

**AUTHORIZATION FOR RELEASE OF INFORMATION FOR INVESTIGATIVE
CONSUMER REPORT/EMPLOYMENT PURPOSES**

PRIVACY ACT STATEMENT

In compliance with the Privacy Act of 1974, the following information is provided: Basic authority for collecting the requested information is contained in E.O. 12450; 5 USC 1303-1305; 42 USC 2165 and 2455; 22 USC 2585 and 2519; and 5 USC 3301. This form will be furnished to individuals and organizations for the purpose of obtaining information from them about you and your activities in connection with an official background investigation concerning: (1) fitness for employment, (2) clearance to perform contractual, (3) security clearance or access to sensitive materials, or (4) any other legitimate purpose within the scope of employment responsibilities. Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for employment, clearance or access, or in the termination of your employment.

In relation to my recent application for employment with **YORK TECHNICAL COLLEGE**, I authorize Surveillance, Resources and Investigations, LLC (SR&I, LLC) to construct an investigative consumer report with information pertaining to my background, reputation or disposition, including, but certainly not limited to, facts involving my employment, education, social security number authentication, driving record, consumer credit history (if consumer credit history is relevant for job description it will be verified), criminal record and/or additional public records history. I authorize all parties to release all information applicable to this investigation. I release from liability all persons, governmental agencies, as well as other companies and agencies disclosing any and all information. In addition, I authorize that photocopies of this form may be considered as an original.

I have read, comprehended and authorize, any person, company or other entity contacted by Surveillance, Resources and Investigations, LLC (SR&I, LLC), to provide the information stated above.

THIS FORM WILL NOT BE ACCEPTED IF ILLEGIBLE, ALTERED OR INCOMPLETE.

Signature Social Security # Driver's Lic. # State

Print Name Other Names Used (maiden) Years Used

Current Address

City State Zip County of Residence

Past Addresses for Seven Years (may attach additional page if need)

City State County Dates Lived here

City State County Dates Lived here

City State County Dates Lived here

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC VIOLATION? (CIRCLE ONE) **YES** **NO**

Education History

Name of School Address Telephone #

Degree Awarded: _____ Year _____

*Date of Birth *Gender (M or F) *This information will only be used to complete the background check process and help avoid misidentification.

****APPLICANT: PLEASE SIGN AND RETURN THIS FORM TO THE HUMAN RESOURCES DEPARTMENT WITH YOUR EMPLOYMENT APPLICATION PACKAGE-DO NOT FORWARD FOR EMPLOYMENT REFERENCE AT THIS TIME****

REFERENCE REQUEST AUTHORIZATION FORM

Dear Employer:

As you will note below, I have applied for employment with York Technical College. I hereby authorize you to give York Technical College any and all information concerning my previous employment and any pertinent information that you might have. I waive the right to review the information.

APPLICANT'S SIGNATURE: _____ Date: _____

POSITION(S) APPLIED: _____

EMPLOYER REFERENCE COMMENTS

APPLICANT'S NAME: _____ SSN: _____

POSITION HELD: _____ SALARY: _____

PREVIOUS POSITION HELD: _____

EMPLOYMENT FROM: _____ TO _____ ELIGIBLE FOR RE-HIRE: () YES () NO

IF NOT, WHY? _____

PLEASE RATE APPLICANT ON THE FOLLOWING CHARACTERISTICS:				
	EXCELLENT	GOOD	FAIR	POOR
Ability to perform assigned tasks (qualifications for the job)				
Quality of work (Extent to which work was accomplished)				
Quantity of work (Amount of work completed on time)				
Work habits (Productive use of time and equipment; demonstrates initiative)				
Attendance:				
Relationship with people (Attitude displayed toward co-workers and supervisors)				
Overall evaluation of applicant				

Reason applicant left your company/agency: _____

Comments, if any: _____

Signed by: _____ Position: _____

Organization: _____ Telephone Number _____

**YORK TECHNICAL COLLEGE IS AN EQUAL OPPORTUNITY
AFFIRMATIVE ACTION EMPLOYER
PURSUANT TO SECTION 41-1-110 OF THE CODE OF LAWS OF SC, AS AMENDED, THE LANGUAGE USED IN THIS
DOCUMENT
DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE EMPLOYER**

Please send an official transcript to:

Please indicate who completed this request from the responding college/university and may be contracted if there is a question.

Human Resources Department
York Technical College
452 S. Anderson Road

Name: _____

Phone: _____

NAME: _____
Last First Middle (Maiden)

ANOTHER NAME UNDER WHICH YOUR RECORDS MAY APPEAR

Last First Middle (Maiden)

Social Security Number ____ - ____ - ____ Date of Birth ____ / ____ / ____

Name of School: _____

Address of Schools: _____

Last Date of Attendance: ____ / ____ / ____

Degree(s) Earned

Date(s) Earned

Name of Requestor: _____

Position(s) applied for: _____

My signature below authorizes release of transcript(s).

Signature Date

Please forward this form to your Institution of Higher education and a form should be mailed for each degree earned.