



BACKGROUND INFORMATION RELEASE
Must be fully completed and signed

AUTHORITY AND CONSENT TO RELEASE/OBTAIN BACKGROUND INFORMATION

The information received by the Office of Human Resources and Equal Opportunity as a result of signing this Release may be used to assist in a background investigation of you and may be used in conjunction with your application to evaluate your suitability for employment at Coastal Carolina University.

I hereby authorize the release to Coastal Carolina University of information held by any parties regarding previous employment, my criminal history record, and/or record of convictions in state and local files for violation of any federal, state, local statutes or ordinances, military records, my credit history, worker's compensation history, driving record, and scholastic/educational records and hereby release said persons, schools, companies, government agencies, court and law enforcement authorities from damage whatsoever for reusing this information.

I hereby acknowledge that Coastal Carolina University cannot vouch for or guarantee the accuracy of information provided by third parties. Accordingly, I release Coastal Carolina University and its agents from any and all liability arising out of any errors or omissions regarding my background information. Any information obtained by Coastal Carolina University independently or through a Consumer Reporting Agency shall remain confidential and no further disclosure to other parties shall result. The information obtained as a result of the investigation shall be used exclusively for the purpose of employment.

I hereby acknowledge and authorize Coastal Carolina University to obtain information from sources other than specific references listed.

Any misrepresentation, falsification or misleading statements or omissions of facts by me may result in my being disqualified from further consideration for employment or in my immediate termination should I already be employed by Coastal Carolina University.

Applicant Information

This permission is given this _____ day of _____, _____.

Date Month Year

First Name Middle Name Last Name

Social Security Number

Maiden Name or other Sir Names used or known by

_____/_____/_____
Date of Birth*

Gender: Male Female

Street Name

City State Zip

Driver's License Number State

Are you able to work in the United States on an unrestricted basis? Yes No

Signature of Applicant

*Age is used for identification purposes ONLY and is not a criterion in any decision.