Lancas Childrt Home,

Application for Employment

Please Print Legibly

Date of Application:_____ **Position Applied:**_____

Last Name	**First Name**	**Middle Name**

Street Address	**City**	**State**	**Zip Code**

Date of Birth	**Contact Number**	**Email**

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.

1. Employer
Address
Telephone Number(s)
Job Title Supervisor
Reason for Leaving
Dates Employed From To
Work Performed
Hourly Rate/Salary Starting Final

2. Employer
Address
Telephone Number(s)
Job Title Supervisor
Reason for Leaving
Dates Employed From To
Work Performed
Hourly Rate/Salary Starting Final

3. Employer
Address
Telephone Number(s)
Job Title Supervisor
Reason for Leaving
Dates Employed From To
Work Performed
Hourly Rate/Salary Starting Final

4. Employer
Address
Telephone Number(s)
Job Title Supervisor
Reason for Leaving
Dates Employed From To
Work Performed
Hourly Rate/Salary Starting Final

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.**

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://cor.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

Admin Officer
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. ***

DSS SOUTH CAROLINA
DEPARTMENT of SOCIAL SERVICES

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

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: Lancaster Children's Home, Inc ATTN: Melanie Harper, Administrative Officer

Address: P O Box 416 City/State/ZIP: Lancaster, SC 29721

Telephone Number: 803-286-5277 Email: lch@comporium.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 Abuse and Neglect

☐ The request has been received. Additional research is required to respond to the request. Thirty to sixty days may be required. Please call the number below 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. See attached correspondence.

_____ _____

Signature of Authorized DSS Employee Date