MEDICAL UNIVERSITY OF SOUTH CAROLINA

PRE-EMPLOYMENT INFORMATION RELEASE Must be fully completed, printed and signed

AUTHORITY AND CONSENT TO RELEASE/OBTAIN BACKGROUND INFORMATION

The information received by the Department of Human Resources Management 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 the Medical University of South Carolina.

I hereby authorize the release to the Medical University of South Carolina of information held by any parties regarding previous employment, my background 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 the Medical University of South Carolina cannot vouch for or guarantee the accuracy of information provided by third parties. Accordingly, I release the Medical University of South Carolina and its agents from any and all liability arising out of any errors or omissions regarding my background information. Any information obtained by the Medical University of South Carolina 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.

Any misrepresentation, falsification or misleading statements or omission 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 the Medical University of South Carolina.

Applicant Information					
This pern	nission is given	this day of Date	Month	Year	
Name of Applicant			_	Social Security Number	
Street Address			_	Date of Birth*	
City	State	Zip	_	Driver's License Number	State
Signature	of Applicant		_		

^{*}Age is not a criterion in any decision. But is used for identification purposes ONLY.