

**NOTIFICATION & AUTHORIZATION TO CONDUCT  
EMPLOYMENT BACKGROUND INVESTIGATION**

I hereby authorize Justifacts Credential Verification, Inc, an Agent for SC Chamber to ascertain information regarding my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information. I understand that this form indicates that a background search will be conducted and that this is my notification of that intent. I understand that the purpose of this background investigation is to determine my suitability for employment and may elicit information on my character, general reputation, personal characteristics and mode of living. Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and all subsequent reports needed as it pertains to employment.

Last Name	First Name	MI	Email Address
Other Names Used/Maiden Names/Dates			Social Security #
Present Street Address	City	State	Zip Code
			Telephone ( )
Have you been convicted of a crime? (This includes any conviction [felonies and/or misdemeanors] for an offense classified as a crime by statute and/or under applicable motor vehicle laws to include: DUI, etc. A criminal record does not automatically bar employment. (Note: If you have any questions about your response to this question, you should consult your own legal counsel for advice.)) <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, explain: _____			
May we contact your current employer? <input type="checkbox"/> No <input type="checkbox"/> Yes			

**LIST ALL ADDRESSES FOR PAST 7 YEARS:**

	Dates

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* You may be contacted by an outside third party contractor for additional information.**

Subscriber certifies that consumer credit information, consumer reports, as defined by the Fair Credit Reporting Act, 15 U.S.C. 1681 et seq. ("FCRA"), will be ordered only when intended to be used as a factor in establishing a consumer's eligibility for employment and that consumer credit information will be used for no other purposes. It is recognized and understood that the FCRA provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency" (such as Justifacts) "under false pretenses shall be fined not more than \$5,000 or imprisoned not more than two years or both." REV. 3/05



**SOUTH CAROLINA  
CHAMBER OF COMMERCE**  
*An Equal Opportunity Employer*

**Employment Application**

**POSITION APPLIED FOR**

\_\_\_\_\_

**Please PRINT LEGIBLY**

**THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND ALL QUESTIONS ANSWERED COMPLETELY**

Last Name	First Name	MI	Email Address
Street Address	City	State	Zip Code
			Telephone (home) ( )
Have you previously been employed by the S.C. Chamber of Commerce? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Dates Employed: From: _____ To: _____			
Are you legally authorized to work in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes			
You will be asked to provide legal proof of your authorization to work in the U.S. upon commencing employment.			
Approx. Salary Requirement			Availability Date

**ACADEMIC TRAINING**

High School (Name & Location)	Graduated <input type="checkbox"/> No <input type="checkbox"/> Yes	Number of Years Completed			
Schools Attended Name(s) & Location(s)	Date From To	Graduated Month/Year	Degree Received	Course or Major Subject(s)	Grade Point Average
College(s)					
Graduate School					
Other Training					

Professional Licenses or Certifications (Please list any Licenses or Certifications and state of issue relevant to the position for which you are applying)


**BUSINESS AND PROFESSIONAL EXPERIENCE**

BEGIN WITH MOST RECENT OR PRESENT EMPLOYER *(Please fill out completely)*

Employer		Dates of Employment			
		From		To	
		Mo.	Yr.	Mo.	Yr.
Address		City	State	Zip Code	Telephone ( )
Job Title		Briefly describe your work			
Immediate Supervisor (Name & Title)		Phone Number ( )		Reason for Leaving	
May we contact this individual prior to offer of employment? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Starting Base Salary	Current or Ending Base Salary		Other Compensation <i>(Bonuses, Stock Plans, etc.)</i>		
Employer		Dates of Employment			
		From		To	
		Mo.	Yr.	Mo.	Yr.
Address		City	State	Zip Code	Telephone ( )
Job Title		Briefly describe your work			
Immediate Supervisor (Name & Title)		Phone Number ( )		Reason for Leaving	
May we contact this individual prior to offer of employment? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Starting Base Salary	Current or Ending Base Salary		Other Compensation <i>(Bonuses, Stock Plans, etc.)</i>		
Employer		Dates of Employment			
		From		To	
		Mo.	Yr.	Mo.	Yr.
Address		City	State	Zip Code	Telephone ( )
Job Title		Briefly describe your work			
Immediate Supervisor (Name & Title)		Phone Number ( )		Reason for Leaving	
May we contact this individual prior to offer of employment? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Starting Base Salary	Current or Ending Base Salary		Other Compensation <i>(Bonuses, Stock Plans, etc.)</i>		
Employer		Dates of Employment			
		From		To	
		Mo.	Yr.	Mo.	Yr.
Address		City	State	Zip Code	Telephone ( )
Job Title		Briefly describe your work			
Immediate Supervisor (Name & Title)		Phone Number ( )		Reason for Leaving	
May we contact this individual prior to offer of employment? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Starting Base Salary	Current or Ending Base Salary		Other Compensation <i>(Bonuses, Stock Plans, etc.)</i>		

For Additional Employment - Use Separate Page

Briefly describe the type of work you would like to do, and would best utilize your background and experience.

**REFERENCES - PROFESSIONAL/BUSINESS/ACADEMIC *(Do not use personal references)***

1. Name	Address	Business Phone <i>(include area code)</i>
Relationship		
2. Name	Address	Business Phone <i>(include area code)</i>
Relationship		
3. Name	Address	Business Phone <i>(include area code)</i>
Relationship		
4. Name	Address	Business Phone <i>(include area code)</i>
Relationship		

**AGREEMENTS WITH OTHER EMPLOYERS**

Are you under any obligation to a previous employer which restricts your acceptance of employment and/or work with the S.C. Chamber of Commerce (Including, but not limited to a secrecy agreement, restrictive covenant agreement, and confidentiality agreement, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes
If so, please list the employer(s) and provide a copy of any such agreement(s)

**AUTHORIZATION**

To enable us to process your application, an investigating agency may be asked to provide an investigative consumer report and/or a consumer credit report containing information on your character, general reputation, personal characteristics or mode of living, including convictions, if any, obtained through personal interviews with neighbors, friends, associates or others with whom you are acquainted and/or through credit agencies.

I understand that I will be required to complete and sign a release allowing such a background check and refusal to sign will be grounds for rescinding any offer of employment I receive from the S.C. Chamber.

Under the Federal Fair Credit Reporting Act of 1970, you may request in writing the disclosure of the nature and scope of the report referred to above, if any.

I certify that the foregoing statements are accurate and complete to the best of my knowledge, and I understand that I am subject to dismissal if any information provided by me is false. I further understand that my employment is contingent upon satisfactory reference information whenever obtained, and the S.C. Chamber's evaluation of the results of a drug screen, and background investigation.

Name <i>(please print)</i>	Signature	Date
South Carolina is an employment at-will state. Employment at-will means that either the Employee or the Company may terminate the employment relationship at any time, for any reason with or without cause.		
<b>THIS DOCUMENT IS NOT A CONTRACT OF EMPLOYMENT.</b>		