



L ( ) :

P L :

D , ACPS:

F A C ? CPR C ?  
I , :

R ( , / - )  
N : R C P E :

V I C ( ; - ):  
.

. ( - - , , )

. ( , & , , )

. ( , E , )

. / - ( , , , )

. ( , , , .)

.

. /

. , ,





(#0/%1&2\*3242/5!%6!.%&7/522)!#%/ \*7#5!28+2#5(5,%/"

!  
!

!  
!

!  
!  
!

"9: ; <=>?!ABCI>; =@@?E!

!

+?9; =@F!; <G@!ABCI>; =@@?E!!

!

\* <=@!ACH!=?<9; 9; : E!

# SOUTH CAROLINA LAW ENFORCEMENT DIVISION

NIKKI R. HALEY  
Governor



REGINALD I. LLOYD  
Director

## CRIMINAL RECORDS CHECK

Please complete **Section I** and return form with your application for employment. (Print Clearly)

### **SECTION I:**

Full Name (with middle name): \_\_\_\_\_

Maiden Name (or any other names used): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race/Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I understand that the South Carolina Law Enforcement Division may conduct a background check on me and may be required to review my criminal records and any other information that may be available to the South Carolina Law Enforcement Division. I understand that the South Carolina Law Enforcement Division may use this information to determine my eligibility for employment. I understand that the South Carolina Law Enforcement Division may use this information to determine my eligibility for employment. I understand that the South Carolina Law Enforcement Division may use this information to determine my eligibility for employment.

Signature

Date

### **SECTION II: To be completed by School or Area Office**

Is the applicant currently employed by the South Carolina Law Enforcement Division? \_\_\_\_\_

Is the applicant currently employed by the South Carolina Law Enforcement Division? \_\_\_\_\_