

# Barnwell Fire Department

## Employment Application

### Release Form for Background Check

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years at this Address: \_\_\_\_\_ Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

I, \_\_\_\_\_ do hereby give the City of Barnwell Fire Department authority to check into my background, including a Barnwell County Sherriff's Office Criminal History Report, City of Barnwell Police Department Criminal History Report as well as a SLED check. I also understand that the City of Barnwell Fire Department has the right to refuse any and all applications for employment.

I have read the above statement, and do agree to release any of the above information to the City of Barnwell Fire Department if so needed.

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

Please Return Form to: City of Barnwell Fire Department  
P.O. Box 776  
Barnwell, SC 29812