

## Palmetto Counseling & Consulting Services, LLC

1721 Ebenezer Road, Suite #225

Rock Hill, SC 29732

Fax (803) 329-5830

Palmetto Counseling & Consulting Services, LLC ("Palmetto") IS AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER & DRUG-FREE WORK PLACE and does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or discharge from military service or any other consideration made unlawful by applicable federal, state or local laws. Please read carefully before you sign this application. Applicants may be tested for illegal drugs. Application must be completed in full even if attaching a resume. "See Resume" is not an appropriate answer. If unsure of an answer, please write UNKNOWN. If a question does not apply to you, please write N/A. Please note that applications not completed in full will not be considered.

**Please Print Clearly & Legibly**

### APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address				Apartment/ Unit #			
City			State			ZIP	
Phone			E-mail Address				
Date Available			Social Security No.			Desired Salary	
Position Applied for:							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	Y <input type="checkbox"/>	N <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of, or pled nolo contendere to a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Have you ever filed a workers compensation claim or sustained injury at your place of employment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				

Have you ever been discharged from any employment or asked to resign? YES  NO

If Yes, please explain and / or attach documentation

If under the age of 18, can you produce the necessary work certificate / documentation at the time of employment?

YES  NO

Are you willing to work overtime? YES  NO

List special technical skills that you feel qualify your for the position for which you are applying (i.e., computer software programs, office equipment, typing speed, languages proficient in, specific skills / certifications, etc:

### EDUCATION: THIS INFORMATION IS VERIFIED. YOU MAY BE ASKED TO SUBMIT COPIES OF YOUR DEGREES / CERTIFICATIONS

High School		Address, state, zip code & phone #				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

College				Address, state, zip code & phone #			
From		To		Did you graduate? YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other				Address, state, zip code & phone #			
From		To		Did you graduate? YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

**PROFESSIONAL REFERENCES:**

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

**PREVIOUS EMPLOYMENT: BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND CONTINUE WITH ALL PAST EMPLOYMENT OVER THE PAST 10 YEARS. YOU MAY SUBMIT ADDITIONAL DOCUMENTATION IF NEEDED**

Company		Phone					
Address		Supervisor					
Job Title		Starting Salary	\$	Ending Salary	\$		
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?	Y <input type="checkbox"/>		N <input type="checkbox"/>				
Company		Phone					
Address		Supervisor					
Job Title		Starting Salary	\$	Ending Salary	\$		
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?	Y <input type="checkbox"/>		N <input type="checkbox"/>				
Company		Phone					
Address		Supervisor					
Job Title		Starting Salary	\$	Ending Salary	\$		

Responsibilities				
From		To		Reason for Leaving
May we contact your previous supervisor for a reference?			Please explain any gaps of employment of 6 months or more:	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

**MILITARY SERVICE**

Branch		From		To	
Rank at Discharge		Type of Discharge	If other than honorable, explain		

**DISCLAIMER, AUTHORITY, AND SIGNATURE**

I hereby understand and acknowledge that, if hired, my employment relationship with Palmetto would be of an “at will” nature, which means that the employee may resign at any time and the employer may discharge employee at any time and for any or no reason. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the forgoing express language are valid unless they are in writing and signed by the employer’s president.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days.

I authorize the release of such information as my work, school, criminal, and other information as needed to determine my qualifications and fitness for the position I am seeking with Palmetto Counseling & Consulting Services, LLC.

I hereby consent to drug testing as may be requested in the application process at the expense of Palmetto to establish a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If Palmetto has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state and local law. I also understand that all employees of the location, pursuant to Palmetto’s policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests as a condition of continually employment and I agree to undergo alcohol and drug testing consistent with Palmetto’s policies and applicable federal, state, and local law.

I understand and agree that as a condition of employment and the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, non-compete, and/or conflict of interest statement. I authorize Palmetto or its agents to confirm all statements contained in this application and /or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background verification process.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to Palmetto or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability Palmetto and its representative for seeking such information and other persons, corporations, or organizations furnishing such information.

If hired by Palmetto, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States. I also understand Palmetto employs only individuals who are legally eligible to work in the United States.

Signature

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 **Employment Screening**.

**SECTION II. Mail Results To:**

**Palmetto Counseling & Consulting Services, LLC**  
**ATTN: Rich Schlauch**  
**1721 Ebenezer Road, Suite 225**  
**Rock Hill, SC 29732**

TEL. NO: 803-329-9639

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

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

**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/DATA BASE 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.



## BACKGROUND CHECK DISCLOSURE FORM

Info Cubic, LLC and its designated agents and representatives may conduct a comprehensive review of your background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. The scope of the consumer report/investigative consumer report may include information about your character, general reputation, personal characteristics, and mode of living as well as information that is not limited to, the following areas: names and dates of previous/current employment, work experience, Bureau of Workers Compensation/Claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offenders lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, civil cases, OIG/GSA, USA PATRIOT Act/OFAC, any sanction lists, FBI finger printing, internet searches, social media information, and drug testing. These reports may be obtained by Info Cubic, LLC at any time after receipt of your authorization. You may request more information about the nature and scope of any investigative consumer reports by contacting Info Cubic, LLC. Info Cubic, LLC will supply a copy of the completed consumer report along with a copy of an individual's rights under the Fair Credit Reporting Act.

**Signature:** \_\_\_\_\_

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

(Electronic signatures are **NOT** acceptable!

This document must be physically signed by applicant)

Print Full Name

\_\_\_\_\_



## RELEASE OF LIABILITY

I hereby irrevocably and unconditionally waive and release Info Cubic, LLC (“Info Cubic” or the “Company”) and its agents, officials, representatives, or assigned agencies, including officers, directors, subsidiaries, parents, employees, and/or related personnel, both individually and collectively, from any and all claims, demands, or liabilities of any nature whatsoever, whether arising statutorily, in tort or contract, known or unknown, suspected or unsuspected, on account of any injury or damage, including, but not limited to, defamation and invasion of privacy, which I may have at any time now or in the future, arising out of or in any way related to the investigation contemplated by this authorization, or from reliance on the information furnished. I ACKNOWLEDGE and AGREE that I have read and understand this Release of Liability and that I freely and voluntarily sign this document. I further agree that Info Cubic has made no representations, inducements or statements other than those in writing in this document and in other written disclosures provided to me, about the background investigation. I further agree and certify that the information that I provide in this form is true and correct, and that my application or employment shall be terminated based on any false, omitted, or fraudulent information.

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

(Electronic signatures are **NOT** acceptable!

This document must be physically signed by applicant)

\_\_\_\_\_  
Print Full Name (First Middle Last)

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP/Postal Code



## BACKGROUND CHECK AUTHORIZATION FORM

I, \_\_\_\_\_ authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, institution, school or university, law enforcement or public agency may have. I authorize the full release of the information described in the background check disclosure, without any reservation, throughout any duration of my employment at Palmetto Counseling & Consulting LLC (hereinafter referred to as the “Company”). I certify that all information provided below is true and accurate to the best of my knowledge. This authorization and consent shall be valid in original, facsimile (“fax”), or copy form.

In consideration for reviewing my application for employment, I hereby authorize the Company and Info Cubic, LLC, and any other individual or entity retained by it, pursuant to the provisions of the Fair Credit Reporting Act (15 U.S.C. §§ 1681 *et seq.*) and any other applicable federal, state and local laws, to conduct a thorough pre-employment background screening, including investigation of my references, work record, educational background, governmental agency records, and any other matters related to my suitability for such employment, including, but not limited to, the right to verify my social security number, and conduct a criminal records search.

I understand and acknowledge that it is my right to receive, within 7 days of receipt by the Company, a copy of any “public records” obtained by the Company as part of any pre-employment background screening the Company conducts with respect to my employment application. By initialing here, I waive my right to receive a copy of such public records: \_\_\_\_\_. I understand and acknowledge that if the Company takes any adverse action against me with respect to my employment application as a result of any public record obtained during any pre -employment background screening it conducts, that the Company will provide me a copy of such public record regardless of the foregoing waiver.

I understand and acknowledge that an “investigative consumer report” may include information as to my character, general reputation, personal characteristics, and mode of living, which may be obtained by interviews with individuals with whom I am or have been acquainted, or who may have knowledge concerning any such items of information. I understand and acknowledge that, upon my written request, the Company shall make a complete and accurate written disclosure of the nature and scope of the consumer investigation it has requested with respect to my employment application. I further understand and acknowledge that I have the right to request a copy of any investigative consumer report obtained with respect to my employment application.

I understand and acknowledge that the Company shall have the right, in its sole discretion, to review data from the sources referred to above, and that satisfactory completion of my background investigation shall be a condition to my employment. In the event the Company determines, in its sole discretion, that I am not suitable for the position applied for, then the Company shall have no further responsibility with regard to my application for employment or any conditional offer of employment which may have been provided to me.





I acknowledge receipt of the BACKGROUND CHECK DISCLOSURE AND RELEASE OF LIABILITY FORMS and certify that I have read and understand both of these documents. By signing this authorization form I am acknowledging that I have received and signed each of these forms.

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

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

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose. PLEASE PRINT LEGIBLY:

\_\_\_\_\_   
Print Full Name (First Middle Last)

\_\_\_\_\_   
Maiden/AKA/Previous Name(s)

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

\_\_\_\_\_   
Email Address

Date of Birth (MM/DD/YYYY) (This will not affect hiring decision)

\_\_\_\_\_   
Driver License Number

\_\_\_\_\_   
State

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

(\_\_\_\_) \_\_\_\_\_   
Phone

\_\_\_\_\_   
City

\_\_\_\_\_   
State

\_\_\_\_\_   
ZIP/Postal Code

\*\*\*California, Minnesota, Massachusetts, Maine and Oklahoma Applicants: please check this box to have a copy of your report emailed directly to you\*\*\*

**Notice to California Applicants:** Under section 1786.22 of California Civil Code, you have the right to request from Info cubic, upon proper identification, the nature and substance of all information in files pertaining to you, including the sources of information, and recipients of any reports on you, which Info Cubic has previously furnished within the twoyear period preceding your request. You may view the file maintained on you by Info Cubic during normal business hours. You may also obtain a copy of this file upon submitting proper identification. Upon making a written request, you may receive a summary of your report.

**Notice to Maine Applicants:** Under Chapter 210 Section 1314 of Maine revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request to whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

**Notice to Massachusetts Applicants:** Under Mass. Ann. Laws chapter. 93 §§ 50, a Consumer Reporting Agency may furnish a report if intended to be utilized for employment purposes.

**Notice to New York Applicants:** Under Article 25 Section 380-c (b) (2) of the New York General business Law, you have the right, upon written request, to be informed of whether or not an investigate consumer report was requested. Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the



report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

**Please initial here to acknowledge receipt of Article 23-A of New York Correction Law\_\_\_\_\_**