

EMPLOYMENT NOTIFICATION AND RELEASE

PLEASE PRINT

Name (First, Middle, Last): _____

Maiden Name (First, Middle, Last): _____ Dates Used (from-to): _____

Social Security Number: _____ - _____ - _____

Position for Which Applying: _____ Department: _____

Home Telephone #:() _____ Work Telephone #:() _____

(Optional): Race: _____ Sex: Male Female

Date of Birth (Month-Day-Year): _____ - _____ - _____

Current address

Month/Year

• Street: _____ From: _____
City, State (County): _____ To: _____

Chronologically list all places of residence for the past seven years

Month/Year

• Street: _____ From: _____
City, State (County): _____ To: _____

• Street: _____ From: _____
City, State (County): _____ To: _____

• Street: _____ From: _____
City, State (County): _____ To: _____

The purpose of this release is to allow **Shorter University** (referred to as "Company"), Professional Screening & Information, Inc. (PSI), or their assigns, to obtain pre-employment information which may include any lawful investigation not limited to my educational, criminal, driving, credit, and employment histories, while maintaining compliance with all governmental laws.

I am aware I have the right to make a written request of Professional Screening & Information, Inc., Post Office Box 644, Rome, Georgia 30162, or call them collect at 706.235.7574, to obtain a free copy of my background investigation, within a reasonable period of time, if an employment decision has been influenced by information contained in a background investigation report. In addition, a summary of your rights will be made available to you under the Fair Credit Reporting Act. California, Oklahoma, and Minnesota residents are entitled to a free copy of their consumer report upon request.

If the Company considers the background check unfavorable, I agree that the Company may deny me the assignment or discharge me from employment. I release the Company, PSI, its officers, agents, employees, and assigns from all liability resulting from the collection, use, storage, or discharge of information obtained for pre and post-employment, promotion, reassignment, and/or retention as an employee.

I certify that the information contained within the employment application and notification and release are complete and true. I have read this release and consent, understand its terms, realize its significance, and sign it voluntarily.

Applicant Signature: _____ **Date:** _____

TO BE COMPLETED BY ADMINISTRATOR REQUESTING SCREENING

Client: Shorter University **Background Level:** Level 1 (F-T) Level 2 (F-T+handles money) Adjunct/P-T Volunteer

• **Location:** CAPP Atlanta Area CAPP Rome Rome Traditional CAPP EDU Nursing Online

***For all Motor Vehicle Reports, please fax a copy of the applicant's driver's license.

Administrator Signature: _____ **Date:** _____

Please fax or email completed form with copy of driver's license to 706.236.1514 or tmcpherson@shorter.edu