Clemson University Background Check Disclosure and Authorization Form [For Employment or Volunteer Purposes]

The applicant for employment acknowledges that Clemson University may now, or at any time while employed, verify information within the application, resume or contract for employment. Clemson University utilizes Truescreen, Inc. as an agent to perform background investigations. In the event that information from the report is utilized in whole or in part in making an *adverse decision*, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq.

Please be advised that we may also obtain an *investigative consumer report* including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (http://www.ftc.gov). For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to Clemson University. I agree that a fax or photocopy of this authorization and my signature shall be accepted with the same authority as the original. I acknowledge and agree that this Background Check Disclosure and Authorization Form shall remain valid and in effect during the term of my contract.

For Maine Applicants Only

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

For New York Applicants Only

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.

For Washington Applicants Only

If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

For California*, Minnesota, and Oklahoma Applicants Only: A consumer credit report will be obtained through Truescreen®, P.O. Box 541, Southampton, PA 18966. Telephone: (800) 260-1680. www.truescreen.com.

If a consumer credit report is obtained, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy. Yes ____ No____ Initials Ir Initials

If an investigative consumer report and/or consumer report is processed, I understand that I am entitled to receive a copy. I Yes <u>No</u> <u>Initials</u> have indicated below whether I would like a copy.

*California Applicants: If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report). Truescreen's privacy practices with respect to the preparation and processing of investigative consumer reports may be found at www.truescreen.com (link at bottom of page entitled, "Legal/Privacy").

The following information is required to complete the background investigation (please print):

| FIRST NAME | | MIDDLE NAME | | LAST NAME | | |
|---|----------|------------------------------|--|-------------|-----------|-----------------------------------|
| | | | | | | |
| OTHER NAMES USED (INCLUDING MAIDEN NAME |) | | | | | |
| SOCIAL SECURITY NUMBER DATE | | DF BIRTH (MM/DD/YYYY) GENDER | | | RACE | |
| INFORMATION FOR MOTOR VEHICLE RECORD CHECK (IF REQUIRED) – ATTACH COPY OF DRIVER'S LICENSE: | VER'S LI | CENSE NUMBER | | STATE LICEN | SED IN E) | (PIRATION DATE (MM/DD/YYYY) / / |

CURRENT AND PREVIOUS ADDRESSES (WHERE YOU HAVE RESIDED FOR TWO CONSECUTIVE YEARS)

| CURRENT STREET ADDRESS (NO P.O. BOXES) | CITY | STATE | ZIP CODE |
|---|------|-------|----------|
| | | | |
| | | | |
| PREVIOUS STREET ADDRESS (NO P.O. BOXES) | CITY | STATE | ZIP CODE |
| | | | |
| | | | |
| PREVIOUS STREET ADDRESS (NO P.O. BOXES) | CITY | STATE | ZIP CODE |
| | | | |
| | | | |

Have you ever been convicted of a misdemeanor or felony crime?

Please check one: No Yes

(A criminal conviction does not necessarily disqualify an applicant for employment consideration. Making untrue statements or otherwise failing to report criminal conviction(s) will disqualify an applicant for consideration of this position for falsification of an application.)

If <u>Yes</u>, list the date, location (county and state), and offense for <u>all</u> misdemeanor and felony <u>convictions</u> regardless of how minor or how long ago they occurred. Attach additional pages if needed.

| DATE OF CONVICTION | LOCATION (COUNTY/STATE) | OFFENSE |
|--------------------|-------------------------|---------|
| // | | |
| DATE OF CONVICTION | LOCATION (COUNTY/STATE) | OFFENSE |
| // | | |
| DATE OF CONVICTION | LOCATION (COUNTY/STATE) | OFFENSE |
| // | | |

| SIGNATURE: | DATE: / / |
|--|-----------|
| If under the age of 18 nonent/guardian signature required. | |

| in under the age of 10, parent guardian signature required. | | | | |
|---|------------------------------|----------------------------|--|--|
| SIGNATURE – PARENT/GUARDIAN | PRINT NAME – PARENT/GUARDIAN | DATE OF BIRTH (MM/DD/YYYY) | | |
| | | // | | |
| | | | | |

TO BE COMPLETED BY DEPARTMENT CONTACT – THIS PERSON WILL BE NOTIFIED OF RESULTS

| ACCOUNT NUMBER | | • | | DEPARTMENT # | POSITION # | JOB OPENING # | |
|------------------|------------------|---------|-------------|--------------|---|---------------|--|
| | | | | | | | |
| EMPLOYEE STATUS: | | | | | ADDITIONAL OPTIONS | | |
| Permanent | Temporary | Student | □ Volunteer | Intermittent | nt Different Motor Vehicle Record Check | | |