

**Authorization for Background Check**Date of Request:  Name of Applicant: Current Address of Applicant, (No PO Boxes): City:  State:  Zip:  Social Security: Date of Birth:  Sex:  Male  FemaleRace:  White  African American  Asian  American Indian/Native Alaskan  Mexican or Latin Origin

In connection with my application for employment, or my continued employment with Hanover Township, I understand that a "consumer report," as is defined by the Fair Credit Reporting Act (FCRA), as amended, 15U.S.C. § 1681 et seq. may be obtained by Hanover Township from a consumer reporting agency. I understand that these reports include, but are not limited to: credit reports, criminal background checks, and motor vehicle reports.

I further understand that Hanover Township will provide a copy of the consumer report to me if the information contained in such report is, in any way to be used in making a decision regarding possible employment, or continued employment. I understand that such report will be made available to me before any such decisions are made, along with a summary of rights under the FCRA.

By signing this authorization, I understand and have read the above disclosure and voluntarily authorize Hanover Township, including its agents and representatives, to obtain a consumer report on me for use in connection with my employment or ongoing employment. If hired, or currently employed, I understand that this authorization will remain on file shall serve as an ongoing authorization for a consumer report to be lawfully obtained at any time in connection with my employment.

Signature of Applicant: **For Administrative Use**

Please indicate the type of background screening needed for employment:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Criminal Background Check | <input type="checkbox"/> Sex Offender Check         | <input type="checkbox"/> Fingerprint Background Check |
| <input type="checkbox"/> Credit Check              | <input type="checkbox"/> Previous Employment Check  |   |
| <input type="checkbox"/> Transportation Check      | <input type="checkbox"/> Education Check            |   |
| <input type="checkbox"/> Nurse Aid Registry        | <input type="checkbox"/> Professional License Check |   |

Signature of Township Representative: ***Please return form to Administrator's Office for processing. Results should be returned within 7-10 business days.***