



MEDICAL UNIVERSITY
of SOUTH CAROLINA

MUSC Non Paid Personnel Application
NET Identification Accounts (NetID)

Today's Date: _____

Name: _____

Date of Birth: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Position Title: _____

Current/Most Recent Employer: _____

Approximate length of commitment: _____

Do you have any relatives who are currently employed at MUSC?: Yes No

If yes, give name, relationship, and department:

Have you ever been convicted of any crime other than a traffic violation?: Yes No

If Yes, explain: _____

Disabilities or special needs: _____

Department name and Unit Number: _____

Sponsor's name and telephone number: _____

I understand that the Medical University of South Carolina reserves the right
to accept or reject my application in its sole discretion
and that the above statements made in this application are true

I AUTHORIZE THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
TO CONDUCT A CRIMINAL RECORD SEARCH TO VERIFY MY SUITABILITY
TO BE SPONSORED AND RECEIVE A NETID ACCOUNT.

I release MUSC University for implied liability.

Signature: _____

Date: _____