

Acknowledgement and Authorization for Background Check

Agreement

Please complete online, print and submit the signed Acknowledgement and Authorization to Margie Hammonds, Employment Office, through the secure fax line 803-777-5589.

As a condition of my candidacy for employment or in connection with my student capacity with the University of South Carolina, I understand that the University will conduct a background check about me for employment purposes or for student placement purposes.

As part of the application process for employment at the University of South Carolina (University), I acknowledge and understand that the University may seek and obtain consumer reports and/or investigative consumer reports, as defined in the Fair Credit Reporting Act, about me. I further acknowledge and understand that the reports may be used for the following purposes:

- Considering my application for employment;
- Making a decision whether to offer me employment with the University;
- Deciding whether to continue my employment (if I am hired by the University);
- Doing periodic rescreening of current employees; and/or
- Making any other employment decisions affecting me.

By signing this Disclosure and Authorization, I hereby authorize the University to obtain consumer reports or investigative consumer reports about me. I understand and acknowledge that this Disclosure and Authorization allows the University and GIS Inc., or any other company authorized by the University, to contact any and all corporations, companies, entities, or organizations, including, but not limited to, my current and former employers, consumer reporting agencies, professional licensing bodies or agencies, credit agencies, education institutions, law enforcement agencies, city, state, county, and federal courts and agencies, including tax agencies, motor vehicle agencies, and military services, and I authorize any and all persons and entities contacted to release information about my background, including, but not limited to, information about my employment, education, consumer credit history, professional license history, driving record, criminal record, and general public records' history.

If I am hired, this Disclosure and Authorization shall remain in effect for the length of my employment. I agree that a fax, photocopy or electronic copy of this Disclosure and Authorization with my signature will be accepted with the same authority as the original. I understand that upon my request, I will be given a copy of the Report and a written description of my rights under the Fair Credit Reporting Act.

I represent to the best of my knowledge that all information provided below is accurate, true and correct, and that I fully understand the terms of this Acknowledgment and Authorization.

To be Completed by Candidate

I am a **candidate** for the position of: _____ in the college or department of: _____

I am a **student** in the college of: _____

I am a **candidate as an Affiliate** in the department or college of: _____

Printed Name: (First, Middle, Last and Maiden)

Other Names Used:

Current Address:

City:	State:	Zip Code:	Country:
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Social Security Number:	Date of Birth:
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Sex:	Race:	Driver's License Number and State:
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Signatures

Signature:	Date:
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