

## 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](http://www.equifax.com) or (800) 997-2493

Experian [www.experian.com](http://www.experian.com) or (888) 397-3742

Trans Union [www.transunion.com](http://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? \_\_\_\_\_

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**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*) \_\_\_\_\_