

1920 Second Loop

Florence, SC 29501



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AUTHORIZATION FOR A SLED BACKGROUND/ SEX OFFENDER REGISTRY CHECK

_____ is applying for employment or a volunteer position with The CARE House of the Pee Dee. The CARE House of the Pee Dee requires criminal background and sex offender registry checks for all individuals involved with the operations at the Center. The information obtained through the check is confidential and will not be released.

Please list all cities/towns, counties and states where you have lived in the past 10 year and the name that you used while living there.

City/Town, County, and State	Dates (From/To)	Last Name, First Name, Middle Initial

Authorization

I _____, authorize The CARE House of the Pee Dee to run a criminal background check and a sex offender registry check on myself. My date of birth is _____; my social security number is _____; and my race is _____. My current address is _____.

I hereby certify that the above information is true, accurate and complete to the best of my knowledge and belief. Any misrepresentation or willful omission of fact shall be sufficient cause for disqualification of this application or termination of employment. Further, I understand that this application and pre-employment records become the property of The CARE House of the Pee Dee which reserves the right to accept or reject the applicant. I further agree to observe all rules, regulations, and policies of The CARE House of the Pee Dee, and I agree to never create a risk to children. I understand that the safety of children is a priority of The CARE House of the Pee Dee. I hereby authorize The CARE House of the Pee Dee to conduct work history, personal reference and criminal record inquiries to determine my acceptability for a volunteer or internship position.

DATE: _____

SIGNED: _____