This document serves to advise you that in consideration for employment; a background check report may be obtained on you. This process will be carried out by our representatives at Background and may include verification of education; credit history; employment history; a review of any local, county, state and federal governmental agency records; to include social security, criminal history record, driving record, court public records; and personal and employment references. Employment references may include information pertaining to your general character and reputation, work habits, and other employment related characteristics. If a credit check report is obtained, the source credit bureau will be “Experian Consumer Credit Services.” Upon request, a copy of the credit report will be provided to you at no charge.

**By signing this DISCLOSURE**

You acknowledge receipt of this disclosure.

You hereby authorize The Nottawaseppi Huron Band of the Potawatomi, and our representative company, Background to investigate persona references as well as references with former employer(s) and release those references, former employer(s), and The Nottawaseppi Huron Band of the Potawatomi and representative companies from any and all liabilities resulting from such investigations. A photocopy of this document is deemed to be as valid as the original.

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| --- | --- | --- | --- | --- |
|  | | |  |  |
| Printed Full Name |  |  |  |  |
|  | | |  |  |
| Signature |  |  |  | Date |

**REQUEST FOR BACKGROUND CHECK**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company:** | | | NHBP | | | | | | | | |
| **Address:** | | 1485 Mno-Bmadzewen Way | | | | | | | | | |
| **City:** | Fulton | | | | | **State:** | | MI | **Zip:** | 49052 | |
| **Phone:** | | 269.729.5151 | | | **Fax:** | | 269.729.4650 | | **E-mail:** | | [dchippewa@nhbpi.com](mailto:dchippewa@nhbpi.com) |
| **Order Requested by:** | | | | Donna Chippewa | | | | | | | |
|  | | | |  | | | | | | | |

**SUBJECT INFORMATION – PLEASE PRINT CLEARLY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name:** | | |  | | | |  | **First Name:** | |  | | | |
| **Middle Name:** | | | |  | | |  | **Date of Birth:** | | |  | | |
| **Address:** | |  | | | | | | | | | | | |
| **City:** |  | | | | | **State:** | | |  | | | **Zip:** |  |
| **Any maiden or other previous names:** | | | | |  | | | | | | | | |

**Please select the level of screening appropriate for this candidate and provide authorization for Background to proceed.**

**X Criminal History**

A Criminal Background Check is an essential part of the screening part of the process when deciding to hire a prospective employee. IN ADDITION TO THE CANDIDATE’S SS# AND DATE OF BIRTH, PLEASE INDICATE THE LEVEL OF CHECK THAT THIS POSITION REQUIRES – STATE AND/OR COUNTY OR NATIONAL CHECK. ALSO INDICATE WHICH COUNTY AND STATE(S) YOU ARE REQUESTING THE CHECK FOR AS WELL AS THE RELEASE OF INFORMATION AUTHORIZATION FORM.

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**Pre-employment Credit Report**

Credit Reports are necessary when applicants are to be assigned to fiduciary responsibilities and/or sensitive positions. IN ADDITION TO THE CANDIDATES SS# AND DATE OF BIRTH, PLEASE PROVIDE STATE, COUNTY AND RELEASE OF INFORMATION AUTHORIZATION FORM.

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**X Social Security Report**

This report will verify the issue date of the social security number; if the number has been reported deceased or has not yet been issued. The report will reveal other names that have been used by the applicant, such as maiden names or AKA, and addresses listed by the subject when they have applied for credit. PLEASE PROVIDE THE SOCIAL SECURITY NUMBER, DATE OF BIRTH AND RELEASE OF INFORMATION AUTHORIZATION FORM.

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| --- | --- | --- | --- |
| **SS#** |  | **DOB** |  |

**X DRIVING RECORD HISTORY**

Background provides driving record reports for all 50 states. The report is essential if the subject will be operating a company vehicle or personal vehicle on company business. The report contains state driving record information dating back at least three years and possibly up to seven years. PLEASE PROVIDE STATE(S), DATE OF BIRTH AND LICENSE NUMBER(S) AND RELEASE OF INFORMATION AUTHORIZATION FORM. (PLEASE REMEMBER THAT SOME STATES MAY REQUEST ADDITIONAL RELEASE INFORMATION)

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| --- | --- | --- | --- | --- |
| **STATE** |  |  | **DOB** |  |
| **DL#** |  |  |  |  |

**EDUCATION VERIFICATION**

The applicant’s academic history including dates of attendance, major course of study and the type of degree received will be verified with this report. PLEASE PROVIDE NAME AND STATE OF UNIVERSITIES, NAMES USED WHILE ATTENDING AS WELL AS THE RELEASE OF INFORMATION AUTHORIZATION FORM.

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| --- | --- | --- | --- |
| NAME OF UNIVERSITY | |  | |
| STATE |  | | |
| MAIDEN NAME (if applicable) | | |  |

**X EMPLOYMENT VERIFICATION**

In order to determine if a perspective employee has “stretched” his/her employment history on his/her resume or application this report will verify, if employer policy permits, the dates of employment, position held/title, duties and responsibilities, starting and ending pay scale, reason for separation and rehire status. Upon written request the Background will also “add” specific inquiries that meet the bonifide requirements of the job. PLEASE PROVIDE THE POSITION THAT THE CANDIDATE IS APPLYING FOR AND

THE CURRENT JOB DESCRIPTION, AS WELL AS THE PAST EMPLOYER CONTACT INFORMATION (IF ANY OF THE NEEDED INFORMATION IS MISSING FROM THE APPLICATION OR RESUME) AND RELEASE OF INFORMATION AUTHORIZATION FORM.

**X PROFESSIONAL VERIFICATION**

This report provides a work profile from a professional who has employed the subject. The individual would supply their professional statement of the subject’s work ethics. PLEASE PROVIDE PROFESSIONAL REFERENCE CONTACT INFORMATION (IF ANY OF THE NEEDED INFORMATION IS MISSING FROM THE APPLICATION OR RESUME) AND RELEASE OF INFORMATION AUTHORIZATION FORM.

**PERSONAL REFERENCES**

Obtaining additional information from a personal reference that is generally not provided by the corporate human resources department will assist in developing a better understanding of the prospective employee’s personal profile outside of the workplace. PLEASE PROVIDE PERSONAL REFERENCE CONTACT INFORMATION (IF ANY OF THE NEEDED INFORMATION IS MISSING FROM THE APPLICATION OR RESUME) AND RELEASE OF INFORMATION AUTHORIZATION FORM

**OUTSIDE CONTRACTOR BACKGROUND CHECK**

This report will verify the past professional responsibilities, clients and satisfaction of clients for an individual who is a potential outside contractor. PLEASE PROVIDE OUTSIDE CONTRACTOR REFERENCE CONTACT INFORMATION AND RELEASE OF INFORMATION AUTHORIZATION FORM.

**EXIT INTERVIEWS**

Exit Interviews provide critical and revealing insight into the costly problem of employee turnover. Unfortunately, many departing employees are reluctant to open up when they are asked sensitive questions directly by the employer. Conducting a third party exit interview can often uncover the real reasons for separation. PLEASE PROVIDE A PHONE NUMBER WHERE THE EXITITING EMPLOYEE CAN BE CONTACTED.

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| Authorization Signature | Date |