

Instructions for Completing Checkr Background Checks

Overview

To work in the Evonik's Theodore, Alabama facility, you must complete a background check. If you are going to be driving any type of vehicle onsite, your background check must also check your Motor Vehicle Record. By following the steps below, you can complete the required paperwork and send the documents to Safety Plus prior to arriving at the Safety Plus office. This will significantly expedite the approval process. The background check results **MUST** be approved before you will receive your Evonik site entry badge.

To Complete the Background Check, Follow These Steps:

1. Print this document and complete page two, the Personal Information Form (with the Safety Plus logo). The following are **REQUIRED** to process your background check:
 - a. First Name
 - b. Last Name
 - c. Email Address or Contact Number
 - d. Date of Birth
 - e. Social Security Number
 - f. Current Zip Code
 - g. Copy of Valid Driver's License OR State Issued ID
2. If you will be authorized to drive a vehicle on Evonik's site, you will need to complete the "Motor Vehicle Records Check" portion fully on the third page. Please note, this page is required for verification purposes if you choose No. If found driving without this designation, you may be dismissed from the site and banned for one year or more.
3. You must complete page four, the Acknowledgment and Authorization for Background Check form. The following are **REQUIRED** to process your background check:
 - a. Contractor Signature (Applicants Signature)
 - b. Today's Date (in MM/DD/YYYY format)
4. After you have completed each step above, you will need to scan only the pages 2-4 (see bottom for required page numbers) and submit them to Safety Plus. To do this:
 - a. Scan the completed pages and save the scanned file to a computer.
 - b. Go to <https://safetyplusinc.net/contractors/evonik-theodore/>
 - c. Click the "Send Data to Safety Plus" button on the page.
 - d. Complete the form with your name, company, email, and phone number and attach your scanned background check file. Click Submit.



Please provide the following information for your Checkr Background Screen.

BASIC INFORMATION

Legal FIRST Name (Required)	Legal MIDDLE Name (Required) <input type="checkbox"/> Check Box if no legal MIDDLE name
Legal LAST Name (Required)	
Email Address (Email Address OR Contact number is required)	
Phone Number	
Date of Birth	Social Security Number
Current Zip Code	

Authorization to Operate Company Vehicle on Evonik Plant Property:

_____ **NO – Check here if you will not operate a vehicle on Evonik’s site. No further action is required if you will not operate a vehicle on site.**

_____ **YES – Check here if you WILL be authorized to operate a vehicle on Evonik’s site. Complete the rest of this form if you have selected this option.**

The employee _____ (First/Last Name) is authorized by the company _____ (Company Name) to operate a company vehicle. Further, by providing the employee’s Driver’s License copy and submitting this form for processing, I personally acknowledge that this employee is properly insured by the company to operator a Motor Vehicle on Evonik’s plant site property (within the operating facility).

Please be advised that the Driver’s License is only required for employees operating vehicles within Evonik’s facility. This does not include driving to the facility and using the parking lot. Most workers do not need to be authorized to drive on site. If the Driver’s License is not uploaded, we will not run the MVR.

*****Copy of Valid Driver’s license or State ID is required for processing of Background check. If not submitted, this will delay the start of your process *****

Safety Plus (the “Company”) may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Checkr, Inc., One Montgomery Street, Suite 2000, San Francisco, CA 94104 | (844) 824-3257 | checkr.com/applicant**.

Signature: _____

Date: _____

Acknowledgment and Authorization for Background Check

I acknowledge receipt of the separate documents entitled 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 Safety Plus (the “Company”) at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, past or present employers, motor vehicle records agencies, or insurance company to furnish any and all background information requested by **Checkr, Inc., One Montgomery Street, Suite 2000, San Francisco, CA 94104 | (844) 824-3257 | <https://checkr.com/applicant>** and/or the Company. I agree that a facsimile (“fax”), electronic, or photographic copy of this Authorization shall be as valid as the original.

New York residents/applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York City residents/applicants only: You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

Washington State applicants 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.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

Signature: _____

Date: _____