

**Waccamaw Youth Center, Inc.**  
**Application for Employment**

Name: (Last, First, M.I.) _____		
Address: _____		
City: _____	State: _____	Zip code: _____
D.O.B.: _____ SS #: _____		
Home Phone: _____		Cell Phone: _____
Email: _____		

Position applied for: \_\_\_\_\_ Minimum Salary: \_\_\_\_\_

Highest grade completed (Circle): 12/ GED 13 14 Associates 15 Bachelors 17 18 Masters
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Number of years direct experience: \_\_\_\_\_ Number of years work experience: \_\_\_\_\_

Have you ever been fired or asked to resign a work position? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Have you ever been indicted as a perpetrator of child abuse, neglect or exploitation? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If Yes, When? \_\_\_\_\_

Explain: \_\_\_\_\_

Do you have a valid SC Driver's License (circle) YES NO SCDL# \_\_\_\_\_

I, the undersigned, attest that the information given on this application for employment is true to the best of my knowledge; I understand that if any information I have provided proves to be false, it is grounds for the immediate termination of the application or dismissal from employment.

**Applicants Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Waccamaw Youth Center, Inc.**  
**Reference Form**

Name of Applicant: \_\_\_\_\_

**Reference Information: (To be filled in by Applicant)**

Name of Agency/Business: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Position Held or Relationship: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Name of Person giving reference: \_\_\_\_\_

Title/Position of person giving reference: \_\_\_\_\_

***OFFICE USE ONLY***

Attendance Record: \_\_\_\_\_

Overall Work Performance: \_\_\_\_\_

Relationship with Supervisor and Co-Workers: \_\_\_\_\_

Eligible for Rehire: (Circle) YES   NO   N/A

Additional Comments: \_\_\_\_\_

Person Completing Reference Check: \_\_\_\_\_ Date: \_\_\_\_\_

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***OFFICE USE ONLY***

Attendance Record: \_\_\_\_\_

Overall Work Performance: \_\_\_\_\_

Relationship with Supervisor and Co-Workers: \_\_\_\_\_

Eligible for Rehire: (Circle) YES NO N/A

Additional Comments: \_\_\_\_\_

Person Completing Reference Check: \_\_\_\_\_ Date: \_\_\_\_\_

**Waccamaw Youth Center, Inc.**  
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Title/Position of person giving reference: \_\_\_\_\_

***OFFICE USE ONLY***

Attendance Record: \_\_\_\_\_

Overall Work Performance: \_\_\_\_\_

Relationship with Supervisor and Co-Workers: \_\_\_\_\_

Eligible for Rehire: (Circle) YES   NO   N/A

Additional Comments: \_\_\_\_\_

Person Completing Reference Check: \_\_\_\_\_ Date: \_\_\_\_\_

South Carolina Department of Social Services  
Division of Investigation  
3150 Harden Street, Columbia, SC 29203  
(803) 898-8005

**REQUEST FOR CRIMINAL HISTORY RECORD REVIEW AND/OR RESEARCH  
FOR GROUP HOME EMPLOYEES**

*All pages of the SLED CATCH result must be submitted with this form.*

**CONFIDENTIAL**

Requester Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Agency: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

Applicant Information:

Name: \_\_\_\_\_  
(First, Middle, Last)  
Maiden Name/Alias: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Review/Research Results:

**THIS SECTION IS TO BE COMPLETED ONLY BY AUTHORIZED SCDSS EMPLOYEES OF THE DIVISION OF INVESTIGATION (DOI). DOI DOES NOT ENSURE THE ACCURACY AND/OR COMPLETENESS OF THE CRIMINAL HISTORY RESULTS UTILIZED IN THE REVIEW/RESEARCH PROCESS. DOI RELIES SOLELY ON THE RESULTS PROVIDED BY THE REQUESTER IN MAKING ITS DETERMINATION.**

- Applicant is Excluded and Not Eligible for Employment (See Attached Letter)  
 Applicant is Eligible for Employment (See Attached Letter)  
 No Review – Incomplete SLED CATCH Provided (See Attached Letter)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized SCDSS Employee

\_\_\_\_\_  
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 \_\_\_\_\_.

**SECTION II. Mail Results To:**

\_\_\_\_\_  
 \_\_\_\_\_ ATTN: \_\_\_\_\_  
 \_\_\_\_\_ TEL. NO: \_\_\_\_\_  
 \_\_\_\_\_

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

- |  |  |
|--|--|
| <input 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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**Employee Consent**

I \_\_\_\_\_, authorize WYC to conduct an internal National and State Sex Offender search for the purpose of employee.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

On behalf of Waccamaw Youth Center, I hereby state that I have searched both the South Carolina Law Enforcement sex offender's registry and the United States Department of Justice sex offenders registry for the following perspective or current employee: \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PO Box 3293  
Conway, SC 29528  
Phone: 843-369-0200  
Fax: 843-369-0203  
[www.waccamawyouthcenter.org](http://www.waccamawyouthcenter.org)