



Background Screening and Human Resource Solutions

Applicant Notice and Consent Document

Fax Number: 267-419-1396

Client Name: Ursinus College

Client Code: URSIN

Branch Code: FAC

Service Code: MVR [checkbox]

OTHER [checkbox] (please select)

Authorized Agent: \_\_\_\_\_ Time/Date Sent: \_\_\_\_\_

NOTICE TO APPLICANTS

Your employer has contracted with First Contact HR to verify certain information contained in your application for employment (including contract for services) or provided by you during the interview process. The information requested below is necessary to complete this task. This information is NOT a part of the application for employment and will be used for the sole purpose of verification of information, and or statements made by you. Please complete all information requested.

APPLICANT'S LEGAL NAME: \_\_\_\_\_ Last Name First M.I.

DAYTIME PHONE #: \_\_\_\_\_ EVENING #: \_\_\_\_\_

CURRENT HOME ADDRESS: \_\_\_\_\_ Street City/State Zip

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY # N/A Month/Day/Year

DRIVER'S LICENSE #: \_\_\_\_\_ STATE OF ISSUANCE: \_\_\_\_\_

It is possible that your employment may be determined in whole or in part by your employer using data from a report supplied by First Contact HR, 1035 Virginia Drive, Suite 204, Fort Washington, PA 19034. Pursuant to Section 609 of the Fair Credit Reporting Act, you may be entitled to a copy of this report.

APPLICANT CONSENT: I understand and agree that First Contact HR will verify all or part of the information I have given my prospective employer. I understand that this verification may include an inquiry into my credit history, driving record, criminal and civil records, felony & misdemeanor and deferred adjudication records, prior employment (including contacting prior employers), education (degree, GPA and attendance) as well as other public record information. I understand I may be required to provide a sample (either urine or hair) for a screening for illegal drugs. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period. I authorize the release of such information as may be necessary to verify the information I have provided.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

www.firstcontacthr.com