



# Epworth Children's Home

B. Robinson

## CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM

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

_____	_____	_____
Last Name	MI	First Name
_____	(When Social Security Number is used as search criteria signature must be affixed below.)	
Social Security Number		
_____	_____	_____
Sex	Race	Date of Birth

Have you ever been convicted of a crime?  Yes  No If yes, list where and when below

_____	_____
City, State	Date

I understand that the above information will be used to conduct a criminal records check and I give my permission for a criminal records check to be done through the South Carolina Law Enforcement Division or any other law enforcement agency.

_____	_____
Applicant Signature	Date

### TO BE COMPLETED BY EPWORTH HUMAN RESOURCES

No Record Found \_\_\_\_\_ Date \_\_\_\_\_

Record Found (See Attached) \_\_\_\_\_ Date \_\_\_\_\_

**Any criminal history information received is confidential and is not to be disseminated or used other than the reason requested.**

