



Lehigh Valley

Information Services

1414 Millard Street ▪ Bethlehem, Pa 18018
Phone (610) 867-5044 ▪ Fax (610) 867-8603

BACKGROUND REQUEST FORM

Client: MARYWOOD UNIVERSITY-WORK FORCE EDUCATION Member #: 551246 Date: _____

Requested By: Sue Reilly Telephone: (570)348-6292 Fax Number: (570)961-4798

Applicant Name: _____ Maiden Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Soc. Sec. Num. _____ Birth Date: _____ DMV # / State: _____

AUTHORIZATION and RELEASE

During the application process and at any time during any subsequent employment, I hereby authorize CBA LV or it's agents, on behalf of MARYWOOD UNIVERSITY-WORK FORCE EDUCATION to procure Employment Reports, which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation and personal characteristics. This report may be compiled with information from credit bureaus, criminal history repositories or databases, court record repositories, departments of motor vehicles, past or present employers, educational institutions, governmental occupational licensing or registration entities, business or personal references, any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification.

Applicant's Signature

Date

**CBA LV WILL NOT COMMENCE YOUR CRIMINAL RECORD CHECKS
UNTIL THIS DISCLOSURE IS CHECKED AND INITIALED.**

You agree that IN NO EVENT SHALL CBA LV BE LIABLE FOR ANY DAMAGES ARISING OUT OF OR RELATED TO THIS REQUEST OR THE PERFORMANCE OR BREACH THEREOF, IF ANY OF THE (A) NAME, (B) DATE OF BIRTH, OR (C) SOCIAL SECURITY NUMBER PROVIDED BY YOU TO CBA LV WITH THIS REQUEST IS, IN ANY MANNER WHATSOEVER, INCORRECT OR INCOMPLETE.

CLIENT INITIAL

SELECT FROM THE FOLLOWING:

TYPE OF SEARCH		LIST STATE OR COUNTY	TYPE OF SEARCH		LIST SCHOOL OR TYPE OF LICENSE
<input type="checkbox"/>	STATE REPOSITORY CHECK <small>**REQUIRES A STATE SIGNED RELEASE **ARKANSAS, GEORGIA, IDAHO, IOWA, MINNESOTA, NH, VIRGINIA**</small>	PENNSYLVANIA	<input type="checkbox"/>	ACADEMIC VERIFICATION <small>**ATTACH RESUME**</small>	
<input type="checkbox"/>	STATE DATABASE CHECK		<input type="checkbox"/>	SOCIAL SECURITY CHECK	
<input type="checkbox"/>	COUNTY CHECK		<input type="checkbox"/>	FEDERAL CHECK	
<input type="checkbox"/>	DRIVING RECORD CHECK <small>**REQUIRES A STATE SIGNED RELEASE: **PA, GEORGIA, COLORADO, DC, NEW HAMPSHIRE, HAWAII, WASHINGTON**</small>				

Authorized signature required to complete request:

Date

Client Signature