

PLEASE RETURN
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4, & 9 of the PDF FILE
TO THE DELEGATION
OFFICE ONLY!!

HORRY COUNTY LEGISLATIVE DELEGATION

Horry County Courthouse
Post Office Box 1236
Conway, South Carolina 29528
Telephone: (843) 915-5130
Fax: (843) 915-6130

APPLICATION
FOR
APPOINTMENT

Appointment Sought (Bd. or Comm.): _____

Name: _____

Full Permanent Address: _____

Mailing Address (if different from Permanent Address): _____

Voter Registration Number: _____

Phone Numbers: (H) _____ (C) _____

Email Address: _____

Current Employment Information:

Occupation: _____

Employer: _____

Business Address: _____

Business Phone Number & Email Address: _____

Community Service/Civic/Church Background Information:

Personal/Professional Interest in This Board or Commission:

Dual Office Holding: Do you presently serve on any County of State Board or Commission? If so, please list board or commission

Circle or Highlight Answer:

Is there any way that you or a member of your family would stand to benefit financially by your service on this board or commission? Yes No

Have you ever been employed or had any involvement with this board or commission that would be reflected either positively or negatively in your service? Yes No

Have you ever been convicted of a crime (excluding traffic violations)? Yes No

IF YOU ANSWERED "YES" TO ONE OR MORE OF THE ABOVE QUESTIONS, PLEASE EXPLAIN ON THE BACK OF THIS PAGE.

If appointed, I understand that I will be expected to attend all meetings of that board or commission. The only reason I would not attend would be because of illness or pressing personal commitments. I also understand that if I am absent from three (3) consecutive meeting without a valid reason, the Delegation could consider this as a voluntary resignation. By acceptance of the appointment, I agree to these attendance regulations and pledge my time and abilities to serve on any board or commission to which I am appointed.

Date: _____ Signature of Applicant: _____

DISCLOSURE CONCERNING REQUEST FOR BACKGROUND CHECK REPORT

Horry County Government (the “County”) will obtain a consumer report (a background check report) on you in connection with your application for employment with the County, and if hired and/or a current employee, the County may do so at any time during the course of your employment with the County to the extent permitted by applicable law, for employment-related purposes. The County also may order an “investigative consumer report.” An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without personal interviews). The most common form of investigative consumer report is an investigation into your employment history.

The County will obtain the report(s) from the following consumer reporting agency: ScreeningOne, Inc. 1860 N. Avenida Republica de Cuba, Tampa, FL 33605 Phone: (888) 327-6511 Fax: (888) 216-1003 www.ScreeningOne.com (the “Agency”). The Agency’s privacy policy can be found at www.ScreeningOne.com.

The report will contain information relating to your character, general reputation, personal characteristics, and/or mode of living. The types of information that may be obtained include, but are not limited to, background references; criminal and civil court, education, and driving records. The information in the report will be obtained from private and public record sources, and, in the case of an investigative consumer report will include personal interviews with sources.

You may request more information about the nature and scope of any investigative consumer reports by written request to: the County’s Human Resources representative.

AUTHORIZATION FOR BACKGROUND CHECK REPORT

I have carefully read, and I understand, this Disclosure and Authorization form. By my signature below, I consent to the release to Horry County Government (“County”) of consumer reports and investigative consumer reports (i.e. background check reports) prepared by a consumer reporting agency. If I am hired by the County and/or working as a current employee, I understand that the County may rely on this Authorization to obtain additional reports on me from the agency or other consumer reporting agencies during my employment without asking for my consent again, to the extent permitted by applicable law.

I also authorize all of the following to disclose to the Agency and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; drug and alcohol testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to the Agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge. I understand that dishonesty will disqualify me from consideration for employment with the County and, if I am hired and/or are currently employed by the County, that such dishonesty could result in the termination of my employment.

I acknowledge that I have received a copy of the “Disclosure Concerning Request for Background Check Report”;

Signature _____ Date _____

Full Name Printed _____ Maiden Name or Other Name Used _____

Present Address _____ How Long? _____

City/State _____ Zip Code _____

Former Address _____ How Long? _____

City/State _____ Zip Code _____

Date of Birth _____ Social Security Number _____ Driver’s License Number _____ State of License _____
(Mo/Date/Year) (If position may involve driving)

Para informacion en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

**A SUMMARY OF YOUR RIGHTS
UNDER THE FAIR CREDIT REPORTING ACT**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G. Street, N.W., Washington, D.C. 20006.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

a person has taken adverse action against you because of information in your credit report;

you are the victim of identity theft and place a fraud alert in your file;

your file contains inaccurate information as a result of fraud;

you are on public assistance;

you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may

opt-out with the nationwide credit bureaus at 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identify theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	PLEASE CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau.</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25 A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA</p>

TYPE OF BUSINESS:	PLEASE CONTACT:
	Washington, DC 20580 (877) 382-4357

**For the next page,
please leave Sections I-
III blank.**

**Next, please only
complete sections IV
(your personal
information) & Section
V (which must be
notarized).**

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.
[] becoming an employee or volunteer for the Continuum of Care and/or other area of S.C. Dept. of Children's Advocacy.
B. I am requesting a search ONLY of the Central Registry of Child Abuse and Neglect for a purpose of _____.

SECTION II. Mail Results To:

ATTN: _____
TEL. NO: _____

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

- [] Non-Profit Entities.....\$8.00 [] Name Changes..... \$8.00
[] For-Profit Entities..... \$25.00 [] Other (Individuals, etc.).....\$8.00
[] State Agencies.....\$8.00 [] Private Adoption Investigations..... \$25.00
[] 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 _____

INSTRUCTIONS FOR DSS FORM 3072 – CONSENT TO RELEASE INFORMATION

PLEASE DO NOT ALTER THIS FORM IN ANY WAY

SECTION I: Purpose for Request: To provide authorization for the SC Department of Social Services to conduct a search of the State Central Registry of Child Abuse and Neglect and/or the DSS Database and to release results. Please indicate the purpose of the search by checking **R** in the appropriate box.

SECTION II: Mail Results To: Please ensure that you type or stamp the return address next to, "MAIL RESULTS TO," on this form. Please include the contact person's name and telephone number.

SECTION III: Central Registry Fee: Please check **R** appropriate fee box.

SECTION IV: Please type or print legibly the following information:

- Name: Provide complete spelling of name to include the first, middle and last name - **NO INITIALS.**
- Name Change: List the new name(s).
- Date of Birth: Month/Day/Year
- Sex: (Self Explanatory)
- Race: (Self Explanatory)
- Social Security Number: All the information requested on this form is necessary in order to conduct a thorough search. Providing your Social Security Number (SSN) is optional, but it is recommended that you provide your SSN to assist with the research. Your SSN will be used **only** to conduct what we hope will be a thorough central registry/data base check and will not be given to any person than indicated agency or entity.
- Place of Birth: Provide the name of the State you were born in.
- Current Address: Provide your current residence.
- Previous Address: If current address is less than 7 years; list other addresses, States, Countries you have resided in for the past seven years. Use separate sheet if necessary.

SECTION V: Mail payment; completed Form 3072 Consent to Release Information, and a stamped addressed envelope to:

**South Carolina Department of Social Services
Attention: CASHIER
1535 Confederate Avenue
P.O. Box 1520
Columbia, SC 29202-1520**

- Signature of Applicant: Requesting the applicant's original signature for a one-time search of the State Central Registry of Child Abuse and Neglect and/or the DSS Database and to release results.
- Signature of Witness or Notary: The applicant's signature must be witnessed or notarized prior to submitting for processing.

PLEASE CALL (803) 898-7318 EXTENSION 4, IF YOU NEED ASSISTANCE COMPLETING THIS FORM.

After receipt by cashier and processing of payment, the Central Registry/DATA BASE check will be completed by authorized DSS personnel in the Division of Human Services.

DSS personnel in the Division of Human Services must do the following:

1. Conduct Central Registry check and/or Database search in accordance with Section I. A or B.
2. Check appropriate results box.
3. Sign and date form; stamp, "confidential" on envelope and mail to return address, Section II.

Distribution

Results of the search will be sent ONLY to the individual or organization specified in Section II of this form.