

PICKENS COUNTY

SLED BACKGROUND CHECK AUTHORIZATION FOR BOARD AND COMMISSION APPLICATION

PICKENS COUNTY – CONSENT TO SLED BACKGROUND CHECK

I, _____, have applied for a seat on the _____ Board or Commission with Pickens County, South Carolina. I understand that Pickens County has a legitimate interest in appointing an individual for this position who satisfactorily passes a SLED/criminal history background check. Accordingly, by signing below, I hereby consent to Pickens County performing routine SLED background checks during the duration of my appointment.

Applicant Signature

Date

Driver's License Number

Date of Birth

Address

Maiden Name (if applicable)

Social Security Number

Please mail the completed form, or bring the form by the Clerk to Council's office in the Administration building:

Meagan Nations
Clerk to Council
222 McDaniel Avenue, B-1
Pickens, SC 29671