



PACIFIC  
LUTHERAN  
UNIVERSITY

Human Resource Services  
Tacoma, WA 98447-0003

253-535-7185 PHONE  
253-535-8431 FAX  
[www.plu.edu](http://www.plu.edu)

*Educating for Lives of  
Thoughtful Inquiry, Service,  
Leadership and Care*

To: Candidates for faculty positions at Pacific Lutheran University

The university seeks to hire well-qualified colleagues for vacant faculty positions. To support that goal, one of the steps in our selection process is to conduct pre-employment references and background checks on finalist candidates.

Signing the attached waiver gives PLU the authority to complete the background check process, which covers only those areas considered essential for success. For faculty positions, this typically includes:

- Employment and educational references
- Social security number verification
- Criminal conviction record
- Educational records required for position

Please return the signed waiver form to Human Resources by the due date established for your agreement, employment application, and any other documents. If you do not return these documents, including the signed waiver, by the due date indicated, your agreement may be cancelled by PLU.

Thank you in advance for your assistance in this process. If you have any questions, please contact us at 253.535.7185.

Sincerely,

A handwritten signature in cursive script that reads "Teri Phillips".

Teri Phillips  
Director of Human Resources

# Pacific Lutheran University

## Background Questionnaire

Please Print Clearly and Provide All Information. You Must Sign and Date this Document. Use Additional Sheets or the Back of this Form, if Required.

Position Applied for

### Personal Information

Last Name	First Name	Middle Name	SSN
Phone No.	Driver's License No.	State of Issue	Date of Birth*
List Any Other Names Used			

### Residential History, Present and Former Addresses

Street Address	City	State	Zip Code	County	
Street Address	City	State	Zip Code	County	From/To (Dates)

### Criminal History. You MUST Answer Each of the Following Three Questions by Checking Yes or No\*\*

- Yes  No 1. Have you been convicted of a crime?  
 Yes  No 2. Have you received an alternative adjudication for which the deferral period, parole, probation, or court supervision ended within the past seven years?  
 Yes  No 3. Do you have any open warrants or charges pending against you?

→ If You Answered "Yes" to Any of These Three (3) Questions, Provide Details Below:

County	City	State	Date	Charge	Disposition
County	City	State	Date	Charge	Disposition

### Professional License or Certification (If Applicable)

Type	Issued By	Date Issued	License/Certificate No.	Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type	Issued By	Date Issued	License/Certificate No.	Current? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Educational History (Provide Information for Highest Degree Achieved)

Name of School	City	State	Title of Degree	Year Graduated	Name on Degree
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\*You are requested to provide your date of birth on this form. The date of birth is needed to verify an applicant's criminal and driving histories. The Federal Age Discrimination in Employment Act of 1967 prohibits discrimination in employment on the basis of age, and date of birth information will only be used for legal purposes.

\*\*Conviction of a crime is not an absolute bar to employment. Factors such as the age of the offense, evidence of rehabilitation, seriousness of the violation and job-relatedness are considered in all employment decisions.

### Authorization, Release, Acknowledgement and Certification

I hereby authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or any other persons or agencies having knowledge about me to furnish Alliance 2020 with any and all background information in their possession regarding me, in order that my employment qualifications may be evaluated. Furthermore, I release all parties mentioned above from any liability and responsibility for doing so.

I also authorize the procurement of a consumer report and/or an investigative consumer report for the purpose of consideration for employment. This authorization, in its original form, fax or copy (mechanical or digital) shall be valid for this and all future consumer reports and/or investigative consumer reports or updates that may be deemed necessary subsequent to an offer of employment and/or my employment with this firm. I acknowledge that I have been provided a separate combined disclosure and authorization regarding consumer and/or investigative consumer reports pursuant to the requirements of the Fair Credit Reporting Act (FCRA). I certify that all information I have provided is truthful, complete and correct to the best of my knowledge. I understand that misrepresentation, omissions or false statements, when discovered, will result in a refusal to hire, or if hired, may result in my dismissal at any time.

Signature

Printed Name

Date

**Combined FCRA Disclosure Notice and Authorization  
Regarding Background Consumer Reports**

**Disclosure**

A consumer report and/or investigative consumer report, in accordance with the Fair Credit Reporting Act (FCRA) and all state and federal laws, may be obtained in connection with your application for and/or continued employment with the employer. The consumer report may include information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness

A consumer report and and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the employer. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made.

Upon timely written request of the personnel department of the employer, and within five days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the FCRA.

**Authorization**

Read, acknowledged and authorized.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

For California applicants only, if you like to receive a copy of the report, if one is obtained, please check here: .

For Minnesota or Oklahoma applicants only, if you like to receive a copy of the consumer report, if one is obtained, please check here: