



# Application for Employment

Please Print Legibly

Date of Application: \_\_\_\_\_ Position Applied: \_\_\_\_\_

_____/_____/_____	_____/_____/_____	_____/_____/_____	
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	
_____/_____/_____	_____/_____/_____	_____/_____/_____	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____
<b>Date of Birth</b>	<b>Contact Number</b>	<b>Email</b>	

**How Did You Learn About Us?**

Advertisement     Relative/Friend: \_\_\_\_\_     Other: \_\_\_\_\_

Have you lived outside of South Carolina within the past five (5) years?..... Yes     No  
If YES, please note any out of state addresses: \_\_\_\_\_

Do you have a minimum of 1 year child care experience (paid or unpaid)?  Yes     No  
How many years total? \_\_\_\_\_

Have you ever been employed or filed an application with us before?..... Yes     No  
If yes, give date \_\_\_\_\_

Do you have a clean driving record?..... Yes     No

Have you ever been convicted of a crime?..... Yes     No  
Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Do you have any friends or relatives that work here?..... Yes     No  
Name(s): \_\_\_\_\_

Are you currently employed?..... Yes     No  
If so, may we contact your present employer?..... Yes     No  
Are you currently on "lay-off" status and subject to recall?..... Yes     No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment...*  Yes     No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

I am available to work:     Full-Time     Part-Time     Temporary

List any schedule restrictions: \_\_\_\_\_

**Education:**

	School Name/Address	Course of Study	# of Years Completed	Diploma/Degree
High School				
College				
Other:				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

---

---

State any additional information you feel may be helpful to us in considering your application.

---

---

---

List professional, trade, business or civic activities and offices held.

*You may exclude membership would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status*

---

---

---

**References:**

	Name	Contact Number/Email Address
1		
2		
3		

## Employment Experience:

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

<b>1. Employer</b>		<u>Dates Employed</u>		Work Performed
Address _____ / _____		From	To	
Telephone Number(s) _____		<u>Hourly Rate/Salary</u>		_____
Job Title _____ Supervisor _____ / _____		Starting	Final	
Reason for Leaving _____				
<b>2. Employer</b>		<u>Dates Employed</u>		Work Performed
Address _____ / _____		From	To	
Telephone Number(s) _____		<u>Hourly Rate/Salary</u>		_____
Job Title _____ Supervisor _____ / _____		Starting	Final	
Reason for Leaving _____				
<b>3. Employer</b>		<u>Dates Employed</u>		Work Performed
Address _____ / _____		From	To	
Telephone Number(s) _____		<u>Hourly Rate/Salary</u>		_____
Job Title _____ Supervisor _____ / _____		Starting	Final	
Reason for Leaving _____				
<b>4. Employer</b>		<u>Dates Employed</u>		Work Performed
Address _____ / _____		From	To	
Telephone Number(s) _____		<u>Hourly Rate/Salary</u>		_____
Job Title _____ Supervisor _____ / _____		Starting	Final	
Reason for Leaving _____				

**If you need additional space, please continue on a separate sheet of paper.**

**Explain any gaps in employment:**

---

---

---

**Equal Opportunity Employer**

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

**Applicant's Statement:**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Note to Applicant: DO NOT ANSWER THIS QUESTION UNLESS OR UNTIL YOU HAVE BEEN INTERVIEWED FOR A POSITION AND HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

I hereby certify that I can perform the essential functions of the job, for which I am applying, either with or without a reasonable accommodation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Date of Hire: \_\_\_\_\_



# 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 check)**

### CHARITABLE ORGANIZATIONS AND SCHOOL DISTRICTS ONLY

NAME OF ORGANIZATION: Lancaster Children's Home, Inc.

VERIFICATION NUMBER (as provided by SLED for online checks): N3800

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.**

(CJ-022) Revised 09/25/15



An Accredited Law Enforcement Agency



ALI-359-1

South Carolina Department of Social Services  
Group Home and Child Placing Agency  
Licensing and Regulatory Services  
**Sex Offender Registry Check**

\*\*Form should be completed in full. Please type or print clearly\*\*

Agency/ Program Name: Lancaster Children's Home, Inc.

Legal Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Other names (maiden, aliases, etc.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Do Not Write Below This Line - Authorized Agent to Complete Below**

**SOUTH CAROLINA Sex Offender Registry**

<http://scor.sled.sc.gov/ConditionsOfUse.aspx>

\_\_\_\_\_ The above named individual **IS NOT** listed as a registered Sex Offender.

**NATIONAL Sex Offender Registry**

<http://www.nsopr.gov>

\_\_\_\_\_ The above named individual **IS NOT** listed as a registered Sex Offender.

**Program Certification**

This is to certify that a search for the above named individual has been conducted through the SOUTH CAROLINA Sex Offender Registry (<http://services.sled.sc.gov/ConditionsOfUse.aspx>) and the NATIONAL Sex Offender Registry (<http://www.nsopr.gov>) and is not listed as a sexual offender or predator.

Melanie Harper  
Signature of Authorized Representative

Melanie Harper  
Print Name of Authorized Representative

Administrative Assistant  
Title

\_\_\_\_\_  
Verification Date

\*\*\* Note: This form and the printed results of the checks should be maintained in the employee's file.  
Only this form is required to be submitted to licensing.  
For the South Carolina Sex Offender Registry Check, click on Name Search to conduct the search. \*\*\*

## South Carolina Department of Social Services CONSENT TO RELEASE INFORMATION

With my signature below, I consent for the South Carolina Department of Social Services to conduct a one-time search of the records indicated below 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 below.

I understand that the information provided may prove to be unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with release of information requested on this form. If it appears to me that the information has not been updated or is otherwise inaccurate, I agree to notify the Department immediately.

### SECTION I. Purpose for Request

- 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 parent or potential adoptive parent; or
  - becoming or remaining an employee of or a member of the state or a local foster care review board; or
  - becoming an employee or volunteer for the South Carolina Guardian ad Litem Program or Richland County CASA.
- B.  I am requesting a search **ONLY** of the Central Registry of Child Abuse and Neglect for a purpose of working with children.

### SECTION II. Mail Results To:

Lancaster Children's Home, Inc  
PO Box 416  
Lancaster, SC 29721

ATTN: Melanie Harper  
TEL. NO: 803-286-5277

### SECTION III. Central Registry Check Fees: Please appropriate box and include payment. Check or Money Order (NO CASH).

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Non-Profit Entities.....\$8.00 | <input type="checkbox"/> Name Changes... ..\$8.00                    |
| <input type="checkbox"/> For-Profit Entities.....\$25.00           | <input type="checkbox"/> Other (Individuals, etc.).....\$8.00        |
| <input type="checkbox"/> State Agencies.....\$8.00                 | <input type="checkbox"/> Private Adoption Investigations.....\$25.00 |
| <input type="checkbox"/> Schools.....\$8.00                        |  |

### SECTION IV. Please print legibly or type the following: First, Middle and Last Name (NO INITIALS)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
 Maiden/Aliases: \_\_\_\_\_ Name Change: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_ SSN: (See instructions) \_\_\_\_\_  
 Current Address: \_\_\_\_\_ Previous Address: (See instructions) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### SECTION V. Your signature **MUST** be witnessed or notarized. Please mail appropriate payment and form for processing to: South Carolina Dept. of Social Services, ATTN: Cashier, 1535 Confederate Avenue, P.O. Box 1520, Columbia, SC 29202-1520.

**\*\*Please Sign Here\*\***

Signature of Applicant

Date

*Melanie Harper*  
Signature of Notary or Witness

Date

### SECTION VI. RESULTS: THIS SECTION IS TO BE COMPLETED ONLY BY AUTHORIZED DSS EMPLOYEES OF THE DEPARTMENT.

- The name is not included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- The request has been received. Additional research will be required to respond to the request. Thirty to sixty days may be required. Please call \_\_\_\_\_ if you have any questions.
- 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 cases. See attached correspondence.

Authorized DSS Employee

Date

COMPLETE THIS SECTION