

Name: _____ BUID: _____
BU Email: _____ Phone Number: _____
CSC Program: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Boston University-Minors on Campus (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report,” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by Creative Services, Inc., 64 Pratt Street, Mansfield, MA 02048, (800) 536-0093 / (508) 339-5451, <http://www.creativeservices.com/resource-center/privacy-policy>.

Applicant (print name): _____

Applicant (signature): _____ Date: _____

[End of Document]
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DISCLOSURE REGARDING “INVESTIGATIVE CONSUMER REPORT”

BACKGROUND INVESTIGATION

Boston University-Minors on Campus (the “Company”), to which you have applied for employment, may request an investigative consumer report about you from a third party consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

You have the right, upon written request made within a reasonable time, to request (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be conducted by Creative Services, Inc., 64 Pratt Street, Mansfield, MA 02048, (800) 536-0093 / (508) 339-5451, <http://www.creativeservices.com/resource-center/privacy-policy>.

Signature: _____

Date: _____

[End of Document]
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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?

☐ YES ☐ NO ☐ N/A

(Last Name)

(First Name)

(Middle Name)

(Other Names) List all other NAMES (including maiden or married names) utilized during the previous 7 years and/or used when obtaining any degrees or certifications.

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.



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization.

**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations using consumer reporting agencies to conduct CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

_____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing. _____ has authorized

(Organization)
Creative Services, Inc. to submit CORI checks
(Consumer Reporting Agency)
to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Creative Services, Inc.

(Consumer Reporting Agency)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing _____

(Organization)
with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact _____

(Organization)
to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

I also understand that the
Creative Services, Inc., on behalf of

(Consumer Reporting Agency)
_____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ ☐ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by: _____ *Print Name of Verifying Employee*

Signature of Verifying Employee

Date

SUBJECT VERIFICATION BY NOTARY PUBLIC (if employer is unable to verify in person)

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____
(name of document signer), proved to me through satisfactory evidence of identification, which were
(type of document), to be the person whose name is signed on the preceding or attached document,
and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

My Commission Expires On _____

(seal)

[] EMPLOYER: Check the box if the annual salary of the position for which this subject is being screened is \$75,000.00 or more.
IMPORTANT NOTE: If unchecked, salary is under \$75,000.00.