



Corinth-Shiloh Fire Department

940 Old Clemson Highway
P.O. Box 1853
Seneca, SC 29679
www.corinthshilohfd.com



Authorization to Conduct Criminal Background Check

The following information is required in the initial application phase to conduct an accurate criminal history check. Without an accurate background check, your application cannot be processed.

The information requested below is used solely for the purpose of obtaining the background check.

Name: _____
Last First Middle (complete name)

Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ - _____ - _____

Driver's License: _____ / _____
State Number

Contact Information

Home: (_____) _____ Cell: (_____) _____

Please provide a copy of the following:

- ☐ Driver's License ☐ Social Security Card

I hereby authorize Corinth-Shiloh Volunteer Fire Department, its officers, agents, and representatives to conduct a criminal background check as part of the process to determine my eligibility for volunteer service.

I understand that this background check may include, but is not limited to, information from law enforcement agencies, public records, and other sources as permitted by the South Carolina Law Enforcement Division (SLED). This may include records of arrests, charges, convictions, or pending criminal matters.

I understand that the information obtained will be used solely for evaluating my suitability to serve as a volunteer with the fire department, and that the department complies with all applicable federal and South Carolina laws, including the Fair Credit Reporting Act (FCRA) and the South Carolina Freedom of Information Act (FOIA), where applicable.

I acknowledge that I have the right to receive a copy of any report obtained and to dispute any information that I believe to be incorrect or incomplete. This authorization is valid throughout the duration of my service, unless revoked in writing by me.

Signature: _____ Date: _____