



PERSONAL DATA SHEET AFFILIATE FACULTY

Please print or type information

| | | | | | |
|---|--|---|----------------|---|--|
| <hr/> First Name | | <hr/> Middle Name | | <hr/> Last Name | |
| <hr/> Preferred First Name | | <hr/> Professional Last Name (non-students) | | <hr/> (Home) E-Mail Address | |
| <hr/> Street Address | | | | <hr/> Birth Date (Month/Day/Year) | |
| <hr/> City | | <hr/> State | <hr/> Zip Code | <hr/> Home Phone | |
| <u>Marital Status</u> | | <u>Gender</u> | | <hr/> Social Security # (9 digits) | |
| <input type="checkbox"/> Married | | <input type="checkbox"/> Male | | <hr/> Cell Phone | |
| <input type="checkbox"/> Single | | <input type="checkbox"/> Female | | <hr/> Are you a US Citizen? <input type="checkbox"/> Y <input type="checkbox"/> N | |
| <hr/> Authorized to work in US? <input type="checkbox"/> Y <input type="checkbox"/> N | | | | <hr/> Receive Text Alerts? <input type="checkbox"/> Y <input type="checkbox"/> N | |

Race

Regardless of your answer to ethnicity question, please check one or more races to indicate what you consider yourself to be

| | |
|---|-----------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African | <input type="checkbox"/> American |
| <input type="checkbox"/> American | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Native |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Hawaiian |

Are You Hispanic/Latino? ☐ Y ☐ N

Highest Level of Education

| | |
|--|---|
| <input type="checkbox"/> Less than HS – Grade <input type="checkbox"/> | <input type="checkbox"/> Master's (22) |
| <input type="checkbox"/> Completed Grade 11 (11) | <input type="checkbox"/> Doctorate (26) |
| <input type="checkbox"/> High School Graduate (12) | <input type="checkbox"/> Juris Doctorate (27) |
| <input type="checkbox"/> High School Equivalency (13) | <input type="checkbox"/> Medical Doctorate (28) |
| <input type="checkbox"/> Completed 1 Yr College (14) | |
| <input type="checkbox"/> Completed 2 Yrs College (15) | |
| <input type="checkbox"/> Completed 3 Yrs College (16) | |
| <input type="checkbox"/> Associates degree (17) | |
| <input type="checkbox"/> Bachelor's Degree (18) | |
| <input type="checkbox"/> Completed 1 Yr Post-Graduate (19) | |
| <input type="checkbox"/> Completed 2 Yrs Post-Graduate (20) | |
| <input type="checkbox"/> Completed 3 Yrs Post-Graduate (21) | |

In the event of an emergency involving you, please list information below of an appropriate individual whom we may contact.

| | | | | | |
|----------------------|--|-----------------|----------------|---------------------|--|
| <hr/> First Name | | <hr/> Last Name | | <hr/> Relationship | |
| <hr/> Street Address | | | | <hr/> Contact Phone | |
| <hr/> City | | <hr/> State | <hr/> Zip Code | | |

Confidentiality Statement:

As an affiliate of the College of Charleston, I understand that all information contained in records and/or files otherwise known by virtue of my association with the College is presumed confidential. Unauthorized release or removal of such information whether to parties internal or external to the College/University is strictly prohibited. I affirm, agree and/or understand that all statements on this form are true and accurate.

| | |
|-----------------|------------|
| <hr/> Signature | <hr/> Date |
|-----------------|------------|

Applicant Disclosure Statement

In connection with your application with the College of Charleston and any subsidiary, you may have information requested about you from a consumer reporting agency for “employment purposes” as such term is used within The Fair Credit Reporting Act 15 U.S.C. § 1681. This information may be obtained in the form of consumer reports and/or investigative consumer reports.

These reports may contain information about your character, general reputation, personal characteristics and/or mode of living. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; criminal records checks; public court records checks; driving records checks; employment history verifications; and professional licensing/certification checks. This information may be obtained from private and/or public records sources, including, as appropriate, governmental agencies and courthouses; educational institutions; former employers; or other information sources.

If adverse action is taken from information obtained, in whole or in part, from a consumer report and/or investigative consumer report from a consumer reporting agency, you have the right to receive a copy of the report(s) from the consumer reporting agency. The consumer reporting agency which prepared the consumer report and/or investigative consumer report was S2Verify, LLC. S2Verify, LLC can be contacted at P.O. Box 2597, Roswell, GA 30077 or by phone at (770)649-8282 or by email at compliance@s2verify.com.

[End of Disclosure Statement]

Authorization of Background Investigation

I have carefully read, and understand, this Authorization form and further acknowledge receipt of the separate document entitled "A Summary of Your Rights under the Fair Credit Reporting Act" (available at <http://www.S2Verify.com/resources.html> or as a hard copy provided by the College of Charleston) and the "Applicant Disclosure Statement" and certify that I have read and understand both documents. By my signature below, I consent to the release of consumer reports and/or investigative consumer reports ("Background Reports") prepared by a consumer reporting agency, such as S2Verify, LLC., to the College of Charleston and its designated representatives and agents for the purpose of determining my eligibility for employment, continuing employment, employment retention, promotion, reassignment, volunteering, as an independent contractor for services with the College of Charleston, or other lawful purposes.

I understand that if the College of Charleston engages in a relationship with me, my consent will apply, and the College of Charleston may obtain Background Reports throughout my relationship with them, if such obtainment is permissible under applicable State law and College of Charleston policy. I also understand that information contained in my application, or otherwise disclosed by me may be used when ordering the Background Reports and that nothing herein shall be construed as an offer of employment or a guarantee of a relationship with the College of Charleston.

I hereby authorize law enforcement agencies, educational institutions (including public and private schools/universities), information service bureaus, consumer reporting agencies, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past or present employers, the military, and other information sources to furnish any, and all, information on me that is requested by the consumer reporting agency.

California Applicants Only: I acknowledge receipt of a copy of California Civil Code 1786.22. Pursuant to Section 1786.22 of the California Civil Code, you may view the file maintained on you by S2Verify during normal business hours. You may also obtain a copy of this file, upon submitting proper identification by appearing at S2Verify's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. S2Verify has trained personnel available to explain your file to you, including any coded information. By signing below, you acknowledge receipt of California Civil Code 1786.22, available at <http://www.S2Verify.com/resources.html>.

New York Applicants Only: I acknowledge receipt of a copy of Article 23-A of New York Correction Law. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law, available at <http://www.S2Verify.com/resources.html>.

California, Minnesota or Oklahoma applicants only:

You may receive a free copy of any consumer report or investigative consumer report obtained on you if you check the box below.

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I wish to receive a free copy of the report.

By my signature below, I certify the information I provided on, and in connection with, this form is true, accurate, and complete. I agree that this Authorization form in original, facsimile, photocopy, or electronic (including electronically signed) formats, will be valid for any reports that may be requested by, or on behalf of, the College of Charleston.

First Name: _____ Middle Initial _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number _____ State of Issue _____

Email Address: _____

Signature: _____ Date: _____

Additional State Law Notices

California, Oklahoma and Minnesota: You have the right to receive a copy of your background/investigative report by checking the box on the Authorization of Background Investigation form.

Massachusetts and New Jersey: If we request an investigative background report, you have the right, upon written request, to a copy of the report.

Minnesota and Washington State: If the College of Charleston requests an investigative background report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the College of Charleston a complete and accurate disclosure of the nature and scope of the investigation requested by the College of Charleston. The College of Charleston will provide the disclosure of the nature and scope of the investigation either five days after receiving your request or after requesting the investigative consumer report, whichever is later.

New York Applicants Only: You have the right to request whether the College of Charleston requested an investigative consumer report and, if so, the College of Charleston will give you the name and address of the report's provider if other than the consumer reporting agency identified above. You have the right to inspect and receive a copy of any investigative consumer report requested by the College of Charleston by contacting the consumer reporting agency identified above (or another organization identified by the College of Charleston as the provider of an investigative consumer report) directly.

Washington State: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

***Please Note:**

- a) *S2Verify does not provide legal advice. The disclosure and authorization form is provided solely as an example or illustration, and it should be modified and used in accordance with your established business and compliance requirements. Finally, please ensure your legal counsel or compliance officer reviews whatever forms you decide to utilize and or deploy.*
- b) *The Federal Trade Commission has opined that "employment purposes" includes volunteer and independent contractor relationships between companies and individuals.*