



State of South Carolina  
Office of the Governor

NIKKI R. HALEY  
GOVERNOR

OFFICE OF EXECUTIVE  
POLICY AND PROGRAMS

Criminal Records Check

Check Authorized By: _____ Date: _____
----------------------------------------------

Applicant's Name: \_\_\_\_\_  
last first middle

Maiden or Birth Name: \_\_\_\_\_  
(if applicable)

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

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Position applied for in the

Governor's Office: \_\_\_\_\_

Previous conviction data supplied by applicant:

\_\_\_\_\_  
\_\_\_\_\_

_____ Applicant has no record of convictions or charges pending.
_____ Applicant has the following convictions or pending charges.
_____
_____
Signed: _____ Date: _____
Department of Public Safety Bureau of Protective Services