

# 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 706.236.1514 or shardy@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](http://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**