

APPLICATION FOR CHAPLAINCY  
RICHLAND COUNTY  
SHERIFF'S DEPARTMENT  
SHERIFF LEON LOTT



## APPLICATION FOR CHAPLAINCY COUNTY OF RICHLAND

Office of the Sheriff's Department Chaplain Corps  
1931 Pineview Rd.  
Columbia, SC 29209  
(803) 576-3057

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 selected, only that you will be considered for vacancies based upon the stated occupation preference identified, when vacancies exist.

Applications are considered active for six months unless we are contacted by you.

Please Initial Acknowledgement and Understanding: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### PERSONAL DATA

Name: \_\_\_\_\_  
Last, First, Middle

Address: \_\_\_\_\_  
Number, Street, City, State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_ (best contact) Email: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

Are you a U.S. citizen?  Yes  No If "no" give Visa Type: \_\_\_\_\_

Immigration Number: \_\_\_\_\_

- If you are brought into the Chaplain Program, you are expected to maintain a minimum of 6 contact hours each month with the officers and personnel of the Richland County Sheriff's Department.
- As a Chaplain, you are expected to hold confidences in sacred trust, except if you feel a person is a dangerous threat to themselves or others.
- As Chaplains, we do not preach, evangelize, proselytize or seek to convert those in our care. We are a Ministry of Presence.

With your initials, acknowledge your understanding and acceptance: \_\_\_\_\_

### Education

	Name & Address	Dates	Years Completed	Graduated?	Degree
High School					
College					
Grad School					
Seminary					

Denomination/ Religious Affiliation: \_\_\_\_\_

Endorsing Entity: \_\_\_\_\_

Endorsing Entity Point of Contact & Phone: \_\_\_\_\_

A Letter of Endorsement, to include a person of contact and their contact information, is requested

### EXPERIENCE

Have you ever served in the U.S. Military? \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

Are you currently serving in the U.S. Military Reserves? \_\_\_\_\_ Branch: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Rank at time of Discharge: \_\_\_\_\_

### Criminal History

Ever been arrested? \_\_\_\_\_ Agency: \_\_\_\_\_ Charge: \_\_\_\_\_

Have you ever been Convicted of a Felony? \_\_\_\_\_ Agency: \_\_\_\_\_

Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_

### Pastoral

We acknowledge that Chaplaincy is a unique calling that requires each Chaplain to be able to deal with issues not part of church ministry. What gifts, skills, specialties, and training would you bring to the Chaplaincy?

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## ACKNOWLEDGEMENT OF UNDERSTANDING

Please initial each statement signifying your understanding and acceptance.

1. I understand that I am not to carry a firearm during my duties as a Chaplain, even if I have a permit, because I recognize that Chaplains are representative of peace.
2. I recognize that Law Enforcement Officers and their families are part of my flock and will be just as ready to reach out to, help, listen to, visit and pray with/ for, as I would any member of my own ministry.
3. I will make at least 6 contact hours each month with the members of the Richland County Sheriff's Department. If I find that I am unable to meet this expectation, I will voluntarily surrender my credentials and equipment to the Senior Chaplain.
4. If I am charged with any crime, justified or not, I will return my credentials to the Senior Chaplain until Internal Affairs has completed their investigation and the Sheriff has rendered a decision.
5. I understand that Chaplains serve by the will of the Sheriff.
6. Due to the nature of Chaplaincy, I will not criticize or pass judgment on anyone in or any policy of the Richland County Sheriff's Department.
7. If I am unable to be available during my On-Call Rotation, I will notify the Senior Chaplain immediately.
8. As a Chaplain, our main job is to listen and encourage. We do not and will not interfere, not get involved with, the machinations of command.
9. I understand that the Chaplaincy can be a stressful calling. Therefore I will pray for and with, encourage, and support my fellow chaplains.
10. I will report my Activity Hours no later than close of business (5pm) on the last day of each month.

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## REFERENCES

Name	Address	Phone	Email

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 removal at any time from the Chaplains' program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**SOUTH CAROLINA  
RICHLAND COUNTY SHERIFF'S DEPARTMENT**

**APPLICATION FOR EMPLOYMENT  
Equal Opportunity Employer**

**COUNTY OF RICHLAND**  
Office of the Sheriff  
5623 Two Notch Road  
P.O. Box 143  
Columbia, South Carolina 29223

(803) 576-3000

**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 six months unless we are contacted by you. If you are offered employment, it will be necessary to complete a physical examination (at your own expense), the results of which must be satisfactory to the Office. Return application to 5623 Two Notch 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 \_\_\_\_\_ Other phone \_\_\_\_\_ Email \_\_\_\_\_

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

5. Are you a U.S. citizen? Yes  No  If no, give Visa type: \_\_\_\_\_

Immigration number: \_\_\_\_\_

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## RECORD OF EDUCATION

School	Name & Address	Attendance Dates	Years Completed	Did You Graduate	List Degrees
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Technical School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Seminars, Institutes, Etc.				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/University Undergraduate				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/University Graduate				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Education				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	

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 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.

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

# **Richland County Sheriff's Department**

## **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 Richland County Sheriff's Department 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 **Richland County Sheriff's Department**.

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Print Name

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Date

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Sign Name

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Date of Birth

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Social Security Number

APPLICANT  
CONSENT TO DRUG TESTING

The undersigned applicant for employment understands and acknowledges that Richland County 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 substances 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 applicant consents to the foregoing.

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Applicant

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Date

## Additional Information Sheet

First Name:

Last Name:

Middle Name:

Age:

Date of Birth:

Eye Color:

Facial hair: (None, mustache, beard, or mustache and goatee)

Hair Color:

Height:

Weight:

Race:

Sex: