

**Human Resources**  
The University of Toledo  
Scott Park Campus  
2801 W. Bancroft St., MS #405  
Toledo, Ohio 43606



Phone (419) 530-4747  
Fax (419) 530-1490

**AUTHORIZATION FORM**

**TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

*Please Read Carefully Before Signing the Authorization*

I am a candidate for employment with the University of Toledo and hereby specifically authorize and permit the University of Toledo and its principals, employees, agents, servants, and contractors to contact character references, former employers, law enforcement agencies, courts of law, federal, state and local regulatory agencies, and schools to obtain information from such sources about me. I understand that any investigation into my background may include reference to any information which is a matter of public record (for example, criminal convictions, traffic offenses, and lawsuits). I further authorize the University of Toledo to conduct pre-employment drug testing, physical examinations, and/or psychological examinations to determine my suitability for employment, as required.

This release is executed with full knowledge and understanding that the information is for the official use of University of Toledo. I understand that this form may be photocopied and sent to Police Departments, employers, etc., as deemed necessary by Human Resources and the UT Campus Police Department. I further understand that information obtained from any job related and behavioral tests will also be evaluated when making final hiring decisions.

Consent is also hereby granted to release requested information to the UT Campus Police Department.

I do  do not  authorize you to contact *my current* employer for Employment and Reference Verifications.

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

I understand that in signing this release I will be authorizing the University of Toledo to make inquiries into my personal, educational and work history. I also understand that a conditional offer of employment may be withdrawn based on the information obtained in such inquiries and tests, and also based upon the results of a pre-employment drug screen, physical examination and/or psychological examination, or driving record, if required.

Print Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
*First Middle Last*

Previous Names Used: \_\_\_\_\_ Gender: Male  Female

Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Current Street Address (No P.O. Box Please): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County \_\_\_\_\_

Previous Cities/Towns, State(s) lived in: \_\_\_\_\_

Email Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_