

**South Carolina
Department of Labor, Licensing and Regulation
Division of Fire and Life Safety**

**Firefighter Registration
Named Based Criminal Records Check Request**

Note: This named-based criminal records check request should only be completed on those being hired and not used as a screening tool. Accountability for these requests will be based on Firefighter Registration Records.

Please complete this form by typing or printing legibly

Date of Request: _____

Requesting a background check on:

First: _____ **M:** _____ **Last:** _____

Date of Birth: _____ **Gender:** _____

Driver's License #: _____ **State:** _____ **Class:** _____

Social Security Number: _____

Physical Address: _____

Email Address: _____

Background Check Requested by: Chief Buddy Jones
Department Requesting: Sheldon Fire District
Department FDID: # 07210
Telephone: 843-846-9221 Fax: 843-846-8011
Mailing Address: Sheldon Fire District, P.O. Box 129, Sheldon, SC 29941
Email: bjones@bcgov.net

NOTE: Any missing or unreadable information a background check cannot be completed.