



# Florence County School District Four

## Non District Employee Background Check

**Please print legibly**

Upon completion please return to the Human Resource Department along with a W-9 Form

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

\_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Name of School Program: \_\_\_\_\_

Brockington Elementary

Johnson Middle School

Timmons ville High School

Emergency Contact Name: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

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**I, the undersigned, understand that Florence County School District Four might want to determine if I have a criminal record. I authorize the District to obtain this information from the South Carolina Law Enforcement Division (SLED) or any other state, local, or federal law enforcement agency. Since SLED requires this information, my Social Security number is \_\_\_\_\_ and my date of birth is (include year) \_\_\_\_\_.**

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