

*APPLICATION FOR EMPLOYMENT*

**RICHLAND COUNTY SHERIFF'S  
DEPARTMENT**



**SHERIFF  
LEON LOTT**

**TO: APPLICANTS**

**FROM: PERSONNEL DIVISION - RICHLAND COUNTY SHERIFF'S DEPARTMENT**

**SUBJECT: PRE-EMPLOYMENT REQUIREMENTS**

On behalf of the Richland County Sheriff's Department, we welcome your application. For you to be considered for employment the following qualifications must be met and all sections of application must be completed.

**DEPUTY SHERIFF - PATROLMAN  
REQUIREMENTS:**

- 1) Must have a high school diploma, GED, degree from accredited college or university, military experience or current law enforcement certification
- 2) Minimum Twenty-One (21) Years of Age
- 3) No criminal history
- 4) Valid S.C. Driver's License - Limited violations, if any.
- 5) **DRUG FREE BACKGROUND**
- 6) Satisfactory background and financial investigation
- 7) Satisfactory interview, polygraph examination, psychological, drug testing
- 8) **YOU MUST FURNISH PHOTOSTATIC COPIES OF YOUR DRIVER'S LICENSE, SOCIAL SECURITY CARD, BIRTH CERTIFICATE, HIGH SCHOOL/GED AND COLLEGE DIPLOMAS, DD 214 (IF PRIOR MILITARY), CERTIFIED DRIVING RECORD OF ALL LICENSES POSSESSED IN THE LAST 10 YEARS, AND A FINANCIAL CREDIT HISTORY CHECK AT THE TIME OF APPLYING.**
- 9) Meet physical fitness standards of the job description.

**SECURITY POLICE OFFICER (COURT SECURITY) REQUIREMENTS: HIGH SCHOOL GRADUATE  
ITEMS 2 - 9 ABOVE**

**• APPLICATION MUST BE COMPLETE WITH ITEMS LISTED ABOVE**

### **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.
2. Provide copies of all required documents:
  - a. One copy of your birth certificate,
  - b. One copy of your drivers license,
  - c. One copy of your high school diploma or GED Certificate,
  - d. One copy of your college diploma or diplomas if applicable,
  - e. One official copy of your ten year driving record from all states where you have been licensed to drive,
  - f. One copy of your DD214 if you have served in the military,
  - g. One copy of your Social Security Card,
  - h. One copy of a current credit report (must be complete with no missing pages),
  - i. One copy of your Class I Law Enforcement Officer Certification if you are currently certified. (does not apply to Correctional Officers),
  - j. One passport size color photograph (Approximately 2"x2")
3. Provide references as requested with telephone numbers where they can be reached between the hours of 8:00am and 4:30pm, Monday through Friday.
4. For questions regarding your application, call: M/D Jay Evans at 803-576-1488.

### **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

For more information, visit our website at [www.rcsd.net](http://www.rcsd.net)

## **Physical Fitness Evaluation**

The Richland County Sheriff's Department Physical Ability Evaluation is a timed event performed on a pass/fail basis. Candidates must complete the evaluation in a time of 5:18 (five minutes, eighteen seconds) or less.

1. Run 200 yards
2. Carry two 30 pound water bottles 60 yards
3. 20 Step ups
4. 15 bent leg sit-ups
5. Climb through window size opening 4 feet off the ground
6. 15 bent leg sit-ups
7. 20 step ups
8. Carry two 30 pound water bottles 60 yards
9. Run 200 yards

Candidates must come dressed 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.

## **RCSD 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. Sworn personnel may have neatly groomed facial hair. To ensure a professional appearance and the safety of female deputies, hair must not exceed pass 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 extend beyond the fingertip. Females will not exceed a nail length of 1/8 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 detract 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 Richland County Sheriff’s Department, personnel are permitted to display tattoos and branding, except on the face and neck.
2. 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  
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 Cell 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					
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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





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

Last	First	Middle	Relationship
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**e. Parents Name:**

<b>Father</b>	Last	First	Middle	Nickname
	Last	First	Middle	Nickname
<b>Mother</b>	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.

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

<b>5. Employment dates from</b> _____ <b>to</b> _____ <b>Ending Salary</b> _____				
<b>Company Name</b> _____		<b>Telephone Number</b> _____		
<b>Address</b> _____				
	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Supervisor(s) name:</b> _____				
<b>Job Title</b> _____		<b>Reason for Leaving</b> _____		
<b>Job Duties</b> _____				

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

Explain \_\_\_\_\_

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**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  
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



**Richland County Sheriff's Department**  
**Release of Liability and Hold Harmless Agreement**

I, \_\_\_\_\_, hereby request permission to attend the Pre-Employment Physical Fitness Evaluation to be conducted by the Richland County Sheriff's Department.

In consideration of, permission being granted 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 Richland County Sheriff's Department and its employees for any acts or omissions, which may cause direct or indirect injury to my person or property during the Pre Employment Physical Fitness Evaluation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Richland County Sheriff's Department  
Pre Employment Physical Fitness Evaluation**

Please print when filling out both pages of this form.

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

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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?

- |                                         |                                   |                                                        |
|-----------------------------------------|-----------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Martial Arts   | <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball                    |
| <input type="checkbox"/> Weight Lifting | <input type="checkbox"/> Aerobics | <input type="checkbox"/> Football                      |
| <input type="checkbox"/> Jogging        | <input type="checkbox"/> Swimming | <input type="checkbox"/> Bicycling                     |
| <input type="checkbox"/> Volleyball     | <input type="checkbox"/> Soccer   | <input type="checkbox"/> 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: