

Application for Employment

Toddlers Academy
 4146 Rivers Ave
 N. Charleston, S.C. 29405
 Phone: (843) 529-3373

PRE-EMPLOYMENT QUESTIONNAIRE
 EQUAL OPPORTUNITY EMPLOYER

Personal Information

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.	REFERRED BY	

Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

References (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

DATE _____ SIGNATURE _____

Do Not Write Below This Line

DATE _____ INTERVIEWED BY _____

Remarks

NEATNESS			CHARACTER	
PERSONALITY			ABILITY	
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED:

EMPLOYMENT MANAGER _____ DEPARTMENT HEAD _____ GENERAL MANAGER _____

This application for employment is sold only for general use throughout the United States. TOPS assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.

**South Carolina Department of Social Services
Child Care Licensing
CENTRAL REGISTRY RELEASE OF INFORMATION
AND COMPLIANCE STATEMENT**

The SC Child Care Licensing Law, Section 63-13-40 D(1) et seq., Code of Laws states that in order to be employed by or to provide caregiver services at a childcare facility licensed, registered, or approved under this sub-article, a Central Registry check must be conducted by DSS to determine any abuse or neglect perpetrated by the person upon a child. However, as stated in Section 63-13-40 D(2), Code of Laws, a person may be provisionally employed or may provisionally provide caregiver services before the Central Registry check is completed if the person executes a sworn statement on a form provided by DSS that he or she is not on the Central Registry for having perpetrated abuse or neglect upon a child. This serves as my consent to authorize SC DSS Child Care Licensing to conduct a search of the Central Registry of Child Abuse and Neglect on myself. I understand that the information may prove unfavorable to me. I agree to hold any source of information, SC DSS and its staff harmless from liability associated with the release of information I have requested using this form. I understand that all information provided on this form will be released to the individual/organization listed below. This consent is effective for a search of the Central Registry for the purpose of working in any child care facility in the State. If it appears to me that the information in the Registry has not been updated or is inaccurate, I will notify SC DSS immediately.

Name of Child Care Facility: TODDLERS ACADEMY & PRESCHC Name of Director/Operator: SHEILA GREEN

Street Address of Facility: 4146 RIVERS AVE

City: N. CHARLSTON State: SC Zip Code: 29405 County: Charleston

Facility License/Registration/Approval Number: 22724 Check One: NEW Staff Member RENEWAL

(Optional) I want to receive results for this Central Registry check by e-mail at: toddlersacademy@yahoo.com

Print or Type: Spelling of entire name is required; it will be delayed if initials are used.

Full Name (**No initials**): _____
Last First Middle DOB: _____ Sex: _____

Maiden/Former Name: _____ Race: _____ Complete SSN (**No X's**): _____

Current Address: _____

The addresses that you have lived in the past 5 years: _____

Signature of Applicant Date Witnessed by Director/Operator Date

Submit \$8.00 payment (check or money order) and this form to **SCDSS, Child Care Licensing, P.O. Box 1520, Room 218, Columbia, SC 29202-1520** OR make payment online at www.schildcare.org and **mail this form to the address listed above.** Complete the information below for online payments.

Payment for this Form 2924 was submitted online. Payment Type: Credit Card Debit Card Electronic Check

Date of Online Payment: _____ / _____ / _____ Payment Reference No.: _____

To be completed by authorized DSS employee only. Results of Search of the Central Registry and National Sex Offender Registry.

- The applicant is not listed as a perpetrator in the Central Registry of Child Abuse and Neglect.
- The applicant is listed as a perpetrator in the Central Registry of Child Abuse and Neglect. According to state law, being named as a perpetrator prohibits an individual from being employed in a child care facility.
- The applicant information requires research. An additional 10 days are needed to process this request.
- The applicant is not listed in the National Sex Offender Registry. (NSOR)
- The applicant is listed in the National Sex Offender Registry. (NSOR)

Online Payment Verified by: _____
Authorized DSS Employee Date

Central Registry/National Sex Offender Registry Check Completed by: _____
Authorized DSS Employee Date

FOR PROVISIONAL EMPLOYMENT ONLY
THIS FORM ONLY NEEDS TO BE NOTARIZED IF THE EMPLOYEE IS BEING HIRED PROVISIONALLY AS DEFINED BY SECTION 63-13-40 D(2) AT THE TOP OF THE FORM.

I AFFIRM BY THIS SWORN AND SIGNED STATEMENT THAT I AM NOT LISTED IN THE CENTRAL REGISTRY AS A PERPETRATOR OF CHILD ABUSE AND NEGLECT.

Staff's Signature: _____ Staff's Title: _____

SWORN TO AND SUBSCRIBED BEFORE ME
This _____ day of _____, 20 _____,

Notary Public for South Carolina My Commission Expires: _____

**South Carolina Department of Social Services
Child Care Licensing**

Staff Health Assessment

NAME: _____ DOB: _____

- Type of Activity in Child Care (Check all applicable)**
- Adult Member of Household
 Food Preparation
 Caring for children
 Desk Work
 Driver of Vehicle
 Facility Maintenance

THIS SECTION TO BE COMPLETED BY HEALTH CARE PROVIDER WHO DOES HEALTH ASSESSMENTS

PART I – MEDICAL HISTORY – Does this person have any of the following medical problems?

	Yes	No
History of myocardial infarction, angina pectoris, coronary insufficiency?		
History of epilepsy?		
Diabetes?		
Current drug or alcohol dependency?		
Disabling emotional disorder?		
Does this person have any special medical or mental problems which might interfere with the health of the children or that might prohibit this person from providing adequate care for the children? If yes, explain on reverse of form.		
Speech disorder?		
Significant physical findings/chronic medical condition or physical impairment?		
Other special medical problem or chronic disease which requires restriction of activity, medication or which might affect his/her work role? If so, specify on reverse of form.		

PART II – AS SHOWN BY PHYSICAL EXAMINATION, DOES THE INDIVIDUAL HAVE:

	Yes	No
At least 20/20 combined vision, corrected by glasses if needed?		
Normal hearing?		
Normal blood pressure?		
Date of Examination _____		

PART III – COMMUNICABLE DISEASES – Does this person have a communicable disease which would prohibit him/her from working in a child care facility?

Yes No If yes, please comment: _____

Tuberculosis Certification

Must be completed within 12 months prior to employment. TB Certification must be documented on the DHEC 1420, School Employee Certificate of Evaluation of TB according to SC DHEC Regulation 61-22
DHEC 1420 can be obtained at SCDHEC.gov

Immunization Status

Facility staff are at risk of exposure to childhood diseases. Prospective employees who will work with infants should have a review of their immunization status. Employees are also at risk of exposure to live virus, such as polio and CMV, and one-time adult dose of TDAP. Immunization status reviewed: Yes No

Comments: _____

Print Name & Address of Health Care Provider _____ Telephone Number _____

Signature of Health Care Provider _____ Date Signed _____

HEALTH ASSESSMENTS MUST BE OBTAINED AT LEAST EVERY FOUR (4) YEARS AFTER INITIAL ASSESSMENT



School Employee Certificate of Evaluation for Tuberculosis

Name: Last First M.I. Residence Address City County

Worksite, e.g. public or private school, kindergarten, nursery, or daycare facility for infants and children Date employed

TEST RESULTS	TUBERCULIN SKIN TEST _____ Date Given _____ 5 TU Mantoux Method _____ mm _____ Date Interpreted _____ IGRA _____ <input type="checkbox"/> T Spot <input type="checkbox"/> QFT Date Collected _____ Results _____	CHEST X-RAY Date _____ Interpretation: _____	REMARKS
DISPOSITION	No tuberculosis infection per 5 TU PPD or IGRA results ¹ Tuberculosis infection, no evidence of disease _____ and completed _____ Preventive treatment started _____ but not completed ² _____ Preventive treatment started _____ and completed _____ Preventive treatment not prescribed/refused ² _____ History of tuberculosis disease. Treatment started _____ and completed _____ Current tuberculosis disease _____ Non-contagious as of _____ and medically cleared to start/resume school employment on _____.		
CERTIFICATION	¹ No further routine screening required unless additional screenings required by employer. ² Remains at lifelong risk of developing tuberculosis. This is to certify that I have examined the person named herein for tuberculosis and report my findings as indicated above pursuant to the Code of Laws of South Carolina, 1976. Physician's Signature _____ Date _____		

DHEC 1420 (07/2017) DISPOSITION: This form shall be retained in the files of the current employer or individual following evaluation and certification.

SCHOOL EMPLOYEE CERTIFICATE OF EVALUATION FOR TUBERCULOSIS: This form may be used for school employees who need documentation of tuberculosis evaluation. It should be maintained in the current employer's file for school employees.

CODE OF LAWS OF SOUTH CAROLINA, 1975. SECTION 44-29-150. No person will be initially hired to work in any public or private school, kindergarten, nursery, or day care center for infants and children until appropriately evaluated for tuberculosis according to guidelines approved by the Board of Health and Environmental Control. Re-evaluation will not be required for employment in consecutive years unless otherwise indicated by such guidelines.

SECTION 44-29-160. Any person applying for a position in any of the public or private schools, kindergartens, nurseries, or day care centers for infants and children of the State shall, as a prerequisite to employment, secure a health certificate from a licensed physician certifying that such person does not have tuberculosis in an active stage.

SECTION 44-29-170. The physician shall make the aforesaid certificate on a form supplied by the Department of Health and Environmental Control, whose duty it shall be to provide such forms upon request of the applicant.

SUMMARY OF GUIDELINES OF THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL. (Regulation 61-22) As a prerequisite to employment, and as a condition for continued employment, all employees shall be evaluated for tuberculosis by a licensed health care provider and shall provide written certification from a licensed physician that the person does not have TB disease. Tuberculosis evaluations must be completed no more than one year prior to employment. Tuberculosis evaluations shall be conducted utilizing Approved TB Screening Tests. Certification of tuberculosis evaluation, including disposition and preventive treatment, shall be documented on DHEC 1420 and retained in the files of the school, kindergarten, nursery or day care center for infants and children where the person works. These forms shall be subject to review by DHEC. If the evaluation reveals TB disease, then the individual shall be excluded from working in any school, kindergarten, nursery or day care center for infants and children until a licensed physician certifies that the individual no longer has TB in an active stage. Any employee with a positive Approved TB Screening Test or with a history of latent TB infection or TB disease shall be further evaluated by a licensed health care provider with chest x-ray or additional testing. Any employee with a positive Approved TB Screening Test or with a history of latent TB infection or TB disease shall be further evaluated by a licensed health care provider. If the evaluation reveals no TB disease, then no exclusion and no further routine screening shall be required. An employee who would otherwise be exempt from routine annual screening for tuberculosis may be required to undergo non routine screening if there is epidemiologic or clinical evidence that such employee may have been exposed to TB bacteria or become infected with TB or may have moved from having latent TB infection to TB disease as evidenced by the observation of signs and symptoms suggestive of tuberculosis.

Final Determination on Your Eligibility

The SCDSS will only provide the detailed results of your criminal background check to you. The child care provider will receive your results in the form of a written statement that indicates whether you as an existing or prospective child care staff member are eligible or ineligible for employment. The child care provider will not receive any information regarding your disqualifying crime.

If you are one of those individuals subject to a criminal conviction screening, you will be provided the opportunity to submit additional information within a specified timeframe, in the event a criminal conviction requires clarification or results in an unfavorable outcome, such as ineligibility for employment.

Final decisions resulting in an ineligibility status, will be provided in a written statement to you that will include information related to each disqualifying crime. You will also be given notice of the opportunity to appeal. An ineligible existing or prospective child care staff member will receive instructions about how to complete the appeals process if the child care staff member wishes the accuracy or completeness of the information contained within such member's criminal background report.

If you, as an existing or prospective child care staff member knowingly and willfully make a materially false statement in connection with this criminal background check, you shall be determined ineligible for employment by a child care provider.

STATE CODES (ABBREVIATIONS)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	Dist. of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	Vi						

Child Care and Development Block Grant Act
 Title 42 U.S.C., §9858 (f) – Criminal Background Checks
 South Carolina Code of Laws, Section §63-13-40 (A) – Background Checks for Employment

Criminal Background Check Questionnaire

Persons completing this form should begin with the questions below.

A FULL NAME <input type="checkbox"/> If you have only initials in your name, use them and state "IO". <input type="checkbox"/> If you have no middle name, enter "NMN." <input type="checkbox"/> If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.								B DATE OF BIRTH			
Last Name		First Name		Middle Name		Jr., II, etc.		Month	Day	Year	
C PLACE OF BIRTH - Use the two-letter code for the State.								SOCIAL SECURITY NUMBER			
City		County		State		Country (If not in the United States)					
D OTHER NAMES USED:											
Name			Month/Year		Month/Year		Name			Month/Year	
#1			To				#3			To	
Name			Month/Year		Month/Year		Name			Month/Year	
#2			To				#4			To	
E OTHER IDENTIFYING INFORMATION	Height (feet and inches)		Weight (pounds)		Hair Color		Eye Color		Sex (mark one box)		
									<input type="checkbox"/> Female <input type="checkbox"/> Male		
F TELEPHONE NUMBERS	Work (include Area Code and extension)					Home (include area code)					
	<input type="checkbox"/> Day <input type="checkbox"/> Night () -					<input type="checkbox"/> Day <input type="checkbox"/> Night ()					
G CITIZENSHIP Mark the box at the right that reflects your current citizenship status, and follow its instructions.	<input type="checkbox"/>	I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. Answer items b and d								Your Mother's Maiden Name	
	<input type="checkbox"/>	I am a U.S. citizen, but I was NOT born in the U.S. Answer items b, c and d									
	<input type="checkbox"/>	I am not a U.S. citizen. Answer items b and e									

Enter your Social Security Number before going to the next page _____

Child Care and Development Block Grant Act
Title 42 U.S.C., §9858 (f) – Criminal Background Checks
South Carolina Code of Laws, Section §63-13-40 (A) – Background Checks for Employment
Criminal Background Check Questionnaire

H WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back five (5) years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence, do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. For military assignments, be sure to specify your location as closely as possible. For example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas. If additional space is needed, please list on additional paper.

Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#1	To Present					
#2	To					
#3	To					
#4	To					
#5	To					
#6	To					
#7	To					
#8	To					
#9	To					
#10	To					
#11	To					
#12	To					

Enter your Social Security Number before going to the next page _____

Child Care and Development Block Grant Act
 Title 42 U.S.C., §9858 (f) – Criminal Background Checks
 South Carolina Code of Laws, Section §63-13-40 (A) – Background Checks for Employment
Criminal Background Check Questionnaire



i CRIMINAL ARREST HISTORY

YOUR POLICE RECORD (Do not include anything that happened before your 18th birthday.)

Have you been arrested for, charged with, or convicted of any offense(s)? (Leave out traffic fines of less than \$150.

If you answered "Yes," explain your answer(s) in the space provided.

Yes No

Month/Year	Offense	Action Taken	Law Enforcement Authority/Court (Include City and county/country if outside U.S.)	State	ZIP Code

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on **page 6**.

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. Enter your Social Security Number before going to the next page

Signature (Sign in **BLUE** Ink)

Date

Child Care and Development Block Grant Act
Title 42 U.S.C., §9858 (f) – Criminal Background Checks
South Carolina Code of Laws, Section §63-13-40 (A) – Background Checks for Employment
Criminal Background Check Questionnaire



AUTHORIZATION FOR RELEASE OF INFORMATION

(Please read this authorization to release information carefully, then sign and date it in BLUE ink.)

I Authorize an investigator, or other duly authorized representative, of the South Carolina Department of Social Services (SCDSS), Office of Inspector General pursuant to Federal and State laws, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my residential, employment history, public safety agency contacts or investigations, and/or criminal history record information. I authorize the investigator or duly accredited representative conducting my criminal background check will provide the results of my criminal background check to the child care provider who submitted the request to the SCDSS in the form of a written statement. The statement provided by the SCDSS will indicate whether I, as an existing or prospective child care employee, am eligible or ineligible for employment in accordance with federal and state laws.

This will be accomplished without revealing any disqualifying criminal history information or any other related information regarding that individual pursuant to Title 42 U.S.C. §9858 (f) – Criminal Background Checks; Title 45 C.F.R., Subchapter A, Section 98.43 – Child Care and Development Fund (CCDF) (a.k.a. the Child Care and Development Block Grant (CCDBG) Act); and South Carolina Code of Laws, Section §63-13-40 (A) – Background Checks for Employment.

I Further Authorize an investigator or other duly accredited representative of the South Carolina Department of Social Services, Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility to deliver CCDF services, as an employee of a child care provider for compensation or as an individual whose activities involve unsupervised access to children who are cared for by the referenced child care provider. I understand that I may request a copy of such records, as may be available to me under the law.

I Understand that the information released by records custodians and sources of information is for official use by the South Carolina Department of Social Services for the purposes provided in Title 42 U.S.C. §9858 (f) – Criminal Background Checks; Title 45 C.F.R., Subchapter A, Section 98.43 – Child Care and Development Fund (CCDF) (a.k.a. the Child Care and Development Block Grant (CCDBG) Act); and South Carolina Code of Laws, Section §63-13-40 (A) – Background Checks for Employment; and that it may be redisclosed by the South Carolina Department of Social Services only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid from the date signed.

Signature (Sign in BLUE Ink)

Date

**Instructions for Scheduling Services: "SAFE" Live Scan Digital Fingerprinting
South Carolina DSS Early Care and Education**

On-line Scheduling

- Available 24 hours a day, 7 days a week
- Go to www.identogo.com
- Click on the State of South Carolina
- Click on English or Spanish to begin registration
- Select Agency's ORI Number
 - SC920090Z- DSS Child Care
- Click Go
- Enter your facility ID
 - Your assigned facility ID number that begins with "CC".
- Click Go
- Select Reason
- Click Go
- Verify your facility's name by selecting "Yes" if this is correct.
 - If you select "No" you will be returned to the previous screen to re-enter your correct facility ID number
- Enter Zip Code or choose a region for a location to be fingerprinted
- Click Go
- Choose a location
- Choose a date in blue from the calendar
- Choose appointment time and Click Go
- Enter information from State Applicant Fingerprint Electronic (SAFE) live scan form
- Click Send Information

Call Center Scheduling

- Available Monday through Friday, 8:00 a.m. – 5:00 p.m. EST
- Call 1-866-254-2366 and speak to one of the operators
- Operators will collect required information and schedule your appointment
- Facility ID number is required

NOTE: Walk-ins are accepted but should only be used in an emergency situation when time does not allow the individual to schedule an appointment.

You must show a valid photo ID to be fingerprinted!

**Payment Schedule (Effective JUNE 19)
(SLED/FBI fee plus processing fee = total fee due)**

Facility Status	SLED Fees	FBI Fees	IdentoGo Fees	Total Cost
For Profit (regular)	\$13.25	\$13.25	\$13.50	\$40.00
For Profit (Volunteer)	\$11.25	\$11.25	\$13.50	\$36.00
Non-Profit **(Charitable) Regular	\$8.00	\$13.25	\$13.50	\$34.75
Non-Profit **(Charitable) Volunteer	\$8.00	\$11.25	\$13.50	\$32.75

***Must submit documentation to SLED verifying non-profit status to receive the rate for charitable organizations.*

Method of Payment

At the **time of appointment scheduling**, cashier checks, money orders, business checks, Visa or MasterCard, debit cards, E-checks, personal checks and Escrow accounts will be accepted.

At the **time of appointment**, cashier checks, money orders, business checks, personal checks and Escrow accounts will be accepted.



SAFE

IdentoGO
By MorphoTrust USA

State Applicant Fingerprint Electronic Processing Services

Name: Prefix: ___ First: _____ Middle _____ Last _____ Suffix _____

Alias/Maiden Name: First: _____ Middle _____ Last _____ Suffix _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Contact # _____ Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____ Year Birthplace: _____ State _____
Month Day Year

Citizenship: _____ Height: _____ Weight: _____

Driver's License or State ID Number: _____

Original TCN (if this is a reprint): _____

CIRCLE CODES THAT APPLY

<p style="text-align: center;"><u>SEX</u></p> <p>Male Female</p> <p style="text-align: center;"><u>RACE</u></p> <p>American Indian Asian White Black Other Unknown</p> <p style="text-align: center;"><u>ETHNICITY</u></p> <p>Hispanic Non-Hispanic Unknown</p>	<p style="text-align: center;"><u>HAIR COLOR</u></p> <p>Bald Black Blond/Strawberry Brown Gray/Part Gray Red/Auburn Sandy White</p> <p style="text-align: center;"><u>EYE COLOR</u></p> <p>Black Hazel Blue Maroon Brown Multi-color Gray Pink Green</p>	<p style="text-align: center;"><u>SKIN TONE</u></p> <p>Black Dark Dark Brown Fair Light Light Brown Medium Medium Brown Olive Ruddy Sallow Yellow Other</p>
---	--	---

Go to www.identogo.com or call 1-866-254-2366

to schedule fingerprinting appointments. Use requesting agency information below to ensure correct processing and fees.

Please bring your valid SC Driver's License to your fingerprint appointment. If you do not have a valid SC Driver's License, you will need two forms of other State or Federal issued ID; one of which will need to be a photo ID.

ORI: SC920090Z Controlling Agency: **SC DEPT OF SOCIAL SERVICES**
Reason Fingerprinted: **DSS CHILD CARE**
Facility ID/OC Number: **CC029449** Facility Name: Toddlers Academy & Preschool
EMPLOYEE: _____ VOLUNTEER: _____