Conditional Offer of Employment

Use this letter when one or more pre-employment checks will happen after the offer. List only the contingencies that apply to this role. Send the separate FCRA disclosure and authorization form with this letter, not inside it.

HEADER

[Company Legal Name]
[Company Address]

[Date]

[Candidate Name]
[Candidate Address]
[Candidate Email]

Re: Conditional Offer of Employment, [Job Title]

THE OFFER

Dear [Candidate Name],

We are pleased to offer you the position of [Job Title] in our [Department] team at [Work Location / Remote from State], reporting to [Manager Name], [Manager Title]. This offer is conditional, which means it becomes final once the conditions listed below are satisfactorily completed. Please read this letter carefully, including the section on what happens if a condition is not met.

TERMS OF EMPLOYMENT

Position: [Job Title], [full-time / part-time], [exempt / non-exempt] under the Fair Labor Standards Act and applicable state law.

Pay: [$[Annual Salary] per year, paid [biweekly] / $[Hourly Rate] per hour, with overtime paid as required by law], less applicable withholdings.

Schedule: [e.g. 40 hours per week, Monday to Friday, 7:00 a.m. to 3:30 p.m. / rotating shifts including weekends].

Benefits: You will be eligible for [list main benefits] beginning [date or waiting period], subject to the terms of each plan.

Proposed start date: [Start Date]. Your start date is confirmed only after all conditions are cleared. If clearance takes longer than expected, we will agree a new start date with you.

CONDITIONS OF THIS OFFER

This offer is contingent on the satisfactory completion of the following [delete any that do not apply]:

1. A background check conducted by [Consumer Reporting Agency Name], which may include [criminal history, employment verification, education verification, motor vehicle record, credit history where permitted by law]. You will receive a separate disclosure and authorization form. No check will begin until you sign it.
2. A [5-panel / 10-panel] drug screen at an approved collection site within [number] days of accepting this offer, conducted in line with our drug and alcohol policy and applicable state law.

3. Verification of your [license / certification name and number], which must be active and in good standing on your start date.
4. A post-offer medical examination [or physical abilities test] required of all new employees in this job category, conducted by [Provider]. Results will be kept confidential and separate from your personnel file.
5. Satisfactory professional references from at least [number] former supervisors.
6. Proof of identity and authorization to work in the United States, as required on Form I-9, presented within three business days of your start date.

IF A CONDITION IS NOT MET

If information from a background check may lead us to withdraw this offer, we will first send you a copy of the report, a summary of your rights under the Fair Credit Reporting Act, and any notice required by state or local law. You will have at least [5 business days / the period required by law] to tell us if the information is inaccurate or incomplete, or to share evidence of rehabilitation or other context. We will consider what you send us before making a final decision.

We will not automatically disqualify you because of a criminal record. Any decision will consider the nature of the offense, the time that has passed and its relevance to this job, as required by applicable law.

If you need a reasonable accommodation for any part of this process, including the medical examination or drug screen, contact [HR Contact Name] at [Email / Phone].

AT-WILL EMPLOYMENT AND ENTIRE AGREEMENT

If you join, your employment will be at will, meaning either you or the Company may end it at any time, with or without cause or notice. This letter and the documents referenced in it are the complete terms of our offer and replace any prior discussions.

RESPONSE

Please accept this conditional offer by signing below by [Time] [Time Zone] on [Response Deadline], and return the signed authorization form so we can begin the checks. We recommend that you do not resign from your current position until we confirm in writing that all conditions are cleared.

If you have questions, contact [Recruiter Name] at [Phone] or [Email].

Sincerely,

[Signer Name]
[Signer Title]
[Company Legal Name]

Enclosures: Background check disclosure and authorization form; [Drug screen instructions]; [State-required notices]

CANDIDATE ACCEPTANCE

- [ ] I accept this conditional offer and understand it becomes final only after the conditions above are completed satisfactorily

Candidate printed name

Candidate signature

Date

Date

HR USE ONLY: CLEARANCE RECORD

Background check

☐ Cleared ☐ Pre-adverse action sent ☐ Not applicable

Drug screen

☐ Negative ☐ Pending review ☐ Not applicable

License / certification verified

☐ Yes ☐ No ☐ Not applicable

Medical exam

☐ Cleared ☐ Accommodation review ☐ Not applicable

Date all conditions cleared

Confirmed start date

HR signature

Date