

## AUTHORIZATION AND RELEASE

As an applicant for a permanent, contract, volunteer, intern or any other position with the S.C. Attorney General's Office, I understand that:

Before any employment or assignment is offered, I must submit upon request to a urinalysis and/or blood test for illegal drug use or abuse.

Before any employment or assignment is offered for attorney applicants, I must agree to a grievance and discipline check from the Commission on Lawyer Conduct and I must provide a copy of my South Carolina Bar Association membership card.

Before any employment, I must submit an official copy of my high school or college transcript or a copy of my diploma.

Before any employment is offered, the SC Law Enforcement Division (NCIC, SC Driver's License), the SC Department of Revenue and Taxation, and a credit check will be conducted. As part of those background check investigations, I authorize the release of any documents to include any and all tax information, to the Attorney General's Office.

If employed, I may be required to submit to random drug testing or testing when there is reasonable suspicion of drug use. All such testing will be conducted in accordance with the Office Drug Free Workplace Policy.

If employed, I must adhere to the Office Drug Free Policy any violation will result in termination.

If employed, all permanent positions are probationary for at least twelve months during which I must demonstrate my fitness for continued employment.

If employed as a contract, temporary grant, volunteer, intern or other similar position, employment may be ended at any time or based on terms of a signed contract agreement.

If employed, I may be required to submit to polygraph testing in accordance with Office policy.

If employed, I must adhere to all Office policies. Any violation of Office policies including, but not limited to those prohibiting misuse of public property, writing fraudulent checks, breaching the confidentiality of the attorney/client relationship, and others guidelines outlined in the Office Manual may result in termination upon first offense. Similarly, violation of any criminal laws may result in termination upon first offense.

Withholding information or making false statements on this application will disqualify me from employment or, if employed, will result in termination. I also understand that if employed, a S.L.E.D. background investigation may be done periodically in accordance with Office policy.

In making and filing this application for employment, I authorize all persons, firms, officers, corporations, associations, organizations, state and federal agencies, and previous employers to furnish to the South Carolina Attorney General's Office, or any of its authorized representatives, all relevant documents, records or other information that may be requested in the investigation of this application, specifically including records in the possession of the South Carolina Law Enforcement Division (SLED).

I agree to these conditions and hereby certify that all answers, statements and information provided by me on this application are true and complete to the best of my knowledge.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICATION OF:**

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**PRINT FULL NAME**

In making and filing this application for employment, I authorize all persons, firms, officers, corporations, associations, organizations, state and federal agencies, and previous employers to furnish to the South Carolina Attorney General's Office, or any of its authorized representatives, all relevant documents, records or other information that may be requested in the investigation of this application, specifically including records in the possession of the South Carolina Law Enforcement Division (SLED), Office of Disciplinary Counsel, Commission on Lawyer Conduct and or similar documentation of another state.

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ State \_\_\_\_\_  
Sex \_\_\_\_\_ Race \_\_\_\_\_

**ATTORNEY APPLICANTS ONLY**

I was admitted on \_\_\_\_\_ (month/year) to practice in the State of South Carolina. I am also licensed to practice in the following states, \_\_\_\_\_ and \_\_\_\_\_. I have recorded below any requirements of Rules 402 and 403, South Carolina Appellate Court Rules that I must satisfy.

The following personal information is provided to permit completion of the required background investigations:

SC Bar Number \_\_\_\_\_  
Date (Month/Year) Rule 402 satisfied: \_\_\_\_\_  
Rule 403 requirements satisfied? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, month/year satisfied: \_\_\_\_\_  
If no, indicate Rule 403 requirements yet to be satisfied:  
Court of Common Pleas: \_\_\_\_\_  
Court of General Sessions: \_\_\_\_\_  
Family Court: \_\_\_\_\_  
Equity Trial/Administrative Proceedings \_\_\_\_\_

Do you have any prior, pending or any grievances matters with the Office of Disciplinary Counsel, Commission on Lawyer Conduct? Yes or no, please circle.  
If yes, please explain. (May attach additional documentation) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature (ATTORNEY APPLICANT)

\_\_\_\_\_  
Date