



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