Double click note icon for instructions

Academic Personal Information
University of South Carolina

Click to clear form

Note: Read carefully before completing this form.
In order to complete your employment process and to insure compliance with Federal and State reporting requirements, it is mandatory that this form be fully completed before the University can initiate the paperwork to place you on the University payroll. All statements on this form must be true and accurate; any misrepresentation or omission of facts may result in your being disqualified or discharged. A routine inquiry or investigation may be made during our initial or subsequent processing which will provide information applicable to your position. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided. The information on this form will be treated as confidential and will be available for official use only.

South Carolina State Law prohibits employment by any State Agency of any person who has willfully defaulted on any of the student loans listed below. 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 circle any of the following types of loans in which you are now in default or check the statement certifying that you are not in default.** National Direct Student Loan, National Defense Student Loan, Guaranteed-Federally Insured Student Loan, Nursing Student Loan, Health Professions Student Loan, Law Enforcement Educational Student Loan. If in default, attach a separate sheet explaining what steps you are now taking to repay the loan.

_____ I certify that I am not in default on any of the types of student loans listed above.

Applicant's signature _____ Date_____

1. Name _____
First Middle Last (Jr., Sr., Etc.)
2. Social Security No. _____

3. Home phone (Area Code) _____ Number _____

4. Home address _____
Street & No. City State Zip Code
5. Mailing address
(if different from home address)_____
Street & No. or P.O. Box No. City State Zip Code

6. Who to contact in emergency: Name _____ Phone No. _____

7. **Previous Employment —** All full-time and part-time employment. Begin with last employer. Give full detail, i.e., dates, breaks in continuity of service and exact rank. Use additional sheet if necessary.

a. Employer _____ From _____(Mo/Yr) to _____(Mo/Yr) Last position _____

Department _____ Address _____
Street or P.O. Box City State Zip Code

b. Employer _____ From _____(Mo/Yr) to _____(Mo/Yr) Last position _____

Department _____ Address _____

c. Employer _____ From _____(Mo/Yr) to _____(Mo/Yr) Last position _____

Department _____ Address _____

8. List below the names and addresses of three personal references.

a. Name _____ Address _____

b. Name _____ Address _____

c. Name _____ Address _____

9. List learned societies of which you are a member. (Use additional sheet if necessary)

10. List collegiate honors, social organizations, and activities. (Use additional sheet if necessary)

11. Publications – List most recent or important (Use additional sheet if necessary)

A Resume of your employment will not be accepted in lieu of this information.

If hired, you will be required to participate in mandatory direct deposit of your paycheck.

12. List any professional certifications you may have. (Use additional sheet if necessary)

13. Education – List educational institutions attended subsequent to secondary school.

a. Institution _____ From _____ to _____ Degree_____ Major _____

Address_____
No. and Street or P.O. Office Box City State Zip Code

b. Institution _____ From _____ to _____ Degree_____ Major _____

Address_____

c. Institution _____ From _____ to _____ Degree_____ Major _____

Address_____

d. Institution _____ From _____ to _____ Degree_____ Major _____

Address_____

e. Institution _____ From _____ to _____ Degree_____ Major _____

Address_____

14. Will being hired by the university result in you being dually employed by the state of S.C.? Yes [ ] No [ ] If yes, what agency? _____

15. Are you a United States citizen? Yes [ ] No [ ] If no, are you authorized to work in the United States? _____

16. Have you been in government or military service? Yes [ ] No [ ] If yes, which? _____

17. Date of discharge _____ Type of discharge _____

18. County in S.C. where you reside _____ In which state did you last work? (If you currently hold a job in South Carolina put S.C.) _____

19. No. of years of education beyond highest degree (if applicable) _____ No. of college credit hours beyond highest degree earned (if applicable) _____

Applicant's Signature _____ Date _____

FOR HIRING DEPARTMENT ONLY

If hired, the following must be completed:

Race: _____ Sex: _____ Marital Status: _____ Date of Birth: _____

Spouse's Name: _____ Is spouse employed by the State of South Carolina? Yes [ ] No [ ]

Does this employee have a disability: Yes [ ] No [ ] Disabled veteran: Yes [ ] No [ ]

Vietnam era veteran (Active duty between 8/64 and 5/7/75): Yes [ ] No [ ] Other veteran: Yes [ ] No [ ]

Education Data: Degree: _____ Major: _____ Date: from _____ to _____

Degree: _____ Major: _____ Date: from _____ to _____

Degree: _____ Major: _____ Date: from _____ to _____

FOR DIVISION OF HUMAN RESOURCES ONLY

1. Education |__|__| |__|__|__|__| : |__|__|__|__|__|__| |__|__|__|__| |__|__| |__| |__|__|__|__| : |__|__|__|__|__|__|
   Code M M Y Y Y Y M M Y Y
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   Y Y M M Y Y Y Y M M Y Y
2. Dual Emp. |__| |__|__|__|__|__|__| : Prof.Cred |__|__| : Impairments |__| : Citizen |__|__|__|__| : Visa |__|__|
3. Spouse Employ |__| : Race |__| : Sex/Marital |__| : Selective Service Class |__|__| : Gov/Mil |__|
4. County |__|__| : State Worked |__|__| : Years Ed |__|__| : Credit Ed |__|__|__|__| :
5. Date Discharged |__|__| |__|__| |__|__| : Type Discharge |__| : Date First Hired |__|__| |__|__| |__|__|
   M M D D Y Y M M D D Y Y
6. Date Last Rehired |__|__| |__|__| |__|__| : Times Rehired |__| : I-9 _____ Date of I-9 _____
   M M Y Y
7. Mailing Codes |___| |___| |___| |__| |____| |____| |___| |___| |____| |____| |____| |__| |__| |____| |__| |__| |____| |___|
   MC RC NA A FTS PTS HS TS FTF PTF TA TAT R C NM