

Background Check Authorization

Agreement

Please submit this signed form 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 a student, volunteer or affiliate capacity with the University of South Carolina, I understand that the University will conduct a background check screening about me for employment purposes or for student/volunteer/employment placement purposes. The information will not be used for other purposes.

By signing this Authorization, I hereby authorize the University to obtain consumer credit reports and/or investigative consumer reports about me. I understand and acknowledge that this Authorization allows the University and GIS, 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, credit agencies, education institutions, law enforcement agencies, city, state, county, and federal courts and 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, address history, professional licenses and credentials, lawsuit history, social security number validation, education, consumer credit history, driving record, criminal record, general public records' history and any other public or private information sources. Some government agencies and other information sources require date of birth, social security number, driver's license number and state when checking for records.

I understand that before taking any adverse action based in whole or in part on the report, the University of South Carolina's Recruitment and Employment Office shall provide me a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act (FCRA). The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is available in [English](#) and [Spanish](#). You may also contact the Recruitment and Employment Office to request a copy of the report.

CALIFORNIA, MINNESOTA AND OKLAHOMA APPLICANTS/EMPLOYEES ONLY: Check here to receive a free copy of any requested Consumer Report, Investigative Consumer Report or Credit Report on you.

NEW YORK: You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

To be completed by candidate. Please print clearly. Any information that is not legible will cause delay.

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|-----------------------------------|-------|--------------------------------|---------------------------------------|---------------|--|
| Last Name: | | First Name: | | Middle Name: | |
| Social Security Number: | | | Former/Other Names Used: | | |
| Sex: | Race: | Date of Birth: (mm/dd/yyyy) | Driver's License Number and State: | | |
| Name as it Appears on License: | | | | Phone Number: | |

Email Address:

Please provide all addresses where you have lived for the past seven years. Use the back of this form if you need more room.

| | | | | | |
|--|-------|--|----------|------------|----|
| Current: | | | | | |
| Full Street Address | Apt.# | City/State | Zip Code | Month/Year | |
| Former: | | | | | |
| Full Street Address | Apt.# | City/State | Zip Code | Month/Year | |
| Former: | | | | | |
| Full Street Address | Apt.# | City/State | Zip Code | Month/Year | |
| <input type="checkbox"/> Check here if additional addresses are on the back or attached. | | <input type="checkbox"/> May we contact your current employer? | | Yes | No |

I represent to the best of my knowledge that all information provided above is accurate, true and correct, and that I fully understand the terms of this Authorization. I have read, and comprehend this form and hereby authorize, any person, company or other entity contacted by General Information Systems (GIS) or the University of South Carolina, to provide the information stated above. If I am hired, this Authorization shall remain in effect for the length of my employment. I agree that a fax, photocopy or electronic copy of this Authorization with my signature will be accepted with the same authority as the original. I have signed a separate disclosure document that a consumer report may be obtained for employment purposes.

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|------------|-------------|-------|
| Signature: | Print Name: | Date: |
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