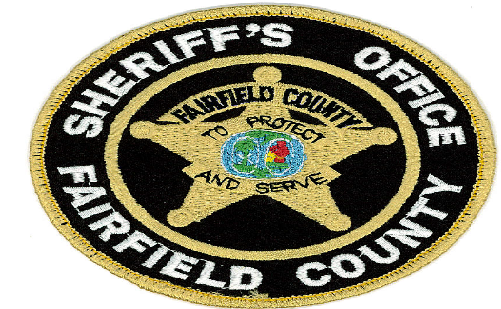
APPLICATION FOR EMPLOYMENT

FAIRFIELD COUNTY SHERIFF’S OFFICE

****

**SHERIFF**

**WILL MONTGOMERY**

**Job Description**

**Deputy – Patrol**

GENERAL STATEMENT OF JOB

Performs assigned duties of the position for the County and responds to calls for service, enforces all local and state laws relating to public safety and welfare. Works under stressful, high-risk conditions.

ESSENTIAL JOB FUNCTIONS

* Enforces all local and state laws relating to public safety and welfare; performs all duties in compliance with applicable departmental policies and procedures, laws, regulations and standards of safety.
* Performs routine patrol duties, including but not limited to patrolling assigned areas of the County, Responding to emergency calls and/or public calls for assistance, maintaining order and public safety, apprehending and arresting law violators and criminal suspects, issuing traffic citations/summonses, transporting prisoners and mental patients.
* Assists with criminal investigation. Interviews witnesses, complainants and victims; gathers physical evidence and preserves it for court; provides case follow-up as needed.
* Prepares cases for prosecution; provides court testimony as necessary.
* Participates in special operations as assigned.
* Provides courtroom security as assigned.
* Maintains assigned equipment and vehicles.
* Participates in public relations efforts as necessary to maintain a cooperative and positive relationship between the Sheriff’s Office and the community.
* Attends periodic training sessions; maintains required level of proficiency in the use of firearms.
* Prepares various documents including incident reports, accident reports, investigative reports, pursuit reports, warrants, subpoenas and case documentation.
* Refers to policy and procedures manuals, codes, regulations, laws, maps, statutes and training manuals.
* Operates/uses a variety of police equipment, which may include a police vehicle, firearms, Datamaster, radar; operates various types of office equipment, machinery and tools in the performance of duties such as a computer, printer, adding machine, radio equipment, telephones, tape recorder, fax machine and copier.

JOB SPECIFICATIONS AND QUALIFICATIONS

Knowledge;

* Policies, procedures and methods of the Sheriff’s Office;
* Structure, functions and inter-relationships of state, local and federal law enforcement agencies;
* Up-to-date law enforcement procedures;
* Firearms, automotive, radio and other law enforcement equipment;
* Legal rights of accused persons and law enforcement;
* Criminal behavior and methods of operation;
* Civil process;
* Other County departments to communicate with their representatives as necessary in carrying out duties and responsibilities;
* Layout of local roads and of the locations and characteristics of the various neighborhoods;
* Standard tools, materials and practices of the trade;
* Occupational hazards and safety precautions of the trade.

Skills;

* Operation and care of firearms;
* Comprehension, Interpretation and application of regulations, procedures and related information;
* Basic mathematics;
* Reacting quickly to emergency situation;
* Written and verbal communication via in-person, phone and email contact.

Education/Experience;

* High School diploma or equivalent, with no experience required.

Licensing and Certifications;

* Valid South Carolina Driver’s License;
* Class I Law Enforcement Certification from the South Carolina Criminal Justice Academy

Working Conditions / Physical Requirements;

* Exerting up to 150 pounds of force occasionally, up to 50 pounds of force frequently, and/or up to 20 of force constantly having to move objects.
* Positions in this class typically require talking, hearing, seeing, fingering, grasping, standing, walking, repetitive motions, stooping, knelling, crouching, reaching, climbing, balancing, pushing, pulling and lifting. Positions in this class may be exposed to moving mechanical parts, odors, dusts, poor ventilation, chemicals, oils, extreme temperatures, inadequate lighting, intense noises, gases, workplace restrictions and vibrations.

**Fairfield County Sheriff’s Office Selection Process**

Selection Process

To be considered for assignment to the eligibility list, an applicant for this position must successfully complete a 3-phase pre-assessment program.

**Uncertified Officer Certified Officer**

|  |  |
| --- | --- |
| **Phase I** | **Phase I** |
| * Receipt of completed application along with completed background check * Verification of driving record * Telephone Interview and conformation of applicants from Capt. Padgett | * Receipt of completed application along with completed background check * Verification of driving record * Telephone Interview and conformation of applicants from Capt. Padgett |
| **Phase II**   * Medical Waiver * Drug screen * Physical fitness test * Written exam – Reading comprehension | **Phase II**   * Drug screen * Physical fitness test * Written exam – Reading comprehension |
| **Phase III**   * Oral board interview * Polygraph * Interview with the sheriff * Physical exam completed upon job offer and acceptance * Psychological exam | **Phase III**   * Oral board interview * Polygraph * Interview with the sheriff |

The Fairfield County Sheriff’s Office is an Equal Opportunity Employer and does not discriminate on the basis of age, sex, religion, national origin, race, disability or political affiliation.

**Helpful Hints Regarding Your Application**

1. Be sure that all information is complete, accurate, and legible. If a question does not

pertain to you, print N/A in the space.

1. Provide copies of **all required documents**:
   1. One copy of your birth certificate,
   2. One copy of your driver’s license,
   3. One copy of your high school diploma or GED Certificate,
   4. One copy of your college diploma or diplomas if applicable,
   5. One official copy of your ten year driving record from all states where you have

been licensed to drive,

* 1. One copy of your DD214 if you have served in the military,
  2. One copy of your Social Security Card,
  3. One copy of a current credit report (must be complete with no missing pages),
  4. One copy of your Class I Law Enforcement Certification if you are currently certified,
  5. One passport size color photograph (Approximately 2”x2”)

1. Provide references as requested with telephone numbers where they can be reached between the hours of 8:00am and 4:30pm, Monday through Friday.
2. For questions regarding your application, call: Capt. Padgett at 803-635-4141

**CREDIT BUREAUS**

Equifax – [www.equifax.com](http://www.equifax.com)

To order your report, call 800-685-1111 or write:

PO Box 740241, Atlanta, GA 30374-0241

To report fraud, call 800-525-6285 and write:

PO Box 749241, Atlanta, GA 30374-0241

Experian – [www.experian.com](http://www.experian.com)

To order your report, call 888-EXPERIAN (397-3742) or write:

PO Box 2104, Allen, TX 75013

To report fraud, call 888-EXPERIAN (397-3742) and write:

PO Box 9532, Allen, TX 75013

TransUnion – [www.transunion.com](http://www.transunion.com)

To order your report, call 800-916-8800 or write:

PO Box 1000, Chester, PA 19022

To report fraud, call 800-680-7289 and write:

Fraud Victim Assistance Division, PO Box 6790, Fullerton, CA 92834

(APPLICATlON MUST BE COMPLETE WITH ITEMS LISTED ABOVE)

**Physical Fitness Evaluation**

The Fairfield County Sheriff’s Office Physical Ability Evaluation should be completed in a timely manner with maximum effort.

The evaluation will begin with the instructor giving the candidate an address consisting of a street name and numbers. The candidate will repeat the address to the instructor, and once he/she runs past the first cone the candidate’s time will start. The candidate will perform the below listed items as shown by the instructor, and then correctly state the previously given address at the end of the evaluation. The time will stop once the candidate gives the correct address. (The penalty for giving the wrong address will be that the candidate must repeat the run. The time will then stop at the end of the run.

1. Running;
2. Climbing Stairs;
3. Low Crawling;
4. Jumping (broad-type);
5. Climbing a fence (chain link);
6. Climbing through a window;
7. Moving/dragging a weight (150 pounds);
8. Changing direction on the run.

There will be an orientation prior to the evaluation, IF YOU ARE LATE YOU WILL NOT BE TESTED. The evaluation will take approximately one and one half hours.

Candidates must dress in pants, tennis shoes and loose fitting shirt.

Note: Take off all jewelry.

You will also need to bring a towel and a bottle of water.

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**FCSO Personal Appearance Policy Advisory**

1. Hair Regulations: All employees shall maintain their hair in a professional manner. All haircuts and facial hair must meet the approval of the Sheriff. No facial hair except for approved mustache will be worn while in uniform. To ensure a professional appearance and the safety of female deputies, hair must not exceed past the first seam on the back of the uniform shirt. Non-uniform deputies must conform to the same equal length in the back as the uniform shirt requirement. It is recommended that hair be in a bun, rolled up or a pony tail. Bangs cannot extend below the eyebrows. Hair cannot be worn loosely around the face. It must be behind the ears. Hair color must not be an unnatural color (i.e. blue, purple, etc.). Hair accessories should be black or match the color of the hair. Employees must be groomed in a manner befitting their work assignments.

2. Only female officers may wear one (1) earring in each ear on the lower ear lobe or by

male officers upon approval of the Sheriff. Any earrings worn must be “stud earrings”

and of such a size and character as not to be easily grasped by an assailant. No other

body piercing is approved that is visible while in uniform or plainclothes.

3. Fingernails – All personnel will keep fingernails clean and neatly trimmed. Males

will keep nails trimmed so as not to exceed beyond the fingertip. Females will not exceed a nail length of inch, as measured from the tip of the finger.

4. Females will not wear shades of lipstick and nail polish that distinctly contrast with

their complexion, that detracts from the uniform, or that are extreme. Some examples

of extreme colors include, but are not limited to, purple, gold, blue, black, white,

bright (fire-engine) red, khaki, camouflage colors and fluorescent colors.

**Tattoo or Body Art:**

1. While on duty or otherwise representing the Fairfield County Sheriff’s Office,

personnel are prohibited from exhibiting any tattoos, branding or other form of body

art, which may be seen by another.

2. Personnel who may have a tattoo or body art as referenced shall completely cover the

tattoo or body art with a long sleeved shirt or blouse, a skin toned patch, or other

material, which is approved by the Sheriff or Chief Deputy.

3. The Sheriff may grant exceptions to this rule, if necessary, to further a legitimate law

enforcement interest when presented and responded to in writing.

SOUTH CAROLINA

FAIRFIELD COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

COUNTY OF FAIRFIELD

Office of the Sheriff

350 Columbia Road

P.O. Box 387

Winnsboro, South Carolina 29180 (803) 635-4141

APPLICATION FOR EMPLOYMENT: EQUAL OPPORTUNITY EMPLOYER

|  |
| --- |
| INSTRUCTIONS: Fill out the entire application. PRINT or TYPE in black or blue ink.  NOTE: Filing an application with us does not imply that you will be interviewed or hired, only that you will be considered for vacancies based upon the stated occupation preference identified, when vacancies exist. Applications are considered active for at least six months unless we are contacted by you. If you are offered employment, it will be necessary to complete a physical examination, the results of which must be satisfactory to the Office. Return application to 350 Columbia Road.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Initial |

Position(s) applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL DATA**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

2. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Street City State Zip County

3. Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone Business phone Cell phone Email

4. If you have worked under another name, please indicate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Are you a U.S. citizen? Yes No

6. Date available to start work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Is there any reason known to you, as to why you could not consistently perform the job you

have applied for? If yes, explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. How many days have you missed from work in the last year due to sickness or injury? \_\_\_\_\_

**RECORD OF EDUCATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School    High School  Technical School  Seminars, Institutes, Etc.  College/University Undergraduate  College/University Graduate  Other Education | Name & Address | Attendance Dates | Years Completed | Did You Graduate | List Degrees |
|  |  |  | Yes No  Yes No  Yes No  Yes No  Yes No  Yes No |  |
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9. If you did not graduate from high school, have you passed the General Educational

Development (GED) Test? Yes No If yes, when and where did you complete the

GED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Indicate Languages you speak, read or write: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. List professional license(s) you hold: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. List scholarships, academic honors, awards: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. List courses that you have taken that would be particularly useful to the position for which you are applying. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. List training skills, and experience you feel would especially fit you for work with our

organization. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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15. Typing speed (WPM) \_\_\_\_\_\_\_\_\_\_\_\_List equipment or office machines you can operate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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16. Please list all social media sites that you are affiliated with (ex: facebook, Instagram,

match.com etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| NOTE: All statements are subject to verification and any incorrect statements or omissions may  bar or remove you from employment. Truthful statements to any item requested will not  necessarily exclude you from employment. Data is used for periodic reporting and will be kept  in a CONFIDENTIAL FILE. |

Signature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYMENT HISTORY

List all present and past employment, beginning with most recent.

|  |
| --- |
| 1. Employment dates from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Salary \_\_\_\_\_\_\_\_\_\_\_\_\_  Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street or P.O. Box City State Zip  Supervisor(s) name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for Leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. Employment dates from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Salary \_\_\_\_\_\_\_\_\_\_\_\_\_  Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street or P.O. Box City State Zip  Supervisor(s) name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for Leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. Employment dates from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Salary \_\_\_\_\_\_\_\_\_\_\_\_\_  Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street or P.O. Box City State Zip  Supervisor(s) name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for Leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. Employment dates from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Salary \_\_\_\_\_\_\_\_\_\_\_\_\_  Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street or P.O. Box City State Zip  Supervisor(s) name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for Leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| 5. Employment dates from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Salary \_\_\_\_\_\_\_\_\_\_\_\_\_  Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street or P.O. Box City State Zip  Supervisor(s) name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for Leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

May we contact the employers listed above? \_\_\_\_\_\_\_If no, which company do you not wish us to contact? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSONAL REFERENCES (No relatives or former employees)

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Occupation | Address | Telephone No. |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

|  |  |  |
| --- | --- | --- |
| Neighbors: Name | Address | Telephone No. |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

I hereby represent that the information provided is correct and complete to the best of my

knowledge. I understand that any incorrect, incomplete or false statements or information,

furnished by me may void this application or subject me to discharge at any time after

employment.

Signature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOUTH CAROLINA

FAIRFIELD COUNTY SHERIFF'S OFFICE

350 Columbia Road

P.O. Box 387

Winnsboro, South Carolina 29180 (803) 635-4141

BACKGROUND INVESTIGATION

|  |
| --- |
| INSTRUCTIONS: Using a typewriter or legibly printing in ink, fill out this form completely and  accurately. If extra space is needed, use additional pages and identify the information by item  number. If an item does not apply to you, indicate by entering N/A in the blank.  NOTE: All statements are subject to verification and any incorrect statements or omissions may  bar or remove you from employment. Truthful statements to any item requested will not  necessarily exclude you from employment. Data is used for periodic reporting and will be kept  in a CONFIDENTIAL FILE. |

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 List former name \_\_\_\_\_\_\_\_\_\_\_

2. Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Street City State Zip

a. How long have you lived at this address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. What is your telephone number? Home\_\_\_\_\_\_\_\_\_\_ Business \_\_\_\_\_\_\_\_\_\_Other \_\_\_\_\_\_\_\_

c. List previous addresses in the last 5 years.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Street City State Zip

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Street City State Zip

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Street City State Zip

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Street City State Zip

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Street City State Zip

d. List complete name of person with whom you are residing and the person's relationship

to you:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Relationship

e. Parents Name: Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Nickname

Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Nickname

3. DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a. Has your date of birth ever been changed on a legal document? If yes, explain \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Social Security No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Sex: Male Female

6. Marital Status: Single Engaged Divorced

Married Separated Widowed

a. Name of Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Widowed

b. Spouse’s Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where Employed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Name of former spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Relationship

d. List all your children, including any adopted or stepchildren:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | DOB | Name with whom resides | Address |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

MILITARY SERVICE Yes No Branch \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Highest Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Discharge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Court Martials/punishment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a. Are you registered for Selective Service? Yes No

b. What is the date and location of your last discharge? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. List all medals and decorations awarded you during your military service \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. If you are presently a member of the National Guard or any military reserve, give the unit,

location, and describe your obligation. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Have you ever illegally used any of the following drugs? Yes No

If yes, explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amphetamines \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marijuana

Barbiturates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Morphine

Cocaine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nerve Medicine

Hallucinogens \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pep Pills

Hashish \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sleeping Pills

Heroin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Steroids

f. When was the last time you used any of the above? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

g. Are you presently in a physical fitness program? Yes No List type \_\_\_\_\_\_\_\_\_\_\_

FINANCIAL STATUS

a. List income other than salary (include salary of spouse). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Do you have any other employment that you plan on continuing upon being hired? \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. How many persons do you support? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Have you ever been sued? Yes No If yes, give details. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. What is the total amount of your debts at present? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. List credit references, including businesses to which you make monthly payments.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Business | Street | City | State | Zip | Telephone No. |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

WORK HISTORY

a. Have you ever been or are you currently engaged in a private business? Yes No

If yes, list your capacity and give name of business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Have you ever been discharged or asked to resign from a job? Yes No

If yes, explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

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, explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. Have you ever stolen anything? Yes No If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

g. Have you ever been court martialed or a subject of disciplinary action while a member of

the armed forces? Yes No If yes, explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

h. Can you operate a motor vehicle? Yes No

i. Do you possess a valid South Carolina driver’s license? Yes No

a. Driver’s License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b. Date Issued \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

j. Do you currently possess a driver’s license issued by another state? Yes No

If yes, give state and number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

k. Was your license ever suspended or revoked? Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Reason Date

If yes, give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

l. Was your license restored? Yes No Date Restored \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

m. Are your driving privileges restricted? Yes No List Restrictions \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

n. Are you attempting to conceal any information about your background? Yes No

STATE OF SOUTH CAROLINA

COUNTY OF FAIRFIELD

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.

This the \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Signature of Applicant

CONFIDENTIAL

**Fairfield County Sheriff’s Office**

**Release for Background Checks**

I understand that the employment background check *requires* my full name, social security number and date of birth. I authorize the Fairfield County Sheriff’s Office to perform a background check and release those parties supplying such information from all liability or responsibility with respect to the information provided. The permissive background checks will be Fair Credit Reporting Act (FCRA) compliant.

I certify that the entries made by me on this form are true, complete and accurate to the best of my knowledge and are made in good faith and voluntarily. I understand that any false statements or answers by me may disqualify me for consideration or will be sufficient grounds for termination. Moreover, I understand that failure to complete this form will preclude me from employment opportunities with the Fairfield County Sheriff’s Office.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign Name Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number

**Applicant**

**Consent to Drug Testing**

The undersigned applicant for employment understands and acknowledges that the Fairfield County Sheriff’s Office requires all applicants who are tentatively selected for employment to submit to and pass a drug test, and that failure to take the test, failure to cooperate in taking the test, failure to follow test procedures, or testing positive for the use of illegal drugs or substance will result in disqualification from employment.

The drug test will be by urinalysis and if the collector of the test sample believes that there is a reasonable possibility that the applicant has or will tamper with or substitute the urine sample, the sample or an additional sample may be collected under conditions in which a person of the same gender of the applicant may witness the collection.

The Fairfield County Sheriff’s Office uses Random Drug Screen Inc. located at 1345 Garner Lane; Ste. 303A in Columbia, SC 29210. You can set up an appointment by calling RDSI at

(803) 772-0027 or go to their website at <https://www.randomdrugscreeninc.com>.

The applicant consents to the foregoing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Fairfield County Sheriff's Office**

**Release of Liability and Hold Harmless Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby request permission to attend the Pre-Employment Physical Fitness Evaluation to be conducted by the Fairfield County Sheriff’s Office.

In consideration of, permission being granted to me to attend this Physical Fitness Evaluation, I hereby acknowledge the risks and potential for injury inherent in such instruction and do hereby represent that my undertaking of the Pre-Employment Fitness Evaluation is free and voluntary with full awareness of those risks and the potential for injury.

Furthermore, in consideration of permission being granted me to attend the Pre-Employment Physical Fitness Evaluation, I hereby release from liability and hold harmless the Fairfield County Sheriff’s Office and its employees for any acts or omissions, which may cause direct or indirect injury to me personally or my property during the Pre-Employment Physical Fitness Evaluation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Sworn To and Subscribed Before Me

This \_\_\_\_\_\_ Day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC FOR SOUTH CAROLINA

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fairfield County Sheriff’s Office**

**Pre-Employment Physical Fitness Evaluation**

Please print when filling out both pages of this form.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you fit for duty (without restrictions)? Yes No

If no, please explain:

2. Are you currently being treated for a medical condition or chronic health problem?

Yes No

If yes, please explain:

3. Are you currently using any type of prescription drugs? Yes No

If yes, please describe:

4. Do you have: Any known allergies? Yes No

Difficulty breathing? Yes No

High blood pressure? Yes No

Diabetes? Yes No

If yes to any of the above conditions, please describe:

5. Which of the following activities do you regularly participate in?

Martial Arts Baseball Basketball

Weight Lifting Aerobics Football

Jogging Swimming Bicycling

Volleyball Soccer Other Sports (identify below)

Please describe how often you participate in the above stated activities

6. How would you describe your current physical fitness level?

Excellent Good Fair Poor

7. Have you ever been hospitalized? Yes No

If yes, please describe:

8. Have you ever had any surgery within the last 5 years that may or may not restrict your

capabilities to perform your daily duties?

If yes, please describe:

9. Have you ever had any broken bones within the last 5 years that may or may not restrict your capabilities to perform your daily duties?

If yes, please describe: