SJU Saint Joseph's University
Office of Human Resources

Please fill out this sheet and return with the completed background check forms to Nicole Brown, Human Resources Assistant. For any questions do not hesitate to call ext. 1936.

First Name: _____

Last Name: _____

Employee ID: _____

Email: _____

Department: _____

Program: _____

Supervisor Name: _____

FIRST CONTACT HR

Background Screening and Human Resource Solutions

Applicant Notice and Consent Document

Fax Number: 267-419-1396
Client Name: Saint Joseph's University, Office of HR (610-660-3370) **Client Code: SJU**
Branch Code: SJU
Service Code: Level 1E ☐ Level 2E ☐ OTHER _____ ☐
(please select)

Reason for being Fingerprinted: Childcare Employment ☐ Employment with Significant likelihood of regular contact with children ☐ School Employment ☐ (if school, circle the type: ACVT, School Districts, Charter, Colleges / Univ, IU, Non-Public, Private)

Authorized Agent: _____ **Time/Date Sent:** _____

It is possible that your employment may be determined in whole or in part by your employer using data from a report supplied by **First Contact HR,** 535 West Pennsylvania Avenue, Suite 101, Fort Washington, PA 19034. Pursuant to Section 609 of the Fair Credit Reporting Act, you may be entitled to a copy of this report.

EMPLOYEE CONSENT: I understand and agree that **First Contact HR** will verify all or part of the information I have given my employer. I understand that this verification may include an inquiry into my criminal and civil records, felony & misdemeanor and deferred adjudication records, prior employment, as well as other public record information. I understand that this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application.

EMPLOYEE SIGNATURE: _____ DATE: _____.

www.firstcontacthr.com

**** Please check one box for each category below**

Race: ☐ Asian or Pacific Islander ☐ Black ☐ American Indian and Alaskan Native ☐ Unknown ☐ White (Includes Mexicans and Latinos)

Eye Color: ☐ Black ☐ Blue ☐ Brown ☐ Green ☐ Gray ☐ Hazel ☐ Maroon ☐ Pink ☐ Unknown ☐ Multicolored

Hair Color: ☐ Black ☐ Blonde ☐ Blue ☐ Gray ☐ Orange ☐ Purple ☐ Pink ☐ Red ☐ Sandy ☐ White ☐ Brown ☐ Unknown