To: Sheriff's Office Applicants

Re: Application Process

In order to speed your application process, only submit your application after you have obtained all of the following information:

1. Complete an application of employment
2. Copy on ONE sheet of 8.5 x 11 paper:
   a. Your birth certificate
   b. Your driver's license
   c. Your high school diploma, or highest degree earned
   d. Your social security card with correct legal name
3. A notice of judgment from the Clerk of Court in the county in which you reside stating that there are not outstanding civil judgments against you.
4. If you are a certified officer, send a copy of you SCCJA Basic Certification diploma. Do not send any other SCCJA diplomas or forms.
5. If you were a member of the U. S. Armed Forces, a completed DD214 form.
6. Credit Report
7. Authorization to Release Information Form

Note: We do not buy out Law Enforcement Contracts.

Mail all information to: Administrative Support Division
                       Pickens County Sheriff's Office
                       216 C. David Stone Road
                       Pickens, South Carolina 29671

You can obtain a copy of your birth certificate by sending your full name, date of birth, hospital name, city and county of hospital to: Office of Vital Records, 2600 Bull Street, Columbia, S. C. 29201, phone (803) 734-4830. The cost is $8.00.

You can obtain a copy of your high school diploma or GED by sending your full name, name of school, year graduated and county of school to: S. C. Department of Education, 1429 Senate Street, Rutledge Building, Room 708, Columbia, S. C. 29201, phone (803) 734-8333 (HS Diploma) or (803) 734.8347 (GED). The cost is $2.00.

You can obtain a credit report by sending a written request with your full name, present address, date of birth, social security number, a copy of a bill, and a copy of your driver's license or credit card to verify identification, your spouse's name and your signature to EXPERIAN, Post Office Box 9530, Allen, Texas 75013.
AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

Re: Applicant for Employment – Name ____________________________

DOB ____________________________

SS# ____________________________

I hereby authorize a representative of the Pickens County Sheriff’s Office, bearing this release, or copy thereof, to obtain any information in your files pertaining to my reputation, police record, medical record, credit/financial record, school record, past and present employment record and military record including all information of a confidential or privileged nature, and Photostats of the same if requested.

In applying for employment with the Pickens County Sheriff’s Office, I hereby waive my rights of access to the letters relating to police records, medical, credit, school, military, or employment history and letters of recommendation.

______________________________________________________________
Applicant’s Signature

Street Address:

______________________________________________________________

City ___________________ State ______ Zip Code

Subscribed and sworn to before me this ______________ day of 
________________________________________, ________

______________________________________________________________
Notary Public

My commission expires:

______________________________________________________________
APPLICATION FOR EMPLOYMENT
(Please Print)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

DATE OF APPLICATION ____________________

Position Applied For: ____________________

Name: ____________________ ____________________ ____________________ ____________________

(Last) (First) (Middle) (Social Security Number)

Present Address: ____________________ ____________________ ____________________ ____________________ ____________________

(Street, Apt. #, or P.O. Box) (City) (County) (State) (Zip Code)

Phone No. (Home) ____________________ E-Mail ____________________

May we call you at work? Yes _____ No _____ (Business Phone) ____________________

Are you 18 years of age or older? Yes _____ No _____ Are you eligible to work in the United States? Yes _____ No _____

Relatives employed by Pickens County? Yes _____ No _____

If Yes, (List Name(s), Relation, and County Department)

______________________________________________________________

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Have you ever been employed by Pickens County? Yes _____ No _____ What year? ________

On what date would you be available for work? ____________________

Have you been convicted, pled guilty, or pled no contest to a crime other than minor traffic violations? Yes _____ No _____

Note: A “yes” answer to this question will not necessarily bar you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying are considered.

If Yes, (List Charge(s), Where Convicted, Date, Disposition or Current Status)

______________________________________________________________

______________________________________________________________
Were you in the U. S. Armed Forces? Yes _______ No _______

If Yes, list Branch and Rank at Discharge ________________________________

Dates of Duty: From (Month, day, year): _____________________ To (Month, day, year): _____________________

EDUCATION:

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<tr>
<th>Name of High School – Location</th>
<th>Highest Yr Completed</th>
<th>Did you Graduate?</th>
<th>Degree/Diploma</th>
<th>Dates Attended:</th>
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GED: Date:

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<tr>
<th>Name of College – Location</th>
<th>Highest Yr Completed</th>
<th>Did you Graduate?</th>
<th>Degree/Diploma</th>
<th>Dates Attended:</th>
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<th>Other - Location</th>
<th>Highest Yr Completed</th>
<th>Did you Graduate?</th>
<th>Degree/Diploma</th>
<th>Dates Attended:</th>
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<th>Trade or Vocational School - Location</th>
<th>Highest Yr Completed</th>
<th>Did you Graduate?</th>
<th>Degree/Diploma</th>
<th>Dates Attended:</th>
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Do you possess a valid S.C. Driver’s License? Driver’s License Number and State _________________________

Are you currently registered or licensed for a profession in South Carolina? Yes ___________ No ____________

If Yes, (List Profession/Craft, License Number, and Exp. Date) _______________________________________

______________________________________________________________________________________________

Do you type? _______ If Yes, WPM _______ Do you take Shorthand? _______

List any equipment or machines with which you are proficient and other skills, qualifications, awards, training courses, etc., related to the position for which you are applying.

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________
WORK HISTORY
Begin with your present or most recent position. List all positions held, including military service, if any. Please answer all questions in this section in complete detail. We may call your previous employers.

1. Name of Company __________________________ Type of Business __________________________
   Address _____________________________________________________________
   Starting Date ________ Job Title __________________________ Salary: $ __________ per _________
   Ending Date _________ Job Title __________________________ Salary: $ __________ per _________
   Reason for Leaving: __________________________________________________________
   Name and Title of Immediate Supervisor ___________________________________________
   May we contact this Employer? __________________________ Phone: __________________________
   Description of Duties: __________________________________________________________

2. Name of Company __________________________ Type of Business __________________________
   Address _____________________________________________________________
   Starting Date ________ Job Title __________________________ Salary: $ __________ per _________
   Ending Date _________ Job Title __________________________ Salary: $ __________ per _________
   Reason for Leaving: __________________________________________________________
   Name and Title of Immediate Supervisor ___________________________________________
   May we contact this Employer? __________________________ Phone: __________________________
   Description of Duties: __________________________________________________________

3. Name of Company __________________________ Type of Business __________________________
   Address _____________________________________________________________
   Starting Date ________ Job Title __________________________ Salary: $ __________ per _________
   Ending Date _________ Job Title __________________________ Salary: $ __________ per _________
   Reason for Leaving: __________________________________________________________
   Name and Title of Immediate Supervisor ___________________________________________
   May we contact this Employer? __________________________ Phone: __________________________
   Description of Duties: __________________________________________________________
4. Name of Company: ___________________________  Type of Business: ___________________________

Address: ___________________________

**Starting Date:** ___________  **Job Title:** ___________________________  **Salary:** $ ___________ per ________

**Ending Date:** ___________  **Job Title:** ___________________________  **Salary:** $ ___________ per ________

Reason for Leaving: ___________________________

Name and Title of Immediate Supervisor: ___________________________

May we contact this Employer? ________________ Phone: ___________________________

Description of Duties: ___________________________

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5. Name of Company: ___________________________  Type of Business: ___________________________

Address: ___________________________

**Starting Date:** ___________  **Job Title:** ___________________________  **Salary:** $ ___________ per ________

**Ending Date:** ___________  **Job Title:** ___________________________  **Salary:** $ ___________ per ________

Reason for Leaving: ___________________________

Name and Title of Immediate Supervisor: ___________________________

May we contact this Employer? ________________ Phone: ___________________________

Description of Duties: ___________________________

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6. Name of Company: ___________________________  Type of Business: ___________________________

Address: ___________________________

**Starting Date:** ___________  **Job Title:** ___________________________  **Salary:** $ ___________ per ________

**Ending Date:** ___________  **Job Title:** ___________________________  **Salary:** $ ___________ per ________

Reason for Leaving: ___________________________

Name and Title of Immediate Supervisor: ___________________________

May we contact this Employer? ________________ Phone: ___________________________

Description of Duties: ___________________________

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Please list the Police Jurisdictions in which you have lived for the past ten (10) years.


List three references who are not relatives or previous supervisors:

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CERTIFICATION OF APPLICANT
I affirm, agree and/or understand that all statements on this form are true and accurate; any misrepresentation or omission of facts may result in my being disqualified or my being discharged should I already be employed by any Pickens County Department; my background may be investigated, including a fingerprint check; I may be required to successfully pass a medical examination as a condition of employment; if I have requested herein that my present employer not be contacted, an offer of employment may be conditional upon acceptable information and verification from such employer prior to beginning work; copies of this form may be furnished to other Pickens County Department Heads. I understand that if hired I am employed at-will and may be discharged at any time, without notice.

Applicant’s Signature ____________________________________________ Date ___________________