

Name: _____

Calhoun County Sheriff's Office

Sheriff Thomas Summers Jr.

Employment Application



Equal Opportunity Employer

2811 Old Belleville Road (PO Box 749)

St. Matthews, SC 29135

803-874-2741

www.calhounscsheriff.com

Deputy Sheriff Career Information

Minimum Requirements:

U.S. Citizen

At least 21 years of age

High School Diploma or GED

Good Driving History

Good Credit History

Clean Criminal Record

Good Moral Character

Successfully complete a pre-employment polygraph and drug screening

Required Documents:

Complete Application

Copy of High School Diploma or GED

Certificate Copy of College Degree or Official Transcripts

Copy of S.C. Driver's License

Copy of Birth Certificate

Copy of DD-214 (military service only)

Copy of Social Security Card

10 year Certified Driving Record (original only)

Current credit report

Consent Form

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Calhoun County Sheriff's Office, or to any authorized agent of a criminal justice agency or any private agency upon request of the Calhoun County Sheriff's Office, whether the said records are public, private, or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records of educational institutions; financial or credit institutions, including records of loans, records of commercial or retail credit agencies (including credit reports and ratings) and financial statements and records wherever filed; medical and psychiatric treatment records including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorney at law, or of other council whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the Calhoun County Sheriff's Office. I also certify that any person(s) who may furnish this information concerning me shall not be held accountable for giving this information; and hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

I also agree to pay any and all charges or fees concerning this request and can be billed for such charges at the below address.

A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature

Date

Today's Date

Social Security Number

Address

Telephone Number

Calhoun County Sheriff's Office
Employment Waiver

I, _____, hereby acknowledge and affirm that I fully understand that my employment with the Calhoun County Sheriff's Office is contingent upon the results of the department's investigation of my background.

Furthermore, I fully understand that if this investigation reveals any information that would prohibit my continued employment with this agency or if I cannot successfully complete the course of study to be certified by that SCCJA my appointment to this position is subject to immediate termination.

I, _____, without any coercion voluntarily agree to execute this waiver.

Signature

Date

Social Security Number

Position applied for:

Law Enforcement _____

Communications _____

Civilian Administration (clerical) _____

Witness Signature

Application Questionnaire

Instructions: If you answer “yes” to questions 5-19, you must explain your response on the explanation sheet provided. Remember to indicate the question number you are referencing when responding to these questions on the explanation sheet. All explanations must be detailed and accurate. Failure to disclose any information or omit relevant facts will constitute a deliberate attempt to mislead the department and your application will not be processed.

1. Will you consent to a rigid physical fitness examination? (Law enforcement applicants only) _____
2. Will you submit to a medical examination? (Law enforcement applicants only) _____
3. Will you consent to a thorough background investigation? _____
4. Will you be able to work 12 hour shifts? _____
5. Have you ever been rejected for employment, for any reason? _____
6. Have you ever been terminated or asked to resign from any job? _____
7. Have you ever been physically arrested either as an adult or juvenile? _____
8. Have you ever appeared in ANY court as a defendant on criminal charges? _____
9. Have you ever been detained by law enforcement, or the subject of an investigation? _____
10. Have you ever received a traffic citation? If yes, how many and for what? _____
11. Have you ever used, tried, or ingested marijuana, or synthetic marijuana? _____
12. Have you even used, tried, or ingested cocaine? _____
13. Have you ever used, tried, or ingested any other illegal narcotic? _____
14. Do you drink alcoholic beverages? If yes state how often _____
15. Have you ever or are you currently using steroids? _____
16. Has your driver’s license ever been suspended? If yes explain in detail the reasons surrounding the suspension. _____
17. Have you ever filed bankruptcy? _____
18. Have you ever had automobile insurance withdrawn or revoked? _____
19. Are you aware of any information, in addition to that specifically addressed in this application, which may be relevant to an investigation into your eligibility for appointment to the position for which you have applied? _____

Personal Data

Full Name: _____

Current Address: _____

Street number and name, City, State, Zip

Date of Birth: _____ Age: _____ SSN: ____ - ____ - ____

Height: _____ Weight: _____

Telephone Numbers: Home: _____

Work: _____

Cell: _____

Place of Birth: City: _____, State: _____, Country _____

Length of continuous residency in South Carolina: (years/months) _____

Are you a United States Citizen: _____?

If "no" are you a permanent resident? _____

Are you: Natural Born ____ Need certified copy of birth record

Naturalized ____ Need original naturalization papers

Have you ever used another name or had your name changed? _____

Note: This includes, but is not limited to, maiden names, former married names, adopted names, nicknames, etc. Please list in the table below if you answered "yes"

Previous Name	Date of Change	Location of Change	Reason

Marital Status: Single ____ Married ____ Divorced ____ Separated ____

South Carolina Driver's Number: _____

Date Issued: _____

Out of state Driver's License Number: _____

State: _____

Personal Data Cont.

Have you ever worked for the Calhoun County Sheriff's Office? _____

If "yes"

Dates: _____ through _____

In what capacity? _____

Have you applied with this agency before? _____

Do you use Social Media? _____

If "yes" please provide the URL.

Facebook: _____

Twitter: _____

Foursquare: _____

Instagram: _____

Other: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

Telephone Numbers: Home: _____

Work: _____

Cell: _____

Education

Name of School – City, State	Did you graduate?	Major	Degree Received
High School			
College			

Note: Applicant must provide a copy of his/her High School Diploma or GED certificate with this application.

Month and Year graduated from High School or date GED obtained: _____

Please list any additional education that relates to your ability to perform the job for which you have applied:

Since High School, have you ever been expelled or suspended from any school or have you been disciplined by a school official? _____ if yes explain:

Please list any professional classes or courses that you have attended:

Education Cont.

Please note any technical skills that you have acquired and the extent of your proficiency:

Computer: _____

Types of Software used: _____

WPM Typing: _____

Please list any foreign languages that you have learned and the extent of your proficiency:

Previous Law Enforcement Experience

Have you ever attended a state, federal, local, or military school for police officer, Deputy Sheriff, Correctional Officer, Military Police Officer, etc.? _____

Dates attended: _____ from _____

Did you graduate? _____

Name of institution: _____

List the number of years and months experience you have as a law enforcement officer: _____

Agency	Dates From/To	Division	Supervisor	Salary

Military Service

Have you ever served in any branch of the United States Armed forces? This includes Reserves, National Guard, or Coast Guard. _____

Have you ever attempted to enlist in any branch of the armed forces? _____

Have you ever served in any branch of a foreign military? _____

Branch	Dates From/To	Highest Rank obtained	Type of discharge

Note: Applicant must provide a copy of all DD-214

Employment History

In the tables below, list all jobs you have worked since the age of 16. List jobs in descending order beginning with your current or most recent job. For any gap in employment list the reason, example, full time student, unemployed, etc. Failure to properly complete the employment section may result in your disqualification. A resume may be attached only as additional information. You must complete this section.

Employer	From: Month/Year	Salary	Position
Address	To: Month/Year	Duties	
Phone Number		Supervisor	
Reason for leaving:			

Employer	From: Month/Year	Salary	Position
Address	To: Month/Year	Duties	
Phone Number		Supervisor	
Reason for leaving:			

Employer	From: Month/Year	Salary	Position
Address	To: Month/Year	Duties	
Phone Number		Supervisor	
Reason for leaving:			

Employment History Cont.

Employer	From: Month/Year	Salary	Position
Address	To: Month/Year	Duties	
Phone Number		Supervisor	
Reason for leaving:			

Employer	From: Month/Year	Salary	Position
Address	To: Month/Year	Duties	
Phone Number		Supervisor	
Reason for leaving:			

Employer	From: Month/Year	Salary	Position
Address	To: Month/Year	Duties	
Phone Number		Supervisor	
Reason for leaving:			

References

List the names of two (2) persons who have known you for more than five (5) years and are not related to you by blood or marriage, nor are former employers. All persons may be asked to appraise your character, ability, experience, personality, and other qualities. Do not leave blank spaces.

_____	_____	
Name	Relationship	

Address		
_____	_____	
Occupation	Employer	Work phone number
_____	_____	_____
Personal phone number		Length of time you have known reference

References Cont.

_____	_____	
Name	Relationship	

Address		
_____	_____	
Occupation	Employer	Work phone number
_____	_____	_____
Personal phone number	Length of time you have known reference	