

# APPLICANT'S *Disclosure & Consent* for RELEASE OF INFORMATION

## APPLICANT INFORMATION (Please Print)

Account Number: 101100938

Applicant's Name: (First Middle Last)	Current Address: (street address)
<b>1. Other Name(s) Used: (like Maiden)</b>	City: _____ State: _____ Zip: _____
2. Other Name(s) Used:	Former Address: (1)
Social Security No:	City: _____ State: _____ Zip: _____
Driver's License No.: _____ State: _____	Former Address: (2)
Date of Birth: _____ Place of Birth: (City, State, Country)	City: _____ State: _____ Zip: _____

**Applicant Instructions:** Please read this disclosure and consent form carefully before signing. You will be provided with a copy of this form at any time upon request.

**DISCLOSURE:**

This disclosure and consent for release of information has been provided to you for Horry County Schools (HCS) to request a **background investigation** in connection with your application for employment, resume or during the course of your employment, if any.

HCS may now, or at any time while you are employed, verify information within the application, resume or, as applicable, contract for employment or notice of employment. The **background investigations** may include but are not limited to: driving records, employment references, personal references, any educational and licensing information and any criminal record information pertaining to you which may be in the files of any federal, state or local criminal justice agency in South Carolina or any other state. The results of this verification process will be used to determine employment eligibility. Except as may be required by law, all results will be kept CONFIDENTIAL and the information obtained will not be provided to any parties other than to appropriate personnel associated with HCS and InfoMart.

Your signature below indicates that you have carefully read and understand that a **background investigative report** regarding you may be requested and reviewed for employment purposes, including any future decisions concerning your employment, promotion, or retention as an employee. Additionally, your signature below reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing.

**CONSENT**

I have carefully read and understand this disclosure and consent form, and by my signature consent to the release of **investigative background reports**, as defined above in conjunction with my application for employment. I further understand that this consent will apply during the course of my employment, should I obtain such employment, and that such consent will remain in effect until revoked in a written document signed by me and received by HCS and InfoMart. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to HCS by me may be utilized for the purpose of obtaining the background investigations requested by HCS, and I confirm that all such information is true and correct.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements made by me will be considered as a cause for possible dismissal.

I authorize HCS and InfoMart and any of their agents/designated company personnel, to disclose orally and in writing the results of the **background investigations** to authorized representatives. I do hereby agree to forever release and discharge Horry County Schools, the Horry County Board of Education, InfoMart and their associates, and of each of their respective agents, servants, employees, and former employees to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information. I CONSENT FOR A COPY OF THIS FORM TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL.

APPLICANT:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (Typed or Printed)



Horry County Schools