

APPLICATION FOR EMPLOYMENT

**RICHLAND COUNTY SHERIFF'S
DEPARTMENT**



**SHERIFF
LEON LOTT**

**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. Telephone _____
 Home Business 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"/>	
Technical School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Seminars, Institutes, Etc.				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/University Undergraduate				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/University Graduate				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Education				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.

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

5623 Two Notch Road
P.O. Box 143
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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
6. _____
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
	Last	First	Middle	Nickname
Mother	Last	First	Middle	Nickname
	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.			

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. How many persons do you support? _____

c. Have you ever been sued? Yes No If yes, give details. _____

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	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 martialled 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 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 RICHLAND**

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

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 _____

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** _____

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**.

Print Name

Date

Sign Name

Date of Birth

Social Security Number

APPLICANT: _____ DATE _____

FOR OFFICE USE ONLY

APPLICATION:

DATE OUT: _____ DATE IN: _____

INTERVIEW BY: _____ DL CHECK: _____ YES _____ NO

PHOTOGRAPH: _____ YES _____ NO CRIMINAL HISTORY: _____

POLYGRAPH: DATE: _____ TIME: _____

PSYCHOLOGICAL TEST DATE: _____ TIME: _____

DR. _____

REMARKS: _____

POLYGRAPH REPORT:

NO DECEPTION: _____ DECEPTION INDICATED: _____

INCONCLUSIVE: _____ CONFESSION: _____

EXAMINER: _____ DATE: _____

REMARKS: _____

IT IS THE OPINION OF THE INTERVIEWING OFFICER THAT THE APPLICANT DOES/DOES NOT HAVE THE BASIC QUALIFICATIONS TO PROCEED WITH THE APPLICATION PROCESS.

SIGNATURE AND RANK DATE:

REMARKS: _____

APPLICATION STATUS

APPLICATION APPROVED: _____ YES _____ NO DATE: _____

APPROVED BY: _____

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.

Applicant

Date