

RELEASE AND AUTHORIZATION

In connection with my application to provide volunteer services, intern or for employment with Horry County Government ("County"), I hereby authorize County and RecordPros/Global Screening Solutions to perform a background screening check, and (unless revoked by Applicant in writing). I understand and agree to the following:

1. A background check is being conducted for the benefit of the County and its employees, interns, other volunteers and citizens. The background check process is not intended to reflect negatively upon the request of the applicant to provide volunteer services, intern or employment, but is performed as a matter of due diligence.
2. All reports are confidential, and provided to County for decisions concerning volunteer services, intern or employment only. In the event that volunteer or intern should later apply for employment with County, volunteer or intern agrees and understands that the background check report conducted in connection with the volunteer or intern application may be considered.
3. I may review or obtain a copy of my report as provided by law. County currently contracts with two companies for this purpose: RecordPros or Global Screening Solutions. RecordPros may be contacted by writing to: 2553 Jackson Keller Suite 200, San Antonio, TX 78230. Global Screening Solutions may be contacted by writing to: 4833 Front Street. Unit B #448, Castle Rock, Colorado 80108.
4. I authorize and release municipal, county, state and federal agencies and courts, and agencies that provide motor vehicle records, to provide all information that is requested to County, RecordPros or Global Screening Solutions.
5. I further release all of the above, including County, RecordPros and Global Screening Solutions, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.
6. I agree that a copy or fax of this document shall be as valid as the original.
7. I understand that dishonesty will disqualify me from consideration for employment with the County and, if I am hired, volunteering, interning and/or currently employed by the County, such dishonesty could result in termination of my service or employment.

Your Signature: _____ **Date:** _____

PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE OR PHOTO IDENTIFICATION WITH THIS DOCUMENT.

COURTS AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR IDENTIFICATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND IS USED FOR IDENTIFICATION ONLY. YEAR OF BIRTH AND SOCIAL SECURITY NUMBER ENSURES ACCURACY AND AVOIDS DELAY.

Last Name: _____ First Name: _____
Middle Name: _____ Social Security Number: _____

DOB: ____/____/____ Maiden/Alias/Former Name:_____
Date of Name Change:_____ Name on Driver's License:_____
Driver's License or I.D. Number:_____ State of Issue:_____

PLEASE PROVIDE ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST
SEVEN YEARS INCLUDING ZIP CODES:

CURRENT:

FORMER:

**Additional Required Parental/Guardian Consent for All Volunteers, Interns or
Potential/Current Employees under the Age of Eighteen (18)**

I, _____, am a parent and/or legal guardian of the minor volunteer,
intern, potential/current employee named above. I have reviewed, understand, and consent to the
terms of this Waiver on their behalf to the extent such a party cannot be legally bound thereby due
to age.

Guardian/Parent Name (Please Print)

Signature of Guardian/Parent

Date

Address

Phone Number