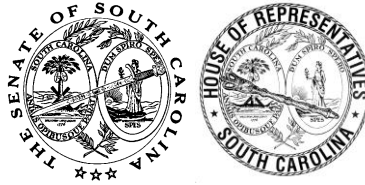


Joint Screening Committee
For the Legislative Audit Council



213 Gressette Building
P.O. Box 142
Columbia, South Carolina 29202
Phone: (803) 212-6430
Email: President@scsenate.gov

**PERSONAL INFORMATION FOR
SLED BACKGROUND CHECK**

(PLEASE PRINT INFORMATION)

1. Full Name of Candidate: _____
(No Initials)

2. Name(s) that you go by:

3. Legislative Audit Council - Seat for which you are applying:

4. Full Name of Spouse: _____

5. Full Name of Mother: _____

6. Full Name of Father: _____

7. Home Address: _____
(Street Address)

(City) (State) (Zip Code)

8. Home Telephone: (____) _____ - _____

9. Business Address: _____
(Street Address)

(City) (State) (Zip Code)

10. Business Telephone: (____)_____-_____

11. Cell phone: (____)_____-_____

12. Email Address:_____

13. Date of Birth: _____
(Month) (day) (year)

15. RACE:_____

16. SOCIAL SECURITY NUMBER:_____ - _____ - _____

17. SC Driver's license number:_____

18. List all South Carolina counties and cities where you have resided and the dates of your residence:

19. List all South Carolina counties and cities where you currently serve, or previously served, as a public official or public member and the dates of your service.

20. List Names of current/past spouses and date of marriage/divorce:

21. DO YOU HAVE A SECURITY FREEZE ON YOUR CREDIT REPORT INFORMATION? Applicants with a security freeze will be contacted by telephone and asked that the freeze be lifted on a designated date for the sole purpose of accessing the credit report. Your report will be accessed on that date and you can reinstate your freeze. This applies only to the Equifax reporting services. _____YES _____NO

Your signature will be held to constitute a waiver of the confidentiality of any proceedings before a grievance committee, any information concerning your credit or any information reported by SLED. Further, you agree to do whatever necessary to help obtain such information.

I HEREBY CERTIFY THAT THE ANSWERS TO THE ABOVE QUESTIONS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____

DATE: _____

This form remains valid for the duration of your term of office.