

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