COPY OF BACKGROUND CHECK POLICY (MASSACHUSETTS ONLY)

**Background Checks**

[EMPLOYER NAME] [requires/may require] applicants and employees to satisfactorily complete a background check. [EMPLOYER NAME] will consider your job duties, among other factors, in determining what constitutes satisfactory completion of the background check. All information obtained as a result of a background check will be used solely for employment purposes.

[[When/If] [EMPLOYER NAME] uses a consumer reporting agency to obtain background check information or make an employment decision based on that information, [EMPLOYER NAME] complies with relevant requirements under the Fair Credit and Reporting Act (FCRA).]

**Authorization**

When a background check is required, you must complete [EMPLOYER NAME]'s authorization form. Failure to timely complete an authorization may result in termination of [EMPLOYER NAME]'s consideration of your application. Falsification or omission of information may result in denial of employment or discipline, up to and including termination.

**Confidentiality**

All background check information will be kept confidential [to the maximum extent possible and required under applicable law[ and will be disclosed only to those with a valid need to know]]. [EMPLOYER NAME] complies with all applicable federal, Massachusetts, and local laws regarding background checks.

**Administration of this Policy**

The [Human Resources/[DEPARTMENT NAME]] Department is responsible for the administration of this policy. If you have any questions regarding this policy or if you have any questions about background checks that are not addressed in this policy, please contact the [Human Resources/[DEPARTMENT NAME]] Department.

**[Employees Covered Under a Collective Bargaining Agreement**

The employment terms set out in this policy work in conjunction with, and do not replace, amend, or supplement any terms or conditions of employment stated in any collective bargaining agreement that a union has with [EMPLOYER NAME]. [Employees should consult the terms of their collective bargaining agreement/Wherever employment terms in this policy differ from the terms expressed in the applicable collective bargaining agreement with [EMPLOYER NAME], employees should refer to the specific terms of the collective bargaining agreement, which will control].]

**[Acknowledgment of Receipt and Review**

[I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received a copy of [EMPLOYER NAME]'s [NAME OF POLICY] and that I read it, understood it, and agree to comply with it. I understand that [EMPLOYER NAME] has the maximum discretion permitted by law to interpret, administer, change, modify, or delete this policy at any time [with or without notice]. No statement or representation by a supervisor or manager or any other employee, whether oral or written, can supplement or modify this policy. Changes can only be made if approved in writing by the [POSITION] of [EMPLOYER NAME]. I also understand that any delay or failure by [EMPLOYER NAME] to enforce any work policy or rule will not constitute a waiver of [EMPLOYER NAME]'s right to do so in the future. I understand that neither this policy nor any other communication by a management representative or any other employee, whether oral or written, is intended in any way to create a contract of employment. I understand that, unless I have a written employment agreement signed by an authorized [EMPLOYER NAME] representative, **I am employed at will and this policy does not modify my at-will employment status.** If I have a written employment agreement signed by an authorized [EMPLOYER NAME] representative and this policy conflicts with the terms of my employment agreement, I understand that the terms of my employment agreement will control.

**OR**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and read a copy of [EMPLOYER NAME]'s [NAME OF POLICY][, dated [EDITION DATE]] and understand that it is my responsibility to be familiar with and abide by its terms. [I understand that the information in this Policy is intended to help [EMPLOYER NAME]'s employees to work together effectively on assigned job responsibilities.] This Policy is not promissory and does not set terms or conditions of employment or create an employment contract.]

[signature page follows]

|  |  |
| --- | --- |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date] |