



Background Screening Information

Please complete and submit to Human Resources as soon as possible.

Be sure to send a copy of your driver's license.

Submit to:

hrijobs@shorter.edu

or

FAX 706.236-1513

Or bring directly to the office located in the Sheffield-Thompson Building, Room 104.

EMPLOYMENT NOTIFICATION AND ACKNOWLEDGMENT

The purpose of this release is to allow the Shorter University (referred to as "Company"), Professional Screening & Information, Inc. (PSI), or their assigns, to obtain pre-employment information as part of my application for employment, 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 also consent to the company obtaining such information if I am employed by the company for any employment purpose.

I also agree that this Notification and Acknowledgement in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

A copy of PSI's Privacy Policy can be found at <http://www.psibackgroundcheck.com/privacy-policy.shtml>.

CA, MN and OK residents only: Check here if you would like to receive a copy of your report

I certify that the information contained below is complete and true. I have read this Notification and Acknowledgment, understand its terms, realize its significance, consent to a background investigation as part of the application process and if employed, during my employment as well, and sign this form voluntarily.

Applicant Signature: _____ **Date:** _____

THE INFORMATION BELOW BEING REQUESTED IS FOR BACKGROUND INVESTIGATION PURPOSES ONLY AND WILL NOT BE USED FOR ANY OTHER PURPOSE.

PLEASE PRINT

Full Legal Name (As shown on SSN/ID Card):

First Name: _____ Middle Name: _____ Last Name: _____

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

Social Security Number: _____ - _____ - _____ Date of Birth (Month-Day-Year): _____ - _____ - _____

Driver's License #: _____ State: _____ Cell # :(_____) _____ Home # :(_____) _____

E-mail Address: _____

*(Optional): Race: _____ Sex: Male Female Position Applied For: _____

Current address

Month/Year

• Street: _____

From: _____

City, State (County), Zip Code: _____

To: _____

Chronologically list all places of residence for the past seven years

Month/Year

• Street: _____

From: _____

City, State (County), Zip Code: _____

To: _____

• Street: _____

From: _____

City, State (County), Zip Code: _____

To: _____

• Street: _____

From: _____

City, State (County), Zip Code: _____

To: _____

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 706.236.1513 or hrjobs@shorter.edu

FCRA Disclosure and Authorization

- Under the FCRA (Fair Credit Reporting Act), before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization.
- I am aware I have the right to make a written request to Professional Screening & Information, Inc., Post Office Box 644, Rome, Georgia 30162; call them collect at 1-877-235-7574, or contact them via the internet at www.psibackgroundcheck.com 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 and will be provided with a separate Notification and Acknowledgement form to complete.

By signing below I certify that I have carefully read and understand this Disclosure and Authorization.

Applicant Signature: _____

Date: _____

FOR PERSONNEL USE ONLY

Pre-Employment Drug Test

I agree that Shorter University may initiate testing for the presence of illegal drugs as a condition of my employment.

I understand that with a confirmed positive test result I will be denied employment. I agree to submit voluntarily to a specimen test at a laboratory chosen by Shorter, and by signing a consent agreement will release Shorter from liability.

I understand that if the physician, Medical Review Officer (MRO), Shorter official, or lab personnel has reasonable suspicion to believe that the I have tampered with the specimen, I will not be considered for employment.

I understand that Shorter will not discriminate against applicants for employment because of a past history of drug abuse. It is the current abuse of drugs, preventing employees from performing their job properly, that Shorter will not tolerate.

I understand that individuals who have failed a pre-employment test may initiate another inquiry with Shorter after a period of not shorter than six (6) months; but they must present themselves drug-free as demonstrated by urinalysis or other specimen test selected by Shorter.

APPLICANT:

Print Name: _____

Signature: _____ Date: _____

FOR OFFICE USE:

Floyd Urgent Care: _____ Results: _____

Any Lab: _____ Results: _____