

Cornell Cooperative Extension | Cortland County

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Cortland, NY 13045
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DEPARTMENT OF HUMAN RESOURCES-BACKGROUND CHECK AUTHORIZATION FORM

ACKNOWLEDGMENT AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Association at any time after receipt of this authorization and throughout my employment, if applicable. Tho this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish and all background information requested by First Advantage Screening service, 1100 Alderman dr., Alpharetta, GA 30005 1-800-845-6004, another outside organization acting on behalf of the Association, and/or the Association itself. I agree that a facsimile (*fax*), electronic or photographic copy of this Authorization shall be as valid as the original.

New York Applicants or employees only: by signing below, you also acknowledge receipt of Article 23-A of the New York correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report at no charge if one is obtained by the Association. () **Yes**

California applicants or employees only: by signing below you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investitive consumer report or consumer credit report at no charge if one is obtained by the Association whenever you have a right to receive such a copy under California Law. () **Yes**

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Last Name: _____ **First** _____ **Middle** _____

Signature: _____ **Date:** _____

Employer please note: If Minnesota or Oklahoma Consumer checks “Yes” regarding the consumer report, or if a California consumer check “yes” regarding the full consumer report, and consumer resides in California, you will need to provide the individual with a copy of their consumer report, unless you have made prior arrangement for First Advantage to do so on your behalf.

CONSUMER INFORMATION:

Last Name: _____ **First** _____ **Middle** _____

Other Names/Alias: _____

Social Security*# _____ **Date of Birth*:** _____

Driver’s License*#: _____ **(State of Driver’s License*)** _____

Present Address: _____ **Phone Number** _____

City/State/Zip: _____

Former Employer: _____ **Position:** _____ **Dates of Employment:** _____

***This information will be used for background screening purposes only and will not be used as hiring criteria.**

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Building Strong and Vibrant New York Communities

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