yes, please list below signature. A conviction will not necessarily preclude you from employment.

SIGNATURE DATE