

Business Operations Background Check Request

To be completed by the hiring supervisor before a job offer has been made.

Background checks are performed for:

- External OSU hires (regular and temporary)
- Student employees transferring to a temporary or regular position

Background checks are not performed for:

- Internal OSU hires
- Student employees
- Temporary Agency Employees

Please complete and return this form along with the Background Check Authorization Form, to be completed and signed by the selected candidate, to Marc Stoffel in Business Operations Human Resources.

Date: _____

Request Submitted by: _____

Department: _____

Phone: _____

E-mail: _____

I would like to offer _____ the position of _____ contingent upon a satisfactory background check. Driving a motor vehicle is a requirement of this position: Yes No

Remit to: Campus Mail:

Marc Stoffel
Business Operations Human Resources
Room #105, Stores and Receiving Building
2650 Kenny Rd.

OR

Fax:

Marc Stoffel
292-5666

Questions: 688-3499
stoffel.6@osu.edu

BACKGROUND CHECK AUTHORIZATION FORM

To be completed by the applicant:

Full Legal Name (First, Middle, Last): _____

Street Address

Date of Birth

City, State, Zip Code

Social Security Number

Driver's License Number <Department must obtain copy of applicant's driver's license>

Have you ever been convicted of a criminal offense? If yes, you must provide details.

A conviction will not necessarily be a bar to employment. The nature of the offense, when it occurred, and its job-relatedness will be considered.

YES _____

NO _____

If applicable, list all convictions, conviction dates and details:

CERTIFICATION AND STATEMENT OF UNDERSTANDING

I certify that all of the information furnished on this Background Check Authorization Form is true and complete to the best of my knowledge. I understand that the University may investigate the information I have furnished. I authorize any person, firm, or organization to supply any information about me concerning any past employment, military duties, social security number verification, convictions or personal information to The Ohio State University and I further release any such person, firm, or organization from any responsibility in disclosing such information, including from all liability for any damage that may result from furnishing such information to the University. I authorize the University to obtain information regarding my record with the Bureau of Motor Vehicles if the position for which I am applying requires driving. I realize that any misrepresentation or false information included on this form or provided in the interview process can lead to the withdrawal of an offer of employment or to termination from employment. I understand that any future offer of employment may be conditioned upon the result of examinations, physical or other, as may be necessarily required by the University. The University will pay the reasonable cost of any examination which may be required.

The Ohio State University is a drug-free workplace. Individuals offered employment at The Ohio State University may be required to successfully complete a pre-employment physical which includes drug testing. Individuals who refuse to take or who fail the drug test, after being informed, will be removed from employment consideration.

Signature

Date

To be completed by Business Operations Human Resources:

Applicant: _____

Department: _____

Position Title: _____

Job Requisition Number: _____

Background check results:

Approved _____

Disapproved _____

By _____

Date _____