

Parkersburg–Marietta Contractors and Trades Educational and Development Fund 2400 Garfield Ave Parkersburg, WV 26101 (304) 485-6322



AUTHORIZATION FOR RELEASE OF INFORMATION BACKGROUND CHECK CONSENT FORM

I hereby give First Advantage, an independent contract agency, permission and authority to conduct a background investigation and reference check concerning past and current activities. I agree and consent to any investigation by First Advantage The investigation includes, but is not limited to, information about my former employment, education, driving record, wage information, criminal convictions and other information contained in public records or obtainable from former employers or other references, both business and personal (initials)									
I consent to, authorize, and request any former employer, personal references, schools, police, court, and personal credit reporting agencies and any other person to respond to verbal or written inquiries from and to disclose information concerning: (initials)									
 a. My previous employment record; b. My educational records from any public or private education institutions; c. My general background (I specifically request, authorize and consent to First Advantage's written or verbal request of person references); d. My professional or vocational license(s) or certification(s) that I have held in the past or currently hold. e. Whether I have a record criminal conviction, and, if so, the nature of such criminal convictions and all surrounding circumstances; 									
I am aware that the results of any background investigation performed by First Advantage will be provided to my prospective employer, The Parkersburg-Marietta Contactors and Trades Education Development Fund, and if necessary, to the owner of operator of a facility where I am considered for employment by a contractor. The prospective employer will utilize my background information for employment purposes only and shall not disclose the information to other parties. I am aware that the result of any background investigation performed by First Advantage is not the sole criteria used in making any employment decision. I understand that any falsification, omission, or misrepresentation of information appearing on my application form employment or my person history statement shall be grounds for not being hired or for termination. I understand that if I falsify information on my forms I will not be eligible for another background check for 30 days. If I refuse to submit to this process, I understand that I shall not be considered for employment at certain operations. — (initials)									
I have read this Authorization for Release of Information and have voluntarily agreed to its terms to assist First Advantage in evaluating my qualifications for employment (initials)									
I acknowledge that I have received a copy of Parkersburg-Marietta Contractors and Trades Education and Development Fund's background policies and procedures regarding background security (initials)									
I understand that one copy will be retained in file for 6 years for bi-annual checks and one copy will be forwarded to the Fund Office (initials)									
1 In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer of employment is withheld because of information obtained from your credit or criminal report and, in that event, you will received a copy of the cred report and "A Summary of Your Rights Under the Fair Credit Reporting Act." (initials)									

PMCTEDF Background Request Form

Personal Information...Print capital letters in the boxes. Try not to touch the sides of the boxes.

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APPENDIX A

ACKNOWLEDGEMENT AND AGREEMENT WITH RESPECT TO BACKGROUND & PROCEDURES

I, the undersigned employee certify that I have been furnished with a copy of the Parkersburg-Marietta Contracts and Trades Education Development Fund Background Policy & Procedures Program, and that I have read and understand that I am responsible for same.

I am fully aware and agree that I may be discharged or otherwise disciplined for any violation by me of said Background Policy, for an failure or refusal to provide accurate information when requested by the company, for the failure or refusal to identify and certify same, for the failure to cooperate with the forms and to other documents, and/or for any other Background Check Program.

Executed this the	day of	, 20	
			Employee Name (Please Print)
			Employee Signature
			Social Security Number

*A copy of this will be provided to you and one kept in your personnel file.