SOUTHERN ADVENTIST UNIVERSITY

NOTICE TO APPLICANTS FOR EMPLOYMENT REGARDING CONSUMER REPORTS

In connection with your application for employment with Southern Adventist University, the University may obtain from a consumer reporting agency or other person, company or agency a report containing information regarding your background, references, qualifications, character, past employment, education, credit, driving history, and criminal or police records. The University may also conduct its own investigation into these same matters. Information may be obtained from both public and private sources and may be used both to verify the information contained in your Application for Employment and to evaluate your qualifications, background, and abilities.

By signing below, you acknowledge receipt of the above notice. You will be asked to complete a separate document to provide information that may be used for these purposes.

RECEIPT OF NOTICE ACKNOWLEDGED:

Print Name

Applicant's Signature

Date

SOUTHERN ADVENTIST UNIVERSITY CONSENT TO CONSUMER REPORT AND BACKGROUND INVESTIGATION

In connection with my application for employment with Southern Adventist University, I have received notice that the University may obtain from a consumer reporting agency or other person, company, or agency a report containing information regarding my background, references, character, past employment, education, credit, driving history, and criminal or police records. I have also been notified that the University may conduct its own investigation into these same matters.

I hereby authorize the University to obtain reports as described above from any consumer reporting agency and/or from any other person, company, or agency, and I also authorize the University to conduct its own investigation into these matters. I authorize all previous employers, personal references, consumer reporting agencies, law enforcement departments, and others having knowledge or information about me to provide such information as the University may request to verify the information contained in my Application for Employment and to evaluate my qualifications, background, and abilities. I agree that a facsimile or photocopy of this authorization may be accepted with the same authority as the original. To the full extent that I may legally do so, I hereby specifically release and waive any and all claims or rights of action which I may now or hereafter have against the University and/or any other person, company or agency that this authorization supplies information permitted by, in connection with the University's obtaining the information described above.

I am providing the information set forth below to assist in the background investigation and reporting which I have authorized. I hereby certify that the information below is true, correct, and complete.

Print Name	Applicant's Signa	ature	Date
(PLEASE PRINT)			
APPLICANT'S NAME – FIRST	MIDD	LE	_LAST
STREET ADDRESS:			
CITY: STATE:	ZIP:	SOCIAL SECUR	LITY #:
DRIVER'S LICENSE: STATE	NUMBER		
IN CHRONOLOGICAL ORDER, LIS THE LAST SEVEN YEARS	T ALL CITIES/SI	ATES IN WHICH	YOU HAVE RESIDED IN
1	2		
3	4		
FOR IDENTIFICATION PURPOSES	ONLY:		
LIST ANY OTHER NAMES USED (nic	knames, maiden/ma	rried last names):	
DATE OF BIRTH:	RACE:	GENDER:	_
TERMINAL DEGREES: University:		City:	State:

PLEASE USE ADDITIONAL SPACE ON THE BACK OF THIS SHEET IF NEEDED.