



() Nonstudent () Grad Student () Student () Adjunct () Permanent

Department Name: _____
Vacancy Number/Position Title: _____
Banner Fund Account Number: _____
Notification Results to: _____

NOTIFICATION AND RELEASE FORM FOR BACKGROUND CHECK

COMPANY NAME: WINSTON-SALEM STATE UNIVERSITY

The information contained in my application for employment with Winston-Salem State University (hereinafter, "The Company") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Company shall result in The Company not employing me or, if employed, terminating my employment. I understand and agree that all information furnished in my application and all attachments may be verified by The Company or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give The Company all information relative to such verification and hereby release such individuals, organizations and The Company from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by The Company that The Company may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, drug testing and criminal convictions or arrest records if allowed, in order to assist The Company in making certain employment decisions. I further acknowledge notification by The Company that reports may be provided to The Company by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Company, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. The Company agrees to inform you if an employment decision has been influenced by information contained in a consumer report, made at our request by Castle Branch, Inc. You may obtain a free copy of the report within sixty days by calling Castle Branch, Inc. collect at (910) 815-3880 or toll free at (888) 520-0520. The Company will make available to you "A Summary of Your Rights Under The Fair Credit Reporting Act."

PLEASE PRINT

Name (First, Middle, Last) _____ Date of Birth (mo/day/yr) _____ / _____ / _____
Maiden Name or "AKA" (First, Middle, Last) _____ Dates Used (yr) from _____ to _____
Social Security Number _____ Driver's License Number _____ State _____

- 1. Have you ever been convicted of a crime? This includes violations of local ordinances and state and federal laws that resulted in paying a fine, being incarcerated, and/or receiving probation or community service or paying restitution for a misdemeanor or felony. YES NO
- 2. Have you ever entered a plea of guilty, a plea of no contest, a plea of nolo contendere or an Alford plea or received a deferred prosecution or prayer for judgment continued to a criminal charge? YES NO
- 3. Have you otherwise ever accepted responsibility for the commission of a crime? YES NO
- 4. Do you have any criminal charges pending against you? YES NO

If the answer to any of the questions above is "yes", please explain in the field provided below. Please note a "yes" answer does not mean you cannot be hired. The offense and how recently it occurred will be evaluated.

Current and previous address(es). **PROVIDE ALL ADDRESSES FOR PREVIOUS 10 YEARS.** (Use extra page if necessary)

Street _____ From _____
City, State, Zip, County _____ To _____
Street _____ From _____
City, State, Zip, County _____ To _____
Street _____ From _____
City, State, Zip, County _____ To _____

Applicant Signature _____ Date _____

For Employer Use Only

Contact: Aretha Sutton Email: _____
Phone: 336-750-2839 Fax: (336) 750-2427