

Acknowledgement & Authorization for Background Investigation

I hereby authorize the obtaining of “consumer reports” and “investigative consumer reports” by Boston University-Minors on Campus (“Company”) at any point after receipt of this authorization and, if hired, throughout my employment, if applicable. Therefore, I hereby authorize courts, probation departments, selective service boards, employers, educational institutions, banks, credit bureaus, financial and other institutions, law enforcement and local, state (including the Minnesota Bureau of Criminal Apprehension), and federal government agencies, both foreign and domestic, to furnish any and all background information (including, but not limited to, driving and/or motor vehicle records) requested by Creative Services, Inc., 64 Pratt Street, Mansfield, MA 02048-1927, (800) 536-0093. I agree that a photocopy of this authorization shall be accepted with the same authority as the original. CSI's Privacy Policy can be found at <http://www.creativeservices.com/resource-center/privacy-policy> or obtained by request to the above address.

California, Minnesota and Oklahoma applicants or employees only: Please check this box if you would like a free copy of the consumer report if one is prepared on you? ☐

Applicant (print name): _____

Applicant (signature): _____ Date: _____

If currently employed, may we contact your current employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
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(Last Name)																																		
(First Name)															(Middle Name)																			
(Other Names) <small>List all other NAMES (including maiden or married names) utilized during the previous 7 years and/or used when obtaining any degrees or certifications.</small>																																		
Current Address:																																		
City & State:															Zip Code:																			
Social Security Number:*															Date of Birth: * MM/DD/YYYY																			
Driver's License Number:*															State of Issue:																			
Cell Phone: () - Home Phone: : () -																																		
Email address:																																		
Please list all addresses where you have resided for the past seven years:																																		
(#/Street)															(City)										(State)					(Zip Code)				
(#/Street)															(City)										(State)					(Zip Code)				
(#/Street)															(City)										(State)					(Zip Code)				
(#/Street)															(City)										(State)					(Zip Code)				
Signature:															Date:																			

* Social security numbers, dates of birth, and drivers' license numbers are requested to ensure accurate retrieval of records. They will not be considered by the employer in making employment decisions. This form will be filed separately from your employment application.