

Application for Employment

Dr. Chuck Welch, Director

*All hourly teaching positions of employment in the Lifelong Learning department are temporary. Fringe benefits include: Social Security, SC Retirement System and Workman's Compensation. However, Health Insurance, Sick and Vacation leave are not available to hourly employees.

(Last)	(First)	(Middle/Maiden)
Address		
City	State	Zip
Home Phone ()	Day Wor	rk Phone ()
Fax Number ()		rk Location
Cell Phone ()	E-mail A	Address
Cell Phone () Education: <i>(Check all that app</i> High School graduate Associate Degree in Bachelor's Degree in	oly) (Need certification nu Ma	

PLEASE PRINT

Total years working <u>and/or</u> teaching in Adult Education:______ Total years <u>teaching</u> experience (Including Adult Education):______

(OVER ON BACK)

Are you:	Ar	е	vo	bu	:
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1. presently employed by Greenville County Schools?

(this includes Substitutes) Yes_____ If YES, please list position, school and direct phone number [if you have one] or school phone number: Date hired: _____

Position	School	Phone #
School Fax #() not employed with Greenville	
Yes No	ever been employed with G If yes, date of termination our prior employee number	
	Yes No ol District: Month	_Year
Do you have rela Yes No		in Greenville County Schools?
If yes, Name		Relationship
Position		School
	work in Lifelong Learning Afternoons	Evenings
	es and Telephone Numbers	
2		

<u>A current copy</u> of your resume, teaching certificate (if applicable), college transcript and/or college diploma must accompany this application.

SIGNATURE

DATE

***NOTICE:** All hourly teaching positions of employment in the Lifelong Learning Department are temporary subject to student enrollment and attendance. Positions can be terminated with two weeks notice to the employee.

FOR OFFICE USE ONLY:

Application Received: Date of Interview:	
Employment Location:	
Starting Date of Employment: _	
Days of Work:	
Hours to Work:	
Pay per Hour:	
Payroll account #(s):	
Payroll acct name to be paid out Position Title:	of:

GREENVILLE COUNTY SCHOOL DISTRICT CONSUMER AUTHORIZATION AND RELEASE

In connection with **GREENVILLE COUNTY SCHOOL DISTRICT** considering me for employment, continued employment, promotion or reassignment, I authorize **GREENVILLE COUNTY SCHOOL DISTRICT** and or its agent, ACCUFAX Div., Southvest Inc. to obtain a consumer report, criminal background check report, investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates.

I authorize, without reservation, any person or entity contacted by **GREENVILLE COUNTY SCHOOL DISTRICT**, or its agent, ACCUFAX Div., Southvest Inc. to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release **GREENVILLE COUNTY SCHOOL DISTRICT**, its affiliated companies, their officers, employees and agents, and specifically, ACCUFAX Div., Southvest Inc., their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration for employment or result in my immediate discharge if employed.

By my execution hereof I acknowledge I have been provided with a separate Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion, or reassignment as an employee.

PLEASE PRINT (Use Blue or Black Ink)	Requested by: 8643553974			
FULL LEGAL NAME		DOB *	SS#	
OTHER NAMES USED				
Name exactly as it appears on Drivers License				
CURR. ADDR				
CITY	ST	CO	ZIP	HOW LONG
PREV. ADDR				
CITY	ST	CO	ZIP	HOW LONG
PREV.ADDR				
CITY	ST	CO	ZIP	HOW LONG
Signature			D	ate
LIST ALL CITY/STATES RESIDED IN SINCE AGE 18 /	AND HOW LON	G IN EACH CITY/S	TATE:	

* "Date of Birth" (DOB) or "Age" will be used solely for the purpose of identification in doing background checks and will not be considered or used for any other purpose.

GREENVILLE COUNTY SCHOOL DISTRICT CONSUMER AUTHORIZATION AND RELEASE

CONSUMER DISCLOSURE (FCRA-1)

In connection with **GREENVILLE COUNTY SCHOOL DISTRICT** considering you for employment, continued employment, promotion or reassignment, **GREENVILLE COUNTY SCHOOL DISTRICT** may obtain a consumer report, criminal background check report or investigative consumer report on you which may include information on character, general reputation, personal characteristics, and mode of living from public record sources or personal interviews with previous employers or associates. You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I HEREBY ACKNOWLEDGE RECEIPT:

PRINT NAME

DATE

SIGNATURE

GREENVILLE COUNTY SCHOOL DISTRICT CONSUMER AUTHORIZATION AND RELEASE

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords and other businesses. For more information, including information about additional rights, go to <u>www.consumerfinance.gov/learnmore</u> or write to: Consumer Financial Protection Bureau, 1700 G Street N.W. Washington DC 20006. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn about those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you such as denying an application for credit, insurance or employment must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, provided that you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA's to which it has provided the data of any errors) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone such as a creditor who reports to a CRA that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA usually to consider an application with a creditor, insurer, employer, landlord or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

GREENVILLE COUNTY SCHOOL DISTRICT CONSUMER AUTHORIZATION AND RELEASE A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The FCRA gives several different federal agencies (listed below) authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:

CRA's creditors and others not listed below

PLEASE CONTACT:

A. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20580

B. Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20580 202-326-3761

National banks federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)

Savings associations and federally charted savings banks (word "federal" or initials "F.S.B." appear in federal intuition's name)

Federal Reserve system member banks (except national banks, and federal branches/agencies of foreign banks)

Federal Credit Unions (words "Federal Credit Union" appear in intuition's name)

State chartered banks that are not a member of the Federal Reserve System

Air-surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission.

Activities subject to the Packers and Stockyards Act, 1921

Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, D.C. 20219 800-613-6743

Office of Thrift Supervision Consumer Programs Washington, D.C. 20552 800-842-6929

Federal Reserve Board Division of Consumer & Community Affairs Washington, D.C. 20551 **202-452-3693**

National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360

Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, D.C. 20429 **800-934-FDIC**

Department of Transportation Office of Financial Management Washington, D.C. 20590

Department of Agriculture Office of Deputy Administrator – GIPSA Washington, D.C. 20250 202-720-7051



Voluntary Applicant Data Form

Greenville County Schools in compliance with federal law collects and maintains information on the sex, race and ethnic background of applicants. This information is also used to evaluate the effectiveness of our equal employment opportunity program. We would appreciate your assistance in these efforts by answering the questions below. This form will be filed separately from your application and will not be used in any way in the employment process. The completion of this form is not mandatory. Your cooperation is appreciated.

Applicants are considered for positions without regard to race, creed, color, religion, sex, ancestry, national origin, age, marital status, sexual orientation, military or veteran status or disability.

Demographic Data

Position	Applied for: _			Date:
Name:				_ Sex: □ Female □ Male Date of Birth
	Last	First	Middle	

REQUIRED:

CURRENT PHONE NUMBER_____ CELL PHONE_____

Ethnic Origin (check one box only)

□ White	A person having origins in any of the original people of Europe, the Middle East or North America.
□ Black	A person having origins in any of the black racial groups of Africa.
□ Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race.
□ Asian/Pacific Islander	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
□ American Indian	A person having origins in any of the original people of North and South America (including Central America), and who maintain tribal affiliation or Community attachment.
Two or More Races (not Hispanic or Latino)	All persons who identify with more than one of the above five races.

 \Box I do not wish to Self-identify

Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps

If you are a disabled Veteran, a Vietnam era veteran, or have a disability, please complete the following. Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era: Section 503 of the Rehabilitation Act as amended, requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals: and the Americans with Disability Act which prohibits discrimination against qualified individuals with disabilities in all areas of employment.

If you desire, check the appropriate category (ies):

□ Disabled Veteran	Vietnam Era Veteran	Other Veteran	Disabled Individual
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Date ____