

**Department of Human Resources  
Recruitment Services  
Standalone Background Check Request**

**Instructions**

In compliance with [Florida Atlantic University's Personnel Policy Number 7.5](#), all employees must have a background check prior to the offer of employment. Positions with fiduciary responsibilities may require a credit check prior to employment. Positions that have been determined to have a special trust or responsibility, or a sensitive location may require a level II background check screening in accordance with the Florida Statutes. Complete this form to request a standalone background check and return it to Recruitment Services at [empl@fau.edu](mailto:empl@fau.edu).

**Requestor Information**

Department/Unit: \_\_\_\_\_ Division: \_\_\_\_\_  
Hiring Manager's Name: \_\_\_\_\_ Hiring Manager Email: \_\_\_\_\_  
Smart TAG for background check expense: \_\_\_\_\_

**Reason for Background Check Request**

\_\_\_\_ Hire/Rehire \_\_\_\_ Change in position responsibilities \_\_\_\_ Other, please explain \_\_\_\_\_

**Applicant's Contact Information**

Applicant's First and Last Name: \_\_\_\_\_

Applicant's email address: \_\_\_\_\_ Applicant's phone number: \_\_\_\_\_

Is the applicant under the age of 18? \_\_\_\_ Yes or \_\_\_\_ No

**\*Hiring departments must obtain parental consent when requesting a background check for a minor.**

**Biographical Information:**

Does the applicant have a social security number? \_\_\_\_ Yes or \_\_\_\_ No.

If the applicant has a social security number, was it issued within the last 6 months? \_\_\_\_ Yes or \_\_\_\_ No.

\*Incorrect reporting of the social security number will cause delays with the background check screening.

**Position Information**

Employment start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Position Title: \_\_\_\_\_ Position type: \_\_\_\_ AMP \_\_\_\_ SP \_\_\_\_ OPS \_\_\_\_ Student \_\_\_\_ Adjunct \_\_\_\_ Affiliate \_\_\_\_ Faculty  
\_\_\_\_ Postdoc \_\_\_\_ Volunteer. If other, please explain \_\_\_\_\_

**Level II Screening**

- Will the applicant provide care, treatment, training, instruction, supervise or have direct contact with the vulnerable population such as children under the age of 18, elderly, or those with disabilities?  
\_\_\_\_ Yes or \_\_\_\_ No
- Will this individual occupy a position or have responsibilities of Special Trust? *Special trust positions are designated by the President, a Vice President, or the Provost.*  
\_\_\_\_ Yes or \_\_\_\_ No
- Will this individual occupy a position in a sensitive location?  
\_\_\_\_ Yes or \_\_\_\_ No

**Credit Check Screening**

- Does this position carry any fiduciary responsibilities? *Employees hired into positions with fiduciary responsibilities may require a credit check. Fiduciary responsibilities may include, but not limited to cash handling, P-card holders, access to checks, responsible for approving, dispensing, or the administrative oversight of university funds.*  
\_\_\_\_ Yes or \_\_\_\_ No

**MVR Screening:**

- Will this applicant be required to drive an FAU owned automobile vehicle? This includes, but not limited to golf carts.  
\_\_\_\_ Yes or \_\_\_\_ No

**Healthcare Sanctions Screening:**

- Please mark yes if an HCS (Healthcare Sanctions) check should also be completed.  
\_\_\_\_ Yes or \_\_\_\_ No

**FLORIDA ATLANTIC UNIVERSITY  
HUMAN RESOURCES  
RECRUITMENTS SERVICES**

**PARENT/LEGAL GUARDIAN CONSENT FORM**

**FAU College/Department Information:**

College/Department requesting the background check: \_\_\_\_\_

Name of College/Department Contact: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

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Dear Parent or Legal Guardian,

\_\_\_\_\_ (a minor) is applying for employment or a volunteer assignment with Florida Atlantic University. The employment/volunteer process includes a criminal background check through a third-party company.

If you need additional information on the employment or volunteer assignment, please contact the FAU College/Department listed above.

**If you CONSENT the background check for the minor listed above, please sign, and return this form to the College/Department noted above.**

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Signature of Parent or Legal Guardian consenting to the background check

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Print Name of Parent or Legal Guardian consenting to the background check

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Please list your relationship to the Minor

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Signature of Minor Applying for Employment or Volunteer Assignment

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