Winthrop University Background Check Disclosure and Authorization Form [For Employment or Volunteer Purposes]

The applicant for employment acknowledges that Winthrop University may now, or at any time while employed, verify information within the application, resume or contract for employment. Winthrop University uses S2Verify, LLC as an agent to perform background investigations. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq.

Please be advised that we may also obtain an *investigative consumer report* including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (http://www.ftc.gov). For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to Winthrop University. I agree that a fax or photocopy of this authorization and my signature shall be accepted with the same authority as the original. I acknowledge and agree that this Background Check Disclosure and Authorization Form shall remain valid and in effect during the term of my contract.

For Maine Applicants Only

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

For New York Applicants Only

You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

For Washington Applicants Only

If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

For California*, Minnesota, and Oklahoma Applicants Only

A consumer credit report will be obtained through S2Verify LLC, P.O. Box 2597, Roswell, GA 30077; Telephone: (770) 649-8282; Email: compliance@s2verify.com.

| If a consumer credit report is obtained, I under whether I would like a copy: Yes Initial | No | _ | receive a copy. I have indicated below |
|--|----|---|---|
| If an investigative consumer report and/or colcopy. I have indicated below whether I would | | | I understand that I am entitled to receive a NoInitials |

*California Applicants: If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report). S2Verify's privacy practices with respect to the preparation and processing of investigative consumer reports may be found at www.S2verify.com (link at bottom of page entitled, "Legal/Privacy").

Candidate Initials Page 1 of 2

The following information is required to complete the background investigation (please print):

| | MIC | MIDDLE NAME LAST NAME | | | | |
|--|---------------------------|---|--------------------------------|--------------------------|---------------|--|
| OTHER NAMES USED (INCLUDING | MAIDEN NAME) | | | | | |
| SOCIAL SECURITY NUMBER | DA | TE OF BIRTH (MM/DD/YYYY) | GENDER | RACE | | |
| | | | | | | |
| DRIVER'S LICENSE NUMBER | | | STATE LICENSED IN | EXPIRATION DATE (I | MM/DD/YYYY) | |
| | | | | | | |
| CURRENT AND PREV | | CITY | STATE | | ZIP CODE | |
| | | | | | | |
| PREVIOUS STREET ADDRESS (NO P | .O. BOXES) | CITY | STATE | | ZIP CODE | |
| PREVIOUS STREET ADDRESS (NO P | O. BOXES) | CITY | STATE | | ZIP CODE | |
| | | | | | | |
| Have you ever been cor | nvicted of a crime oth | ner than a minor traffic | c violation? | | | |
| Please check one | | | | | | |
| (A criminal conviction | does not necessarily | disqualify an applica | nt for employment | consideration. N | Naking | |
| untrue statements or o | therwise failing to re | eport criminal convict | tion(s) will disqualit | y an applicant fo | r | |
| consideration for this p | osition for falsification | on of an application.) | | | | |
| | | | | | | |
| If Yes , list the date, loca | tion (county and stat | e), and offense for <u>all</u> | misdemeanor and fo | elony <u>convictions</u> | | |
| regardless of how mino | r or how long ago the | ey occurred. Attach ad | ditional pages if nee | ded. | | |
| DATE OF CONVICTION | LOCATION (COUNT | LOCATION (COUNTY/STATE) | | OFFENSE | | |
| | | | | | | |
| DATE OF CONVICTION | LOCATION (COUNT | | | | | |
| | , | Y/STATE) | OFFE | NSE | | |
| DATE OF CONVICTION | LOCATION (COUNT | | OFFE | | | |
| DATE OF CONVICTION | · | | | | | |
| DATE OF CONVICTION | · | | | | | |
| DATE OF CONVICTION SIGNATURE: | · | | OFFE | | | |
| SIGNATURE: | LOCATION (COUNT | Y/STATE) | OFFE | NSE | | |
| SIGNATURE: | LOCATION (COUNT | Y/STATE) | OFFE | NSE | | |
| SIGNATURE: | LOCATION (COUNT | Y/STATE) ature required: | OFFE | ATE | | |
| SIGNATURE: | LOCATION (COUNT | Y/STATE) ature required: | OFFE | ATE | | |
| SIGNATURE: If under the age of 18, processing the signature – parent/guardian to BE COMPLETED. | DBY DEPARTMEN | ature required: PRINT NAME - PARENT/GU | OFFE D ARDIAN S PERSON WILL | DATE BE NOTIFIED | OF RESULTS | |
| SIGNATURE: If under the age of 18, processions of the signature – parent/guardian to be completed. | DBY DEPARTMEN | ature required: PRINT NAME - PARENT/GU | OFFE D ARDIAN S PERSON WILL | ATE DATE | OF RESULTS | |
| SIGNATURE: If under the age of 18, properties o | Darent/guardian signs | ature required: PRINT NAME - PARENT/GU | OFFE D ARDIAN S PERSON WILL | DATE BE NOTIFIED | OF RESULTS | |