

**FRANCIS MARION UNIVERSITY**  
Florence, South Carolina 29502

**Application Form for Faculty, Librarians, Coaches, and Other Specified Positions**

<b>Resume Attached?</b>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

Position Applied for:	Applicant #:
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Name:	Present Address:
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Please indicate any other name/s under which your educational or employment records may be filed:
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SS#:	Home Phone#:	Business Phone #:
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How did you learn about this position?
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Are you authorized to work in the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently employed by the State of South Carolina?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**COLLEGIATE AND PROFESSIONAL STUDY AND DEGREES EARNED**

INSTITUTION	DEGREE	MAJOR FIELD OF STUDY	DATE STUDY BEGAN	DATE DEGREE AWARDED

<b>Area of Specialization:</b>
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**MILITARY STATUS**

Applicants applying for Security positions or seeking veteran's preference must submit DD-214, if applicable.			
Have you served in the military? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, highest rank:	Branch:	Dates:

**AUTHORITY TO RELEASE INFORMATION**

By my signature, I consent to the release of any and all information about me to duly authorized officers, agents and/or employees of the State of South Carolina which may include but not limited to information concerning my past and present work (including, without limitation, discussions with supervisors and others, my official personnel files, attendance records and evaluations), educational records including transcripts, military service, law enforcement records and/or any personnel or other record or reference deemed necessary, and to make inquiries of third parties such as credit bureaus. I understand that the release of information may require use of my social security number. I further release Francis Marion University, present and former employers, law enforcement organizations and all third parties from any and all claims of whatever nature I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment. In addition, I waive my right of access to any or all reference letters.

Applicant's Signature (Above)

Date (Above)

**RELATIVES AT FRANCIS MARION UNIVERSITY**

**Do you have any relatives employed with Francis Marion University?**  Yes;  No. **If yes, please provide names below:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**CRIMINAL RECORD**

<b>Have you been convicted of a crime other than minor traffic violations?</b>  Note: A "Yes" answer to the question will not necessarily bar you from employment	Yes <input type="checkbox"/>	If yes, list the charges, date, and current status.	
	No <input type="checkbox"/>		

**STUDENT LOAN PROGRAM**

South Carolina State Law (59-111-50) prohibits employment by any State Agency of any person who has willfully defaulted on any of the student loan programs without an approved plan of action to repay the loan. Such persons may be considered for employment only after all overdue payments have been made or a voluntary agreement has been entered into with the lender after the default providing for terms of repayment of the debt. Please list any student loan on which you are in default:

If in default, please attach a separate sheet of paper explaining what steps you are now taking to repay the loan.

I certify that I am not in default on any type of student loan.

**Applicant's Signature (above)**

**Date (above)**

**CERTIFICATION OF APPLICANT**

I affirm, agree, and/or understand that all statements contained on this form are true and accurate; any misrepresentation of material or facts presented herein may cause my being disqualified for employment consideration or my being discharged from the University. My background may be investigated, including a credit check, driver's license check, and fingerprint check, if necessary. I may be required to successfully pass a medical examination as a condition of employment. I also authorize and request each or any former employer given as a reference to answer any and all questions that may be asked and to give any information that may be sought in connection with this application concerning my work habits, character, and skills. If requested that my employer not be contacted, employment may be contingent upon acceptable information and verification from employer. If employed by Francis Marion University, I agree to adhere to FMU's Drug Free Policy.

I hereby authorize release of my academic record from any and all relevant educational institutions and personally accept responsibility for any financial obligations associated with the release of this record

**FAILURE TO COMPLETE ALL SECTIONS OR TO SIGN THIS APPLICATION MAY RESULT IN AN UNAVOIDABLE DELAY OR POSSIBLE DISQUALIFICATION.**

**Applicant's Signature (above)**

**Date (above)**

FMU annually publishes a Campus Security Report that can be found on the web at <http://www.fmarion.edu/about/Crimereports>. This report contains institutional security practices and crime statistics. A paper copy of this report can be provided upon your request.

*Francis Marion University is an Equal Opportunity Institution and an Affirmative Action Employer*