

Employment History (List present or most recent first) Check here if resume is attached

Name of Employer	Type of Business	Phone
Address (City, State, Zip)	Department	Your Position

Duties

Name and Position of immediate Supervisor

Date Employed (Day, Mo, Yr)	Date Left (Day, Mo, Yr)	Start Salary	Final Salary
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Reason for leaving

May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (City, State, Zip)	Department	Your Position

Duties

Name and Position of immediate Supervisor

Date Employed (Day, Mo, Yr)	Date Left (Day, Mo, Yr)	Start Salary	Final Salary
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Reason for leaving

May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Employer	Type of Business	Phone
Address (City, State, Zip)	Department	Your Position

Duties

Name and Position of immediate Supervisor

Date Employed (Day, Mo, Yr)	Date Left (Day, Mo, Yr)	Start Salary	Final Salary
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Reason for leaving

May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Names of References <i>Please do not list relatives or former employers</i>	Complete Address or Email	Phone

Whom do you know at Tamassee DAR School?

Activities/Interest or hobbies:

Do you agree to have SLED, Sex Offender & Central Registry checks done? Yes No

Do you agree to medical exams related to the requirements of the position? Yes No

Do you agree to have a Motor Vehicle Record's check done? Yes No

Emergency Contact Name	Relationship	Phone
Emergency Contact Name	Relationship	Phone

We appreciate your interest in seeking employment with us - please feel free to make any additional remarks in the space provided below or attach any additional information that would be helpful in evaluating your qualifications.

Additional Remarks

Please Read Carefully

An Equal Opportunity Employer

We are an equal opportunity employer and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

I hereby certify that to the best of my knowledge and belief the answers given by me to the foregoing questions and all statements made by me in the application are correct. I hereby apply for employment upon the basis and understanding that such employment may terminate at any time upon notice given to me personally or sent to my last known address.

I consent to Tamassee DAR School obtaining such personal and job-related information as required in connection with this application for employment.

Date

Signature of Applicant

For statistical purposes only, how did you hear about Tamassee DAR School?

Tamassee DAR School

SIGNATURE AUTHORIZATION FORM

EMPLOYEE REFERENCE CHECK

I, _____ give Tamassee DAR School my permission to contact any of my previous employers in order to determine consideration of employment with Tamassee DAR School.

Applicants Signature

Date

MOTOR VEHICLE RECORDS CHECK

I, _____ hereby authorize Tamassee DAR School to access my Motor Vehicle Record to verify information regarding employment with Tamassee DAR School.

Applicants Signature

Date

Tamassee DAR School

SIGNATURE AUTHORIZATION FORM

CRIMINAL RECORDS CHECK

Type or print clearly using black ink.

Last name	First	Middle
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (MM/DD/YY)
US Soc. Security Number		
Driver License or State ID Number		State
Check here if you do not have a Driver License or State ID card. <input type="checkbox"/>		

I, the undersigned, authorize Tamassee DAR School through the department of Social Services, to conduct a SLED and Central Registry background criminal records check by name and identifiers to determine the existence of any arrest resulting in conviction. I also understand that a State and National Sex Offender check will be completed by SLED and the US Dept of Justice. These results will be sent directly to Tamassee DAR School.

Signature	Date
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DRUG TESTING CONSENT FORM

Everyone has the right to work in an environment that is free of drug and alcohol abuse. Tamassee DAR School, Inc. offers a drug free workplace to its employees. All applicants and employees will be required to submit to a drug-test as a condition of employment. If you are injured on the job, you will be required to submit to a drug test. Drug tests will also be scheduled on a random basis.

Compliance with Tamassee DAR School's substance abuse policy is a condition of employment. The failure or refusal of an employee to cooperate fully, sign any required documents, or submit to any inspection or test will be considered a positive test result and therefore grounds for termination or non-consideration.

I, _____ understand the above information and agree to these conditions. This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver of rights of such test records and results only to the extent of the disclosures in the program.

Applicant's Signature	Date
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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 EMPLOYMENT.

SECTION II. Mail Results To:

TAMASSEE DAR SCHOOL
P.O. BOX 8
TAMASSEE, SC 29686

ATTN: JAN HONEYCUTT
TEL. NO: 864-944-1390 EXT 104

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) _____

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.

_____ Signature of Applicant	_____ Date
_____ 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
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