



EMPLOYMENT APPLICATION

POSITION: _____

APPLICANT NAME: _____

DATE OF APPLICATION: _____

Babcock Center is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Babcock Center is an at will employer, meaning that either the employer or employee can end the employment relationship at any time and for any or no reason.

Please note that this application will be retained for six months, after which the applicant will need to reapply

Personal Information

Name (Last, First, MI)

Street address

City, State, Zip

Home phone number

Work phone number

Cell phone number

E-mail address

Alternate phone number (optional)

Driver's license number/state/expiration

Education

	Name, Address and Phone Number of School	Course of Study	Date of Years Attended	Did You Graduate If So What Year? Degree/Diploma
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

List any seminars, classes or other education not listed above which may help qualify you for this position:

Additional Information

Have you ever been employed with Babcock Center Yes No

If yes, when? _____

What type of job are you looking for? Regular Temporary Internship

What types of work will you accept? Full-Time Part-Time

What shifts are you available to work? Day Evening Nights Flexible

Are you 18 years or older? Yes No

Are you lawfully eligible to be employed in the United States Yes No

How did you hear about this position:

Employment History

List below your **most recent** employers. Dates of employment must be entered. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer? YES NO

1	Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Supervisor	Job Position		4.
	Reason(s) for leaving			

2	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Supervisor	Job Position		4.
	Reason(s) for leaving			

3	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Supervisor	Job Position		4.
	Reason(s) for leaving			

References

List below three persons not related to you who have knowledge of your work performance within the last 5 years

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years known
<hr/>		
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years known
<hr/>		
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years known

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD PREVENT YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES NO

If yes, what can be done to accommodate your limitation?

Please read the following statement carefully before signing to indicate your understanding.

I understand that if I receive a conditional job offer, and prior to beginning employment, I will be requested to undergo a pre-employment medical examination.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may result in termination.

I understand and agree that, if hired, my employment is At-Will. This means that, if hired, either Babcock Center or I can end the employment relationship at any time with or without reason.

Authority to release information: By my signature, I consent to the release of information to authorized officers, agents, and employees of the Babcock Center which may include but not be limited to information concerning my past and present work including transcripts, military service, law enforcement records, and any personnel records deemed necessary. In addition, I consent to authorize appropriate officers, agents and employees of the Babcock Center to make inquiries of third parties. I further release the organization, educational entity, present and former employers, law enforcement organizations, all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

If signed electronically, I agree my electronic signature is the legal equivalent of my manual signature on this application.

Signature: _____ Date: _____

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:

Babcock Center, Inc. ATTN: HR Specialist
2725 Banny Jones Avenue TEL. NO: 803-799-1970 ext 150
Columbia, SC 29170

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

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 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 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) 898-7229 IF YOU NEED ASSISTANCE COMPLETING THIS FORM.

After receipt by cashier and processing of payment, the Central Registry/DATABASE 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.
2. 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.



CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Babcock Center, Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Babcock Center, Inc. or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Babcock Center, Inc. and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.