

CHESTERFIELD COUNTY SHERIFF'S OFFICE EMPLOYMENT APPLICATION INFORMATION

We appreciate your interest in employment with the Chesterfield County Sheriff's Office. All applicants must complete a Chesterfield County Sheriff's Office application. Applications can be obtained from the front office of the Chesterfield County Sheriff's Office, located at 203 Watson Street, Chesterfield, South Carolina.

Please complete the application accurately and completely, especially concerning past employers and reference information, giving FULL addresses, telephone numbers, etc. Questionnaires are mailed to any references given, and to current and past employers indicated on your application; therefore, correct mailing addresses are critical.

The Sheriff's Office accepts applications on a continual basis. Completed applications can be turned in to the front office of the Sheriff's Office Monday through Friday from 8:30 am until 5:00 pm. Applications may also be mailed to the Sheriff's Office at the following address:

Chesterfield County Sheriff's Office
Sheriff Jay L. Brooks
203 Watson Street
Chesterfield, South Carolina 29709

All applicants must meet the following minimum requirements to be considered for employment as either a Deputy Sheriff or Correctional Officer:

- ** Must be at least 21 years of age
- ** Must have a high school diploma or GED
- ** Must have a clear criminal history
- ** Must be a United States Citizen
- ** Driving record must not show a disregard for the law
- ** Credit history must show sound financial management with the ability to keep accounts paid up to date
- ** Results of all pre-employment tests and interview must meet standards
- ** Past employment record must be satisfactory
- ** Must pass a drug test
- ** Medical examination results must show that you are capable of performing all of the essential functions of the job for which you are applying with reasonable accommodation

****Your application will NOT be processed unless filled out completely. (See page #3)****

RELEASE

I, _____, permit my present and prior employers to divulge to this organization relevant personal information from my personnel file(s) which they possess. I also authorize this organization to make any investigation of my personal history and financial and credit records through any investigative or credit agencies or bureaus of its choice. I authorize it to make an investigative report whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted.

I understand and acknowledge that information contained herein may be subject to disclosure under the South Carolina Freedom of Information Act.

I understand and agree that if I should admit to or divulge my involvement in any criminal offense during the application process, such may be reported to the proper jurisdictional authority for investigation and/or prosecution.

I release from liability, agree not to sue, and hold harmless, the Chesterfield County Sheriff's Office, Sheriff Jay Brooks, his deputies, agents, assigns, and others similarly situated, from any and all liability in any way with the processing of my application, even if they should be negligent.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF WITNESS

DATE

****The following documents are required in order for your application to be processed:**

- Copy of birth certificate
- Copy of Social Security card
- Copy of High School Diploma or GED
- Copy of a valid South Carolina driver's license
- Certified ten (10) year driving record *(This can be obtained from the SC Dept. of Motor Vehicles. If you have held a driver's license from another state within the past five years, we will need a certified driving record from that state(s) also.)*
- Credit Report *(This can be obtained from companies such as Equifax, Experian, etc. These are listed in the Yellow Pages of the phone book under "Credit Reporting Agencies" and also at the end of this handout.)*
- Copy of DoD Form 214 *(If a veteran)*
- Copies of other documents which may be applicable to employment *(Certifications, training documents, diplomas, etc.)*

If your application is complete and satisfactory, it will be placed in a pool with other applicants. Applicants are chosen from the pool to continue the process when and if an opening exists. Applicants are encouraged to reapply one year after their initial application is received.

The hiring process at the Department consists of the following:

- Driving records review
- Criminal records review
- Background investigation
- Initial interview
- Pre-employment physical examination and completion of health history questionnaire
- Pre-employment drug test
- Any other requirement determined necessary by the Sheriff's Department

The process takes several weeks to complete. Any questions may be directed to our Undersheriff, Rob Lee, at (843) 623-2101.

Qualified applicants are treated without regard to sex, race, religion, national origin, age, marital status, or disability.

The Chesterfield County Sheriff's Office is an Equal Opportunity Employer.

Major Credit Reporting Agencies

Equifax www.equifax.com or (800) 997-2493

Experian www.experian.com or (888) 397-3742

Trans Union www.transunion.com or Trans Union, PO Box 2000, Chester PA 19022

These are the three major credit reporting agencies, but there are others. You are not limited to these three.

RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS	DATES ATTENDED	YEARS COMPLETED	DID YOU GRADUATE?	LIST DEGREES
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
TECHNICAL SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
SEMINARS. INSTITUTES, ETC.				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE/UNIVERSITY UNDERGRADUATE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE/UNIVERSITY GRADUATE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER EDUCATION. TRAINING,				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

9. IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, HAVE YOU PASSED THE GENERAL EDUCATION DEVELOPMENT (GED) TEST? YES NO IF YES, WHEN AND WHERE DID YOU COMPLETE THE GED? _____
10. INDICATE LANGUAGES YOU SPEAK, READ, AND/OR WRITE _____
11. LIST PROFESSIONAL LICENSE(S) YOU HOLD _____ LICENSE NUMBER _____
 _____ LICENSE NUMBER _____
12. LIST SCHOLARSHIPS, ACADEMIC AWARDS/HONORS _____

13. LIST COURSES YOU HAVE TAKEN THAT WOULD BE PARTICULARLY USEFUL TO THE POSITION FOR WHICH YOU ARE APPLYING _____

14. LIST TRAINING, SKILLS AND/OR EXPERIENCE YOU HAVE THAT, IN YOUR OPINION, WOULD ESPECIALLY FIT YOU FOR WORK WITH THIS ORGANIZATION _____

15. TYPING SPEED _____ WPM SHORTHAND SPEED _____ WPM

16. LIST EQUIPMENT OR OFFICE MACHINES YOU CAN OPERATE _____

EMPLOYMENT HISTORY

<p>1. EMPLOYED FROM _____ TO _____ ENDING SALARY _____ PER _____ COMPANY NAME _____ TELEPHONE NUMBER () _____ ADDRESS _____ STREET OR P.O.BOX NUMBER CITY STATE ZIP CODE JOB DUTIES _____ JOB TITLE _____ REASON FOR LEAVING _____ SUPERVISOR'S NAME _____ TELEPHONE NUMBER () _____</p>
<p>2. EMPLOYED FROM _____ TO _____ ENDING SALARY _____ PER _____ COMPANY NAME _____ TELEPHONE NUMBER () _____ ADDRESS _____ STREET OR P.O.BOX NUMBER CITY STATE ZIP CODE JOB DUTIES _____ JOB TITLE _____ REASON FOR LEAVING _____ SUPERVISOR'S NAME _____ TELEPHONE NUMBER () _____</p>
<p>3. EMPLOYED FROM _____ TO _____ ENDING SALARY _____ PER _____ COMPANY NAME _____ TELEPHONE NUMBER () _____ ADDRESS _____ STREET OR P.O.BOX NUMBER CITY STATE ZIP CODE JOB DUTIES _____ JOB TITLE _____ REASON FOR LEAVING _____ SUPERVISOR'S NAME _____ TELEPHONE NUMBER () _____</p>
<p>4. EMPLOYED FROM _____ TO _____ ENDING SALARY _____ PER _____ COMPANY NAME _____ TELEPHONE NUMBER () _____ ADDRESS _____ STREET OR P.O.BOX NUMBER CITY STATE ZIP CODE JOB DUTIES _____ JOB TITLE _____ REASON FOR LEAVING _____ SUPERVISOR'S NAME _____ TELEPHONE NUMBER () _____</p>
<p>5. EMPLOYED FROM _____ TO _____ ENDING SALARY _____ PER _____ COMPANY NAME _____ TELEPHONE NUMBER () _____ ADDRESS _____ STREET OR P.O.BOX NUMBER CITY STATE ZIP CODE JOB DUTIES _____ JOB TITLE _____ REASON FOR LEAVING _____ SUPERVISOR'S NAME _____ TELEPHONE NUMBER () _____</p>

IS THERE AN EMPLOYER LISTED ABOVE THAT YOU DO NOT WANT US TO CONTACT? YES NO

WHICH ONE? NUMBER _____ WHY? _____

CO-WORKERS/FORMER CO-WORKERS (COMPLETE ADDRESS AND PHONE NUMBERS MUST BE PROVIDED.)

NAME	ADDRESS	TELEPHONE
		W H
		W H
		W H

PERSONAL REFERENCES (NO RELATIVES OR FORMER EMPLOYERS. COMPLETE ADDRESS AND PHONE NUMBERS MUST BE PROVIDED.)

NAME	ADDRESS	TELEPHONE
		W H
		W H
		W H

NEIGHBORS (COMPLETE ADDRESS AND PHONE NUMBERS MUST BE PROVIDED.)

NAME	ADDRESS	TELEPHONE
		W H
		W H
		W H

BIOGRAPHICAL DATA

1. NAME _____
LAST FIRST MIDDLE MAIDEN NICKNAME

A. HAVE YOU EVER USED ANOTHER NAME? YES NO
 IF YES, WHAT NAME _____

B. HAS YOUR NAME BEEN LEGALLY CHANGED? YES NO IF YES, EXPLAIN. _____

2. AGE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____
 HAS YOUR DATE OF BIRTH EVER BEEN CHANGED ON A LEGAL DOCUMENT? IF YES, EXPLAIN. _____

3. RESIDENCE _____
NUMBER STREET CITY STATE ZIP

A. HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

B. WHAT IS YOUR TELEPHONE NUMBER? HOME (____) _____
 WORK (____) _____ OTHER (____) _____

C. LIST PREVIOUS ADDRESSES IN THE LAST TEN (10) YEARS:

NUMBER STREET CITY STATE ZIP

NUMBER STREET CITY STATE ZIP

NUMBER STREET CITY STATE ZIP

NUMBER STREET CITY STATE ZIP

NUMBER STREET CITY STATE ZIP

D. LIST THE COMPLETE NAME OF THE PERSON WITH WHOM YOU RESIDE:

LAST FIRST MIDDLE MAIDEN NICKNAME

E. PARENTS NAMES:

FATHER: _____
LAST FIRST MIDDLE NICKNAME

MOTHER: _____
LAST FIRST MIDDLE NICKNAME

6. PERSONAL HISTORY

IN THE BACK OF THIS APPLICATION IS A STATEMENT OF THE ESSENTIAL FUNCTIONS OF CHESTERFIELD COUNTY SHERIFF'S DEPARTMENT EMPLOYEES. READ THE FUNCTIONS OF THE POSITION FR WHICH YOU ARE APPLYING AND ANSWER THE FOLLOWING QUESTIONS.

- A. AFTER TRAINING, COULD YOU PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? YES NO IF NO, EXPLAIN: _____

- B. IF NO, WHAT, IF ANY, REASONABLE ACCOMODATION(S) COULD BE MADE SO THAT YOU COULD PERFORM THE ESSENTIAL FUNCTIONS? _____

- C. HAVE YOU EVER ILLEGALLY POSSESSED, USED, OR SOLD ANY AMOUNT OF THE FOLLOWING DRUGS? IF YES, USE THE LINES NEXT TO EACH AND EXPLAIN, GIVING DATE OF LAST INCIDENT.
 - AMPHETAMINES YES NO _____
 - HASHISH YES NO _____
 - NERVE MEDICINE YES NO _____
 - BARBITUATES YES NO _____
 - HEROIN YES NO _____
 - PEP PILLS YES NO _____
 - COCAINE YES NO _____
 - SLEEPING PILLS YES NO _____
 - MARIJUANA YES NO _____
 - HALLUCINOGENS YES NO _____
 - MORPHINE YES NO _____
- D. DO YOU DRINK ALCOHOLIC BEVERAGES? YES NO IF YES, HOW OFTEN AND HOW MUCH? _____
- E. DO YOU USE ANY FORM OF TOBACCO? YES NO IF YES, LIST FORM _____

7. FINANCIAL HISTORY

- A. LIST INCOME OTHER THAN SALARY (INCLUDE SALARY OF SPOUSE): _____

- B. HOW MANY PEOPLE DO YOU SUPPORT? _____
- C. HAVE YOU EVER BEEN NAMED IN A LAWSUIT AS EITHER A PLAINTIFF OR A DEFENDANT?
 YES NO IF YES, EXPLAIN _____

D. WHAT IS THE TOTAL AMOUNT OF YOUR DEBTS AT PRESENT? _____

E. LIST CREDIT REFERENCES, INCLUDING BUSINESSES TO WHICH YOU MAKE MONTHLY PAYMENTS.

NAME OF BUSINESS	STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE

8. WORK HISTORY

A. HAVE YOU EVER BEEN, OR ARE YOU NOW ENGAGED IN A PRIVATE BUSINESS? YES NO
IF YES, LIST YOUR CAPACITY AND GIVE NAME OF BUSINESS _____

B. HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN FROM A JOB? YES NO
IF YES, EXPLAIN _____

C. DO YOU OBJECT TO WEARING A UNIFORM? YES NO

D. DO YOU OBJECT TO WORKING OVERTIME? YES NO

E. DO YOU OBJECT TO BEING AWAY FROM HOME FOR LONG PERIODS OF TIME DUE TO OFFICIAL DUTIES? YES NO IF YES, EXPLAIN _____

F. DO YOU OBJECT TO WORKING REGULAR SHIFTS? YES NO

G. DO YOU OBJECT TO WORKING ROTATING SHIFTS? YES NO

9. CRIMINAL RECORDS

A. HAVE YOU EVER BEEN ARRESTED BY LAW ENFORCEMENT? YES NO

IF YES, GIVE DETAILS:

OFFENSE CHARGED	POLICE AGENCY	STATE	DATE	DISPOSITION

B. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, GIVE DETAILS: _____

C. HAVE YOU EVER BEEN BONDED? YES NO IF YES, LIST JOBS _____

D. HAVE YOU EVER BEEN PLACED ON PROBATION? YES NO

IF YES, EXPLAIN _____

E. HAVE YOU EVER HAD ANY TRAFFIC VIOLATIONS? YES NO

IF YES LIST BELOW:

TRAFFIC VIOLATION	POLICE AGENCY	DATE

F. HAVE YOU EVER STOLEN ANYTHING? YES NO IF YES, EXPLAIN _____

G. HAVE YOU EVER BEEN COURT-MARTIALED OR SUBJECT OF DISCIPLINARY ACTION WHILE A MEMBER OF THE ARMED FORCES? YES NO IF YES, EXPLAIN _____

H. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR OTHER RESERVE UNIT: _____

I. DO YOU POSSESS A VALID SOUTH CAROLINA DRIVER'S LICENSE? YES NO
 DRIVER'S LICENSE NUMBER _____ DATE ISSUED _____

J. HAVE YOU EVER BEEN SUBJECT TO A RESTRAINING ORDER? YES NO
 IF YES, WHEN? _____ WHAT COURT? _____

K. DO YOU POSSESS A DRIVER'S LICENSE ISSUED BY ANOTHER STATE? YES NO
 IF YES, GIVE STATE AND NUMBER _____

- L. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED? YES NO
 IF YES, EXPLAIN (WHERE, REASON, DATE, ETC.) _____

- M. WAS YOUR LICENSE RESTORED? YES NO DATE RESTORED _____
- N. ARE YOUR DRIVING PRIVILEGES RESTRICTED? YES NO
 LIST RESTRICTION(S) _____

- O. ARE YOU ATTEMPTING TO CONCEAL ANY INFORMATION ABOUT YOUR BACKGROUND?
 YES NO

**HAVE YOU FILLED OUT YOUR APPLICATION COMPLETELY?
 INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

STATE OF SOUTH CAROLINA
 COUNTY OF CHESTERFIELD

I HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE AND COMPLETE AND ANY MISSTATEMENT OR OMISSION OF INFORMATION WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

SIGNED, THIS _____ DAY OF _____, 20_____.

 FULL SIGNATURE OF APPLICANT

CONFIDENTIAL

THE CHESTERFIELD COUNTY SHERIFF'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS: Use a typewriter, or print legibly in ink. Fill out this form COMPLETELY and ACCURATELY. This data is used for periodic reporting and will be kept in a CONFIDENTIAL FILE.

Date: _____

Name: _____
Last First Middle

Address: _____
Number street city state zip

Telephone: _____
Home business other

Position applied for: Deputy Correctional Officer Clerical
 Other _____

Social Security Number: _____

Date of Birth: _____

Are you a Vietnam Veteran? yes no

Are you a Disabled Veteran? yes no

How did you hear about our agency?

Walk-in Advertisement Job Service Employment agency

County Employee (*specify*) _____

Career Fair (*specify*) _____

Other (*specify*) _____