

Department Request for Background Check E-Link Affiliate, Volunteer, Special Circumstance Form Only

To Be Completed by Department			
Date:	From:		Department
Phone #:	Fax #:	Requester Em	·
Person to be Screened			
Name:	Phone		Email:
Type of Person:	If Affiliate, please choose type of Affiliate (If Other describe below):		
If Special Circumstance was chosen, please explain the reason: *Examples of special circumstances are re-certifications, audit, summer camp, and employees working with minors.			
The selections below indicate applicable checks to be performed:			
Standard New Hire Background Check – Conducted for all individuals covered by the university's <u>Job Reference and Background Checks Policy HR 1.90</u> – to include: Criminal Conviction Check – County, State and Federal National Criminal Insight Check (includes Sex and Violent Offender Registry Check) Social Security Verification Check Employment Reference Check (to be completed by department – see Section E of HR 1.90)			
Optional Background Checks – Select the appropriate optional background check. These are usually for faculty and key leadership, finance and access positions, or positions which require a professional license/certification. Professional License/Certification Verification – Check this box if this position requires a Professional License/Certification Verification			
Credit History Check – Check this box if this position requires a Credit Check			
Education Verification – Check this box if this position requires a bachelor's degree or above List the Degree to be Verified:			
State Driver's License Verification – Check this box if this position requires an applicant to drive a university vehicle.			
Employment Verification			
The student requires a Drug Screen for school practicum or externship. What panel is required?			
Provide complete PeopleSof	t Funding information:	:	
Operating Unit			
Department			
Fund			
Account	52070		
Class			
Project ID			
Proj. Costing Bus Unit			
Signature of person requesting the background check:			
Please submit this form to the Background Screening Office , by emailing <u>background@sc.edu</u> . If you have specific questions or concerns that our team can help you address, please contact the Background Screening Office by calling 803-777-6650.			