DSS SOUTH CAROLINA
DEPARTMENT *of* SOCIAL SERVICES

Our Mission

Serve South Carolina by promoting the safety, permanency, and well-being of children and vulnerable adults, helping individuals achieve stability and strengthening families.

The ***South Carolina Department of Social Services*** provides a work atmosphere that encourages active participation on the part of students. Our mission is to ensure the safety and health of children and vulnerable adults. As an extension of the classroom, DSS provides mentoring from credentialed staff, such that the intern is the primary beneficiary of the experiential learning. The goal for each student is to conclude their internship experience "career ready." We are committed to providing interesting and challenging work opportunities in a pleasant, helpful environment.

Internship Coordinator:

Human Resources Management Division
1535 Confederate Avenue
Columbia, SC 29202
Email: Michael.Robbins@dss.sc.gov
CC Copy: Michael.Clemons@dss.sc.gov/HR Employment@dss.sc.gov

Mr. Clemons is responsible for processing intern background checks.
Office telephone: (803) 898-7251 or (803) 898-8079

Mail Completed Applications to:

South Carolina Department of Social Services
Human Resources Division
1535 Confederate Avenue, Room 301
P.O. Box 1520
Columbia, SC 29202-1520

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Intern Utilization Process

STEP ONE

Before beginning any association with the agency, each intern must complete:
- Intern Information Form
- Referring Institution Form

STEP TWO

Once the SCDSS appointing authority has received completed documents, he/she must submit entire packet to:

SCDSS Human Resources Management Division
Attn: Michael Robbins
P O Box 1520
Columbia, SC 29202

The SLED/Live Scan Digital Fingerprinting will be completed at this time. Please notate “works directly with children” on the bottom of the form if the prospective intern will be working directly with children.

STEP THREE

Upon receipt of a clear background check, the DSS appointing authority can notify the student of their acceptance as an intern. If the background check raises any cause for concern, the DSS appointing authority will be notified by Human Resources.

STEP FOUR

On the first day of the internship:

- Sign the Intern Confidentiality Form, (located in handbook)
- Register for Defensive Driving if duties require transportation of clients and/or driving state vehicles.

STEP FIVE

A COPY of all documents listed above MUST be forwarded to:

SCDSS Human Resources Management Division
Attn.: Michael Robbins
PO Box 1520
Columbia, SC 29202

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Intern at DSS

Professional Career Goals ▪ Preparation Skills

OUR GOAL

DSS provides a work atmosphere that encourages active participation on the part of students in helping this organization fulfill its overall goal to ensure the safety and health of children and adults.

We welcome students to connect with the DSS staff. We are committed to providing interesting and challenging work opportunities as well as a pleasant, helpful work environment.

EXPECTATIONS

All information concerning clients is confidential and must be treated as so.

Attendance of job specific training is required for all interns. Staff supervisors will inform interns of training dates and registration.

Respect the diversity of each client, co-worker, supervisor, and citizen in a kind and non-judgmental manner.

INTERESTS

Check your area(s) of interest:

- ☐ Social Work
- ☐ Financial/Accounting
- ☐ Training/Teaching
- ☐ Communications
- ☐ Information Technology
- ☐ Legal
- ☐ Video Production
- ☐ Public Administration
- ☐ Human Services
- ☐ Business Development
- ☐ Child/Family Studies
- ☐ Investigation
- ☐ Case Management
- ☐ Volunteer

COMMENTS

Name_____

Address_____ City_____

Cell_____

Email_____

School _____

Expected Graduation Date_____

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Internship Application

Name:	Gender: ☐ Male ☐ Female		DOB:
Address:	City:	State:	Zip:
Home Telephone:	Alternate Telephone:		
Driver's License Number:			

Do you have six (6) or more points against your driver's license? ☐ Yes ☐ No

Have you ever been employed or completed an internship with South Carolina Department of Social Services before? ☐ Yes ☐ No	If yes, when and what did you do:

Where did you find out about this agency's internship program?

Name of College/University where you are currently enrolled:	Major:	
Name of Professor/Advisor requiring this internship:	Email:	Cell:

In case of an emergency, notify:	Telephone:
Relationship:	Alternate Telephone:
Physician:	Telephone:

I agree to submit to the agency's screening process: ☐ Yes ☐ No

Signature:	Date:

FOR OFFICE USE ONLY

☐ Approved ☐ Not Approved

Intern Supervisor's Signature: _____ Date: _____

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Referring Institution Form

Note to the Intern Candidate

Please fill out the top section of this page before giving the form to the professor/advisor who is requiring your internship. DSS will consider you for an internship once we have received all the necessary materials, including this form.

Intern Candidate's Name
First/middle/last _____

Intern Candidate's Address
Number and street _____

City_____State_____Zip _____

Home phone_____Alternate phone _____

Email address _____

Referring Institution
College/University _____

Letter to Referring Advisor/Professor

This intern candidate has asked to complete an internship with the South Carolina Department of Social Services (DSS) as part of his/her educational requirements. DSS serves a diverse population. Interns may assist agency employees and/or work independently to meet critical community needs, particularly serving children and youth. Interns are expected to show a tremendous amount of commitment, character, competency, discretion, and cooperation throughout their service.

Referring Advisor/Professor's Name

First/middle/last _____

Position/title _____

Organization/institution _____

How long have you known the applicant?_____Years_____Months

How would an internship with SCDSS help the intern candidate fulfill his/her academic requirements?

Please indicate the period of time in which the intern is expected to complete their internship.

Start Date:_____ End Date: _____

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Statement of Responsibility for Confidentiality

I understand that in addition to my legal obligation, I have a moral obligation to regard as sacred and confidential all information obtained in the performance of my duties.

I agree that all confidential information will always be held as trust and will never be discussed with any unauthorized person(s), and under no circumstances will a record be given to any unauthorized person(s).

I do understand that this agreement does not apply to knowledge or suspicion of child abuse/neglect (to include sexual abuse), which must be reported to the Department of Social Services.

I understand that any failure on my part to adhere to the above-stated confidentiality agreement will result in my immediate dismissal as an intern with the department

I understand that any violation of confidentiality requirements may result in criminal and/or civil penalties under South Carolina Law.

I understand that an unauthorized release of confidential information through my action shall render me liable and accountable for any resulting damage or injury to any person or institution.

I have read and understand this document, and by signing this document, I agree to all of the terms herein stated.

_____ _____

Signature of Intern **Date**

_____

County / Division / Agency

_____ _____

SCDSS Appointing Authority **Date**

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STATEMENT OF CANDIDATE FOR EMPLOYMENT

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

During my employment interview I was informed that it is the policy of the Department of Social Services to validate the information given on my Application for Employment including certain background reviews. The procedure for validation and background reviews will consist of the following:

a. Verification through appropriate contacts (including my former employers) of information on the Application for Employment;

b. A State Law Enforcement Division (SLED) criminal background record check on me (this review is conducted through personal information such as name, social security number, address, date of birth, race and sex). The staff of the Human Resources Division along with other appropriate staff of the South Carolina Department of Social Services will review any arrest and conviction data supplied by SLED for the purpose of offering me employment with the Department. I understand that I have the right to challenge this information, if I believe it to be erroneous, by contacting SLED to ascertain the administrative review and challenge procedure.

c. A check of the South Carolina Central Registry (Child Abuse and/Neglect); and

d. A state fingerprint review to be conducted by the Integrated Biometric Technology (IBT-Live Scan) to determine any state criminal history and a fingerprint review to be conducted by the Federal Bureau of Investigation (FBI) to determine any other criminal history if the position I am seeking is located in the day care licensing or child protective services programs which has been interpreted to include foster care and children's shelters. This will satisfy the requirement of (b). (Certification of Non-Conviction statement must also be completed which outlines fingerprint requirements/process.)

e. A check of my Driver's Record.

Also, I understand that it is my responsibility to provide a certified official college transcript prior to being employed in the event I am offered employment.

_____ _____

Signature of Intern **Date**

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FOR DSS USE ONLY (ORIGINATOR)

Agency Representative: _____

Location of Prospective Employee: _____ Class Code: _____

Position Title: _____ Position Number: _____

Child Welfare Services Required: ❑ Yes ❑ No

Prospective employee for Day Care Licensing or Child Protective Services Programs including Foster Care and children's shelters? ❑ Yes ❑ No (If yes, fingerprinting is required.)

Prospective Employee Information

Name: _____
First (No initials) Middle (No initials) Last Maiden/Former

Address: _____

City: _____ State: _____ ZIP: _____

Previous Address: _____

Social Security Number: _____ Date of Birth: _____ Race: _____ Sex: _____

FOR HUMAN SERVICES DIVISION USE ONLY
Results of Central-Registry Check
(Please initial, sign and date)

_____ Name is not listed as a perpetrator in the Child Abuse and Neglect Central Registry.

_____ Name is listed as perpetrator in the Child Abuse and Neglect Central Registry.

_____ Your request is currently being processed; however, additional time is necessary to complete your inquiry.

_____
Authorized DSS Employee

_____
Date

FOR HUMAN RESOURCES DIVISION USE ONLY

Date Report Received in Personnel: _____ Staff Initials: _____

Date SLED Background Check Requested: _____ Staff Initials: _____

Date Scheduled for Fingerprinting: _____ Staff Initials: _____

Date Request for S.C. Central Registry Check: _____ Staff Initials: _____

Date Certified Driver's License Received: (If applicable) _____

❑ Cleared ❑ Not Cleared Agency Representative Initials: _____

Results of Check/Fingerprint Reviews

❑ CLEARED TO HIRE ***❑ NOT CLEARED TO HIRE**

***REASON:** _____

Date Appointing Authority Notified: _____ **Agency Representative Initials:** _____

Instructions: Print or type the information and fax the form to the Human Resources Management Division, if only the SLED and/or SC Central Registry Check(s) is/are needed. If fingerprinting is required, please mail Form 1430 and 1434.

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CERTIFICATION OF NON-CONVICTION

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Amended legislation enacted by the General Assembly effective on July 1, 1996, reads as follows:

"Section 63-13-190. (A) Before the Department of Social Services employs a person in its day care licensing or child protective services division, the person shall undergo a state fingerprint review to be conducted by the State Law Enforcement Division to determine any state criminal history and a fingerprint review to be conducted by the Federal Bureau of Investigation to determine any other criminal history. No person may be employed in these divisions if the person has been convicted of or pled guilty or nolo contendere to any crime listed in Section 63-13-40(A) which are as follows:

(1) a crime listed in Chapter 3 of Title 16, Offenses Against the Person;
(2) a crime listed in Chapter 15 of Title 16, Offenses Against Morality and Decency;
(3) the crime of contributing to the delinquency of a minor, contained in Section 16-17-490;
(4) the felonies classified in Section 16-1-10(A);
(5) the offenses enumerated in Section 16-1-10(D); or
(6) a criminal offense similar in nature to the crimes listed in this subsection committed in other jurisdictions or under federal law.

(B) Notwithstanding subsection (A) or any other provision of law, a person may be provisionally employed in the day care licensing or child protective services divisions upon receipt and review of the results of the State Law Enforcement Division fingerprint review if the results show no convictions of the crimes referenced in subsection (A). Pending receipt of the results of the Federal Bureau of Investigation fingerprint review, the department must obtain from the prospective employee a written affirmation on a form provided by the department that the employee has not been convicted of any crime referenced in subsection (A).

(C) A person who has been convicted of a crime referenced in subsection (A) who applies for employment with the day care licensing or child protective services divisions is guilty of a misdemeanor and, upon conviction, must be fined not more than five thousand dollars or imprisoned not more than one year, or both."

I CERTIFY THAT:

1) I have read and understand the above statute requiring a review of my fingerprints by both the State Law Enforcement Division (SLED) and the Federal Bureau of Investigation (FBI);
2) I have not been convicted of any of the crimes referenced in Section 63-13-40(A) as outlined above;
3) Information was supplied to me regarding the specific crimes if I requested such information;
4) I understand that the staff of the Personnel Division along with other appropriate staff of the South Carolina Department of Social Services will review any arrest and conviction data supplied by SLED and/or the FBI as a result of my fingerprint reviews for the purpose of offering me or continuing my employment with the Department;
5) I understand that if the fingerprint reviews conclude that I have been convicted of one of the crimes referenced in Section 63-13-40(A), I will be terminated immediately from employment with the Department of Social Services.
6) I understand that if I have been convicted of a crime referenced in Section 63-13-40(A) and apply for employment with the day care licensing or child protective services division, I am guilty of a misdemeanor and, upon conviction, must be fined not more than five thousand dollars or imprisoned not more than one year, or both; and
7) I understand that if I am released from employment because of information supplied by SLED and/or the FBI, I have the right to challenge this information, if I believe it to be erroneous, by contacting the appropriate agency to ascertain the administrative review and challenge procedure.

Employee's Name (Print)	Employee's Signature	Date

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SOUTH CAROLINA
DEPARTMENT of SOCIAL SERVICES

OFFICE OF INSPECTOR GENERAL

PO Box 1520, Columbia, SC 29202

NON-CRIMINAL JUSTICE APPLICANT PRIVACY RIGHTS NOTIFICATION

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights as outlined below:

- You are entitled to written notification that your fingerprints and associated information (biometrics) will be used to check the criminal history records maintained by the Federal Bureau of Investigation (FBI), when a federal record check is so authorized.
- If you have an FBI criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- If you have a FBI criminal history record, procedures for obtaining a change, correction, or update of your record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.
- You may obtain a copy of your criminal history record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at **http://www.fbi.gov/about-us/cjis/background-checks**.
- You have the right to expect that officials receiving the results of your criminal history record check will use it solely for the purpose requested and will not disseminate the record outside the receiving departments, related agencies, or other authorized entities.
- In addition, the South Carolina Law Enforcement Division (SLED) will store your fingerprints and provide the SC Department of Social Services (DSS) with notification of any arrests that occur in South Carolina.

_____ _____
Print Name Date

_____
Signature

_____
DSS Division/Office/Unit Name

DSS
SOUTH CAROLINA
DEPARTMENT of SOCIAL SERVICES

South Carolina Department of Social Services

Office of Inspector General

Request for Criminal Record Check

INTERNSHIP

I hereby authorize the **SC Department of Social Services** (DSS) to submit a set of my fingerprints and this form to the South Carolina Law Enforcement Division (SLED) and the Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing South Carolina and national criminal history records that may pertain to me. In addition, SLED will store your fingerprints and provide the SC Department of Social Services (DSS) with notification of any arrests that occur in South Carolina. I understand that information regarding the process for obtaining a copy of my FBI criminal history record are set forth at **http://www.fbi.gov/about-us/cjis/background-checks**. Further, I understand that I am entitled to challenge the accuracy and completeness of any information in the record before a final decision about my status as an intern is made.

I understand that, until the criminal history background checks are completed, I may be denied access to children. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any in-state and national criminal history records that may pertain to me to the Qualified Entity (SCDSS) with which I am seeking to serve as an intern, pursuant to the National Child Protection Act of 1993, as amended..

____ I have been convicted of a crime (please include the dates, location/jurisdiction and outcome):

____ I am under pending indictment for the following crime(s) (please include location/jurisdiction):

Signature: _____ _____
Date

Printed Name: _____

Address: _____

_____
City State Zip Code

DOB: _____