



THE COUNTY OF ORANGEBURG IS AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER
CONFIDENTIAL

Background Research Authorization

Name: _____
Last Name First Name Middle Name Suffix

Former Names/Aliases: _____

Current Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

Social Security Number: _____ - _____ - _____ D.O.B.: ____/____/____ State of Birth: _____

Telephone Number: (____) _____ Driver's License Number: _____ State: _____

The information contained in this application is correct to the best of my knowledge.
I hereby authorize The **County of Orangeburg, South Carolina** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving record, birth records, and any other public records.

I further authorize any individual, company, firm corporation, or public agency to divulge any and all information, verbal or written, pertaining to me to the **County of Orangeburg, South Carolina** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from the County of Orangeburg, South Carolina and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to addresses, social security numbers, and dates of birth. I acknowledge that any falsification or misrepresentation of the information requested could result in disqualification of my candidacy for employment or if hired, termination of my employment.

DRUG TEST CONSENT STATEMENT

I hereby agree to submit to a drug or alcohol test by furnishing a sample of my urine, breath, and/or blood for analysis. I have been fully informed of the reason for this test and I understand what I am being tested for and the procedure involved.

I understand, if at any time I refuse to submit to a drug or alcohol test, or if I otherwise fail to cooperate with the testing procedures, my application for employment may be immediately withdrawn from consideration, or if employed, I may be subject to immediate termination.

Signature: _____ Date: _____