



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

To Be Completed by Department		
Date:	From:	Department
Phone #:	Fax #:	Requester Email:
Person to be Screened		
Name:	Type of Person:	
Phone #:	Email:	
<b>If Special Circumstance was chosen, please explain the reason:</b>		
<i>*Examples of special circumstances are re-certifications, audit, summer camp, and employees working with minors.</i>		
The selections below indicate applicable checks to be performed:		
<p>Standard New Hire Background Check – Conducted for all individuals covered by the university’s <a href="#">Job Reference and Background Checks Policy HR 1.90</a> – to include:</p> <ul style="list-style-type: none"> <li>Criminal Conviction Check – County, State and Federal</li> <li>National Criminal Insight Check (includes Sex and Violent Offender Registry Check)</li> <li>Social Security Verification Check</li> <li>Employment Reference Check (to be completed by department – see Section E of HR 1.90)</li> </ul> <p>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.</p> <ul style="list-style-type: none"> <li>Professional License/Certification Verification – Check this box if this position requires a Professional License/Certification Verification</li> <li>Credit History Check – Check this box if this position requires a Credit Check</li> <li>Education Verification – Check this box if this position requires a bachelor’s degree or above List the Degree to be Verified:</li> <li>State Driver’s License Verification – Check this box if this position requires an applicant to drive a university vehicle.</li> <li>Employment Verification</li> </ul>		
<p>The student requires a <b>Drug Screen for school practicum or externship</b>. What panel is required?</p>		
<b>Provide complete PeopleSoft Funding information:</b>		
Operating Unit		
Department		
Fund		
Account		
Class		
Project		
Proj. Costing Bus Unit		
Cost Share		
Signature of person requesting the background check:		
Please submit this form to the <b>Background Screening Office</b> , by emailing <a href="mailto:background@sc.edu">background@sc.edu</a> . 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.		