

Faculty Affairs

Health Science Campus
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Toledo, Ohio 43614
Phone (419) 383-4200; Fax (419) 383-2800



**DISCLOSURE AND AUTHORIZATION FORM
TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

Please Read Carefully Before Signing the Authorization

I am a candidate for employment with the University of Toledo and hereby specifically authorize and permit the University of Toledo and its principals, employees, agents, servants, and contractors to contact character references, former employers, law enforcement agencies, courts of law, federal, state and local regulatory agencies, and schools to obtain information from such sources about me. I understand that any investigation into my background may include reference to any information which is a matter of public record (for example, criminal convictions, traffic offenses, and lawsuits). I further authorize the University of Toledo to conduct pre-employment drug testing, physical examinations, and/or psychological examinations to determine my suitability for employment, as required.

This release is executed with full knowledge and understanding that the information is for the official use of University of Toledo. I understand that this form may be photocopied and sent to Police Departments, employers, etc., as deemed necessary by Faculty Affairs and the UT Campus Police Department. I further understand that information obtained from any job related and behavioral tests will also be evaluated when making final hiring decisions.

Consent is also hereby granted to release requested information to the UT Campus Police Department.

I understand that in signing this release I will be authorizing the University of Toledo to make inquiries into my personal, educational and work history. I also understand that a conditional offer of employment may be withdrawn based on the information obtained in such inquiries and tests, and also based upon the results of a pre-employment drug screen, physical examination and/or psychological examination, or driving record, if required.

If I am or will be employed by **The University of Toledo Physicians, Inc.**, or applying for **medical staff privileges** at The University of Toledo Medical Center (UTMC), I authorize any information obtained pursuant to this release to be shared with UT Physicians, its insurance company, or the Medical Staff Services Office of UTMC.

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, The University of Toledo may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

Print Full Name: _____ SSN: _____ - _____ - _____
First Middle Last

Previous Names Used: _____ Gender: Male Female

Date of Birth (MM/DD/YYYY): ____/____/____ Telephone #: (____) _____ - _____

Current Street Address (No P.O. Box Please): _____

City/State/Zip: _____ County _____

Previous Cities/Towns, State(s) lived in: _____

Email Address: _____ Job Title: _____

SIGNATURE: _____ Date: _____