

APPLICATION FOR EMPLOYMENT

FAIRFIELD COUNTY DISABILITIES AND SPECIAL NEEDS BOARD

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARDS TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, OR THE PRESENCE OF A NON-RELATED MEDICAL CONDITION OF HANDICAP

ALL EMPLOYMENT OFFERS ARE CONTINGENT UPON SUCCESSFUL
COMPLETION OF A SUBSTANCE ABUSE SCREENING

DATE: __/__/__

NAME: _____ SSN# _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP

PHONE: _____ SC DRIVERS LICENSE # _____

REFERRED BY: _____

POSITION DESIRED: _____ DATE AVAILABLE: _____ SALARY DESIRED _____

ARE YOU ABLE TO WORK: _____ ARE YOU EMPLOYED NOW? _____

FULL TIME _____ MAY WE CONTACT YOUR EMPLOYER? _____

PART TIME _____ EMPLOYER NAME: _____

SHIFT WORK _____ EMPLOYER TELEPHONE: _____

ARE YOU AUTHORIZED TO WORK IN THE U.S. ? _____ Y/N

HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OTHER THAN MINOR TRAFFIC VIOLATIONS _____

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE _____
WHEN _____

REASON FOR LEAVING _____

DO YOU HAVE A RELATIVE WORKING FOR THIS AGENCY OR SERVING ON THE BOARD OF DIRECTORS
NAME _____

RELATIONSHIP _____

LIST BELOW THREE PERSONAL REFERENCES THAT ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS

NAME	ADDRESS	PHONE	RELATIONSHIP
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education	Name and Location of School attended	Years Completed	Diploma/Degree	Course Studied
Grade School				
High School				
College				

Describe any specialized training, professional or civic activities. Offices or Honors

Employment History

List below your four most recent employers, starting with your present or last employer.

1. Employer _____
 Address _____
 Telephone _____
 Dates of Employment _____
 Job Title _____ Salary _____
 Reason for Leaving _____
 Description of Duties _____

2. Employer _____
 Address _____
 Telephone _____
 Dates of Employment _____
 Job Title _____ Salary _____
 Reason for Leaving _____
 Description of Duties _____

Employer _____
 Address _____
 Telephone _____
 Dates of Employment _____
 Job Title _____ Salary _____
 Reason for Leaving _____
 Description of Duties _____

Employer _____
 Address _____
 Telephone _____
 Dates of Employment _____
 Job Title _____



South Carolina
Law Enforcement Division

P.O. Box 21398
Columbia, South Carolina
29221-1398

Henry D. McMaster, Governor
Mark A. Keel, Chief

Tel: (803) 737-9000

CRIMINAL RECORD CHECK

(Please print your completed form and submit to SLED. You may want to print a copy for your records.)

FULL NAME (with middle name): _____

AKA and/or MAIDEN NAMES: _____

DOB: _____ SSN: _____

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily).

(A self addressed stamped envelope is required for the return of background

CHARITABLE ORGANIZATIONS AND SCHOOL DISTRICTS ONLY

NAME OF ORGANIZATION: Fairfield County DSN Board

VERIFICATION NUMBER (as provided by SLED for online checks): NO519

SCHOOL DISTRICTS ONLY - POSITION APPLIED FOR: _____

(A self addressed stamped envelope is required for the return of background check)

PLEASE NOTE:

The fee is twenty-five dollars (\$25) unless you are a charitable organization approved for a fee of eight dollars (\$8). A charitable organization must include its name and User ID number or the request may not be processed. Payment must be business check, certified/cashier's check or money order payable to SLED. **PERSONAL CHECKS and CASH WILL NOT BE ACCEPTED.** This report contains records of arrests and convictions made by state/local agencies in South Carolina only. Alteration of a completed criminal record check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp.

***SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008.**

REQUEST FOR CENTRAL REGISTRY AND/OR CHILD ABUSE RECORD CHECK

The online portal is available at <https://providerportal@dss.sc.gov>

Utilize DSS Form 2924 and 37201 for all Child Care Requests

I. PURPOSE FOR REQUEST

Please make only one selection, either from Section A or from Section B. Do not select from both sections.

A. I am requesting a search of the Central Registry of Child Abuse and Neglect **AND** the Department's database of records of child abuse and neglect cases in connection with:

- ☐ Becoming or remaining a foster or potential adoptive parent
- ☐ Adults over the age of 18 residing in a potential foster or adoptive home
- ☐ Becoming an employee or volunteer for Richland County CASA
- ☐ Becoming an employee or volunteer for the South Carolina Department of Children's Advocacy

- ☐ Residential Facility (group homes, emergency shelters, wilderness camps, child caring institutions, etc.)
- ☐ Employment
- ☐ Volunteering
- ☐ Other (please specify):

B. I am requesting a search of the Central Registry of Child Abuse and Neglect **ONLY** in connection with:

- ☐ Becoming or remaining an employee or volunteer for Adult Care
- ☒ Employment

- ☐ Volunteering
- ☐ Other (please specify):

II. CENTRAL REGISTRY FEE

Please check only one of the following fee boxes for the appropriate category and include payment via check or money order **ONLY**:

- ☐ Non-Profit Entity - \$8.00
- ☐ For Profit Entity - \$25.00
- ☐ State Agency - \$8.00
- ☐ School - \$8.00
- ☐ Name Change - \$8.00

- ☐ Foster Care/Adoption - \$8.00
- ☐ Private Adoption Investigation - \$25.00
- ☐ Adult Care Facility - \$8.00
- ☐ Other (individual request, etc.) - \$8.00

III. APPLICANT (PERSON TO BE SEARCHED FOR) INFORMATION

Applicant's Full Name: _____

Date of Birth: _____ Sex: _____ Race: _____

Maiden/Former Name/Aliases: _____

Name Change: _____

Social Security Number (**no X's**): _____ Place of Birth: _____

Current Address: _____

Previous Address(es): _____

Applicant's Email: _____

IV. REQUESTOR INFORMATION

Name: Fairfield County DSN Board ATTN: Margie Johnson
Address: PO Box 367 City/State/ZIP: Winnabow SC 29180
Telephone Number: 803-635-2154 Email: mjohnson@fairfielddsn.net

V. SIGNATURE AND MAILING INSTRUCTIONS

I do hereby authorize the South Carolina Department of Social Services (DSS) to research its records to determine whether they contain information that I was the perpetrator of harm to a child and to release information found to the individual/organization named above. I understand the information provided may prove to be unfavorable to me. I agree to hold DSS and its staff from liability associated with the release of information requested on this form. If it appears to me the information has not been updated or is otherwise inaccurate, I agree to notify the Department immediately.

Please mail the appropriate payment (**check or money order only**), payable to the South Carolina Department of Social Services, and form for processing to:

South Carolina Department of Social Services
Attention: Cashier
1535 Confederate Avenue
P.O. Box 1520
Columbia, SC 29202-1520

Your signature MUST be witnessed or notarized by an individual 18 years of age or older.

Signature of Applicant

Date

Signature of Witness

Date

VI. RESULTS (COMPLETED ONLY BY AN AUTHORIZED DSS EMPLOYEE)

- ☐ The name is not included as a perpetrator on the Central Registry of Child Abuse and Neglect and is not included in the Department's database of records of child abuse and neglect.
- ☐ The name is not included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- ☐ The name is included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- ☐ The name is included as a perpetrator in the Department's database of records of child abuse and neglect. See attached correspondence.
- ☐ The request has been received. An additional thirty to sixty days may be required to respond to the request. Please call the number below if you have any questions:

Signature of Authorized DSS Employee

Date

INSTRUCTIONS

PLEASE DO NOT ALTER THIS FORM IN ANY WAY

SECTION I – PURPOSE FOR REQUEST: select the appropriate box to provide authorization for DSS to conduct and release results from a search of the State Central Registry of Child Abuse and Neglect and/or the Department's database of child abuse and neglect.

SECTION II – CENTRAL REGISTRY FEE: select the appropriate fee box

SECTION III – APPLICANT (PERSON TO BE SEARCHED) INFORMATION: type or print legibly the following information:

- Applicant's Full Name: provide your first, middle, and last name (*NO INITIALS*)
- Date of Birth: Month/Day/Year
- Sex: (Self Explanatory)
- Race: (Self Explanatory)
- Maiden/Former Name/Aliases: provide the name(s)
- Name Change: provide the new name you would like approved
- Social Security Number: provide your full Social Security Number, which will only be used to conduct a Central Registry/Database check and will not be given to any other person than the indicated agency or entity on this form, with no X's
- Place of Birth: provide the name of the state you were born in
- Current Address: provide your address to your current residence
- Previous Address(es): provide other address(es), states and/or countries you have resided in for the past five years, in the space provided or on another sheet, if your current address is less than five years
- Applicant's Email: provide the email of the person DSS is conducting a search on

SECTION IV – REQUESTOR INFORMATION: type or stamp the return address in the space provided on the form and include the contact person's name, telephone number, and email

SECTION V – SIGNATURE AND MAILING INSTRUCTIONS: provide your (applicant) original signature for a one-time search of the Central Registry of Child Abuse and Neglect and/or the DSS Database and release of results with the signature of a witness or notary prior to mailing the payment (payable to the South Carolina Department of Social Services), completed DSS Form 3072, and a stamped addressed envelope to:

South Carolina Department of Social Services
Attention: Cashier
1535 Confederate Avenue
P.O. Box 1520
Columbia, SC 29202-1520

PLEASE CALL (803) 898-7318, EXT. 4, IF YOU NEED ASSISTANCE COMPLETING THE FORM.

After the cashier receives this form and processes the payment, the Central Registry and/or DSS Database check will be completed by authorized DSS personnel.

Authorized DSS personnel must:

1. Conduct the Central Registry and/or DSS Database search in accordance with Section I, A or B;
2. Check the appropriate results box;
3. Sign and date the form; and
4. Return the results via the online portal, email, or mail to the individual or organization specified in Section IV **ONLY.**

No Person will be eligible for employment with the SC Department of Disabilities and Special Needs or its contract agencies if they have a prior history or conviction of individual or child abuse.

I have never been involved in a substantiated case of abuse or neglect.

Signature

Date

Special employment notice to disable veterans, Vietnam era veterans, and individuals with physical or mental handicaps.

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, and section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to action to employ and advance in employment qualified handicap individuals.

If you are a disabled veteran or have physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Veteran of the US Military Service _____

Branch _____

Handicapped _____ Disabled Veteran _____ Vietnam Veteran _____

Signature

Date

Application's Statement and Release Information Authorization

I certify that answers given herein are true and complete to the best of my knowledge, and I understand that if employee misrepresentation of falsehood is cause for separation from service with the Fairfield County Disabilities and Special Needs Board.

I understand that this is not, nor is it intended to be a contract of employment.

As part of my application for employment with the Fairfield County Disabilities and Special Needs Board I hereby authorize the release of employment information to the Board which may be considered in evaluating my qualifications for employment. I release all parties and persons connected with my request for information from liability for furnishing information.

**FAIRFIELD COUNTY
DISABILITIES AND SPECIAL NEEDS BOARD**

410 West Washington Street

Post Office Box 367

Winnsboro, S.C. 29180

Phone: (803) 635-2154

Fax: (803) 635-8052

Authority to Release Information

By my signature, I consent to the release of information to authorize officers, agents, and employees of the Fairfield County Disabilities and Special Needs Board which may include but not limited to information concerning my past and present work; including my official personnel files; attendance records, evaluations, education records including transcripts, military service, law enforcement records; and any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents and employees of the Fairfield County Disabilities and Special Needs Board to make inquiries of third parties. I further release the organization, educational entity, present and former employers, law enforcement organizations, all third parties from any and all claim of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Applicant's Printed Name

Applicant's Signature

Date