



## Employment Application

Please answer all questions. Resumes are not a substitute for a completed application.

### Personal Information

Name:	Phone:	Email:	
Current Address:	City:	State:	Zip:

### Employment Desired

Position Applied For:	Desired Salary/Hourly Rate:	Type of Employment Desired: ____ Full-time ____ Part-time	Date Available:
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### Employment History

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent.

Dates Employed (Mo/Yr)	Company Name, Address and Phone	Job Title, Duties and Supervisor's Name	Reason for Leaving

May we contact the employers listed? Yes No

If no, please indicate the employer(s) you do not wish us to contact:

Have you ever been terminated or asked to resign from any job? Yes No

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



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### Educational Background

Education	Name and Location of School	Major/Degree	Degree Received Y/N
High School			
College or University			
Other			
Professional licenses, certifications, and/or training relevant to the position desired			

### Professional References

Please provide name, work relationship, and telephone number of three supervisors/managers or other professional references that are not related to you:

Name	Relationship	Telephone Number	Years Known



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Are you over the age of 18 years? Yes No

If hired, can you provide proof that you are legally authorized to work in the US? Yes No

If hired, are you willing to undergo a background check? Yes No

Veteran Status:

☐ I am a Protected Veteran

☐ I am NOT a Protected Veteran

☐ I prefer not to answer

Were you referred to this position by someone in our company? Yes No

If yes, please provide the employee's name:

### Equal Opportunity Employer Statement

CASA Family Systems is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of age, race, color, religion, sex (including pregnancy), gender identity, national origin, genetics, disability, veteran status, or any other characteristic protected by law.

CASA Family Systems is committed to the full inclusion of all qualified individuals. In keeping with our commitment, CASA Family Systems will take the steps to assure that people with disabilities are provided reasonable accommodations. Accordingly, if reasonable accommodation is required to fully participate in the job application or interview process, to perform the essential functions of the position, and/or to receive all other benefits and privileges of employment, please contact the Chief Operating Officer at 803-534-2448 ext. 203.

### Applicant Certification

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for CASA Family Systems to hire me. If I am hired, I understand the relationship with CASA Family Systems is referred to as "employment at will". This means that employment can be terminated at any time for any reason, with or without notice, by me or CASA Family Systems.

I attest with my signature below that I have given to CASA Family Systems true and complete information on this application. If requested information has been concealed, I authorize CASA Family Systems to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.



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Please answer all questions. Resumes are not a substitute for a completed application.

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



## CASA/FAMILY SYSTEMS

P.O. Box 1568  
Orangeburg, South Carolina 29116  
Phone: 803-534-2448 Fax: 803-534-2594

### Agreement of Confidentiality

I, \_\_\_\_\_, understand that all information regarding clients, families and their services is confidential and hereby certify that such information made known to me through my employment with CASA/Family Systems will not be divulged without proper authorization. The unauthorized release or disclosure of any confidential information shall be considered negligence or an act of misconduct and may result in immediate suspension or dismissal as provide in the CASA/Family Systems Policies & Procedures Manual.

I understand that any and all information concerning clients to which I may have access is privileged and any be used for provision of services only, and will not be released to any individual or agency outside of CASA without the written consent of client.

Specifically, confidential information includes, but may not be limited to:

- The names and addresses of individuals served and the service(s) they do or do not receive.
- The social and economic conditions or circumstances of any client served.
- The agency's files of information about clients.
- Medical data, including any laboratory tests or diagnostic procedure information, specific current diagnosis, past history of any disease or disability concerning a client and confidential facts pertaining to services obtained at other health facilities.
- The location of the emergency shelter.

In addition, I understand that improper release of confidential information will result in appropriate disciplinary action, including dismissal.

I certify that I have read and understand the above Agreement of Confidentiality.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**South Carolina  
Law Enforcement Division**

P.O. Box 21398  
Columbia, South Carolina  
29221-1398

*Henry D. McMaster, Governor  
Mark A. Keel, Chief*

*Tel: (803) 737-9000*

**CRIMINAL RECORD CHECK**

**(Please print your completed form and submit to SLED. You may want to print a copy for your records.)**

FULL NAME (with middle name): \_\_\_\_\_

AKA and/or MAIDEN NAMES: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily).

**(A self addressed stamped envelope is required for the return of background**

**CHARITABLE ORGANIZATIONS AND SCHOOL DISTRICTS ONLY**

NAME OF ORGANIZATION: CASA Family Systems

VERIFICATION NUMBER (as provided by SLED for online checks): N2376

SCHOOL DISTRICTS ONLY - POSITION APPLIED FOR: \_\_\_\_\_

**(A self addressed stamped envelope is required for the return of background check)**

**PLEASE NOTE:**

The fee is twenty-five dollars (\$25) unless you are a charitable organization approved for a fee of eight dollars (\$8). A charitable organization must include its name and User ID number or the request may not be processed. Payment must be business check, certified/cashier's check or money order payable to SLED. PERSONAL CHECKS and CASH WILL NOT BE ACCEPTED. This report contains records of arrests and convictions made by state/local agencies in South Carolina only. Alteration of a completed criminal record check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp.

**\*SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008.**

(CJ-022) Revised 09/25/15



*An Accredited Law Enforcement Agency*





# CASA/FAMILY SYSTEMS

P.O. Box 1568  
Orangeburg, South Carolina 29116  
Phone: 803-534-2448 Fax: 803-534-2594

## Authorization, Consent and Release for Background Information

**PLEASE TYPE OR PRINT**

I, \_\_\_\_\_  
**LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)**  
agree that the information on my application is correct and true to the best of my knowledge. Therefore, I give CASA/Family Systems permission to do a criminal and personal background check including my character, criminal conviction records, education records, military records, professional standing, work history and qualifications. The requesting agencies will provide CASA/Family Systems with a written report of its findings.

This authorization is an original form and shall be valid for one year from the date this form was signed. Information provided to CASA/Family Systems is personal and confidential and shall not be used for anything other than is intended purpose. Subsequently, I authorize and consent to the release and disclosure of any or all information including but not limited to the above agency.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Position Applied For

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number State

Other names you have used or are also known as: \_\_\_\_\_

**Please provide all residential addresses for the past five years**

Current Address: \_\_\_\_\_

Former Address: \_\_\_\_\_

Former Address: \_\_\_\_\_

Former Address: \_\_\_\_\_

**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:**

CASA Family Systems	ATTN: Priscilla Felder
P.O. Box 1568	TEL. NO: 803-534-2448
Orangeburg, SC 29116	

**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<br><input type="checkbox"/> For-Profit Entities.....\$25.00<br><input type="checkbox"/> State Agencies.....\$8.00<br><input type="checkbox"/> Schools.....\$8.00 | <input type="checkbox"/> Name Changes.....\$8.00<br><input type="checkbox"/> Other (Individuals, etc.).....\$8.00<br><input type="checkbox"/> Private Adoption Investigations.....\$25.00 |
|---|---|

**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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## 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.**

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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.