

## EMPLOYMENT INQUIRY RELEASE

In connection with your application for/continued employment with **Moravian University**, on their behalf, CBY Systems Inc. will make inquiries, including but not limited to, your consumer credit history, education, professional licensing, criminal history, driving history, your personal character, abilities, work habits, residence, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for employment, including reasons for termination of past employments. Such inquiries may include investigative consumer reports that relate to your character, general reputation, personal characteristics, or mode of living and are obtained by personal interviews with your neighbors, friends, associates, and others.

In compliance with the Fair Credit Reporting Act (FCRA), you are entitled to be informed if an offer of employment is withheld because of information obtained from CBY Systems Inc. and, in that event, upon your written request, CBY Systems Inc. will provide a copy of the consumer and/or investigative consumer reports we receive, information regarding the nature and scope of the investigation, and the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act." A copy of "A Summary of Your Rights Under the Fair Credit Reporting Act" is also attached to this Employment Inquiry Release.

Please complete and sign this form authorizing, without reservation, any party, including, but not limited to, employers, consumer reporting agencies, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by CBY System Inc. to furnish any or all of the above mentioned information, including consumer reports and/or investigative consumer reports. Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

PRINT FULL NAME \_\_\_\_\_ \*DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DRIVER LICENSE # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

MAIDEN OR OTHER NAMES USED \_\_\_\_\_

GRADUATION DATE: HIGH SCHOOL \_\_\_\_\_ COLLEGE \_\_\_\_\_

APPLICANT SIGNATURE AND DATE: \_\_\_\_\_

EMAIL \_\_\_\_\_

\*Date of birth is being requested only for the purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes. Revised 7/2021