

**GEORGETOWN COUNTY SHERIFF'S OFFICE**



***A. Lane Cribb, Sheriff***

You are applying for a position with the Georgetown County Sheriff's Office. It is the policy of the Sheriff's Office to maintain an efficient and effective workforce by selecting capable, qualified applicants through a fair nondiscriminatory selection process. All elements of the selection process will be administered, scored, evaluated, and interpreted in a uniform manner. The Georgetown County Sheriff's Office will not evaluate any applicant who may have participated in or committed any crime or act that is an automatic disqualifier. Please carefully review and initial each sentence that applies to your life circumstances. These answers screen out ineligible applicants. Applicants may submit a written appeal of the standards to the Assistant Sheriff with final approval or disapproval made by the Sheriff.

**The Georgetown County Sheriff's Office uses a polygraph examination (lie detector test), as well as a thorough background investigation, to validate information provided by applicants.**

Initial each that applies to you:

- \_\_\_\_\_ I understand the Sheriff's Office uses a Polygraph for **every** sworn employee.
- \_\_\_\_\_ I am a United States Citizen and will be 21 years of age at time of employment.
- \_\_\_\_\_ I have a High School Diploma or GED.
- \_\_\_\_\_ I have not been Dishonorably Discharged from the military.
- \_\_\_\_\_ I have not been convicted of a crime punishable by State or Federal prison.
- \_\_\_\_\_ I have not been arrested for Driving under the Influence within the last 5 years.
- \_\_\_\_\_ I do not have any conviction related to Domestic Violence.
- \_\_\_\_\_ My driver's license is currently valid and no more than 6 points are against my license.
- \_\_\_\_\_ I can meet minimum vision and hearing standards.
- \_\_\_\_\_ I have never sold Marijuana or other controlled substances.
- \_\_\_\_\_ I have no felony convictions as a juvenile or adult.
- \_\_\_\_\_ I have not used/ experimented with marijuana or THC products within the last 2 years.
- \_\_\_\_\_ I have not used/ experimented with Steroids within the last 5 years.
- \_\_\_\_\_ I have not used/ experimented with cocaine, opioids, or other similar drugs within 10 years.
- \_\_\_\_\_ I have never used mushrooms, LSD, or other hallucinogenic type drugs.

**I certify the above information is true and correct. I understand that if any of the above qualifiers adversely apply to my situation that I must attach a written appeal of the standards, which includes the facts and basis for the appeal. Failure to do so will result in an automatic rejection of my application.**

\_\_\_\_\_  
**Printed Name:**

\_\_\_\_\_  
**Signature:**

\_\_\_\_\_  
**Date:**

## REQUIRED DOCUMENTS

**The following documents shall be submitted with this completed information form.  
(Do not submit this application without the required documents!)**

- Certified Driver's License record for the past 10 years, including S.C. **and** any other states where licensed in the past 10 years
- A legible copy of your current driver's license
- SEALED transcript from High School, GED or College
- Copy of Birth Certificate
- Copy of Social Security Card
- Copy of recent Credit Report (can be obtained from the WEB)
- Copy of Military DD214 or any other records that may be related
- Completed Judgment Statement from Clerk of Court
- Copy of High School Diploma, GED or College Degree

**APPLICANT'S PHOTOGRAPH:** (The following is the list of regulations regarding acceptable photographs.)

- Size of Photo 4 x 6 or larger
- Full body length, facing camera
- Print your FULL name on back of photograph
- Be in color and against a white or off white background
- No hats or head gear that obscures the hair or hairline
- If you normally wear prescription glasses, they should be worn in picture
- No sunglasses
- Short sleeve shirt must be worn
- Taken within last 3 months

## ACKNOWLEDGEMENT OF INFORMATION BY APPLICANT

I understand that all appointments are probationary for a period of six (6) months, during which I must demonstrate my fitness for continued employment with the Georgetown County Sheriff's Office. I further understand that any appointment tendered me will be contingent upon the results of a complete background investigation, and I am aware that willfully withholding information or making false statements on this document will be the basis for dismissal by the Georgetown County Sheriff's Office. I agree to these conditions, and hereby certify that all statements made by me in this application packet are true and complete to the best of my knowledge.

\_\_\_\_\_  
**Signature of applicant:**

\_\_\_\_\_  
**Date:**

**GEORGETOWN COUNTY SHERIFF'S OFFICE**



**A. Lane Cribb, Sheriff**

**BACKGROUND RELEASE & GUN CONTROL CERTIFICATION**

In making and filing this document with the Georgetown County Sheriff's Office, I, \_\_\_\_\_ authorize all persons, medical facilities, firms, officers, corporation, associations, organizations and institutions to furnish to the Georgetown County Sheriff's Office or any of their authorized representatives, all relevant documents, medical records or any other information and opinions which are requested for this background investigation.

I certify that I have never been convicted of a crime of/or related to Domestic Violence, Criminal Domestic Violence, or any other crime, which would fall within the parameters of the Gun Control Act of 1968, which may affect might ability or legal rights pertaining to ownership or possession of firearms and/or ammunition.

I further attest I am not subject to a current *RESTRAINING ORDER* issued by any court which restrains me from harassing, stalking, or threatening an intimate partner or child of such an intimate partner or person, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child or which includes a finding that the I represent a credible threat to the physical safety of the partner or by its terms explicitly prohibits the use, attempted use, or the threatened use of physical force against an intimate partner that would reasonably be expected to cause bodily harm; as defined by the Gun Control Act of 1968 as pertaining to possession of firearms/ammunitions or by any other definition.

I understand that furnishing false information may be grounds for adverse personnel action as well as criminal and or civil prosecution.

\_\_\_\_\_  
**Signature of Applicant:** \_\_\_\_\_  
**Date:**

**Sworn to this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_

\_\_\_\_\_  
**Notary Public of South Carolina**

**My commission expires on** \_\_\_\_\_



**Availability of Applicant**

- A. Have you previously applied for employment with the Georgetown County Sheriff's Office?  No  Yes Date: \_\_\_\_\_
  
- B. Do you have any previous Law Enforcement experience?  
 No  Yes Where: \_\_\_\_\_
  
- C. If appointed, I am willing to serve a probationary period of six months and accept assignments to any division within the Sheriff's Office.  
 No  Yes
  
- D. If appointed, I understand that I must be available for assignment whenever my services are needed.  No  Yes

**2. Residence:**

- A. Present Residence Address:  
Street and Number: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
  
Home Phone No: \_\_\_\_\_ Work Phone No: \_\_\_\_\_  
Cell Phone No: \_\_\_\_\_  
Email Address: \_\_\_\_\_ (required)
  
- B. Complete Mailing Address: (If Different From Above)  
Street and Number: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_
  
- C. List chronologically ALL residences in the past ten years. Include address while attending school (if away from home) and all military addresses, including any off military bases.

<u>Date:</u>	<u>From:</u>	<u>To:</u>	<u>Street Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip:</u>

**3. Education:**

A. Name of School: Location: From: & To: Degree/Diploma:  
High School:

College:

Graduate School:

Other:

B. List any special abilities, interests, sports or hobbies with degree of proficiency.  
\_\_\_\_\_  
\_\_\_\_\_

**4. Selective Service:**

A. If Male, are you registered for Selective Service as required by law?      No      Yes  
Please verify at <https://www.sss.gov/Registration/Check-a-Registration/Verification-Form>  
and provide number. Selective Service #: \_\_\_\_\_

**5. Military Record:**

(ANSWER YES OR NO TO EACH QUESTION):

A. Are you a member of the Reserves or National Guard?      No      Yes

B. Have you ever served in the Armed Forces of the United States?  
     No      Yes  
Highest Rank Attained: \_\_\_\_\_  
Branch of Service: \_\_\_\_\_  
Serial Number: \_\_\_\_\_  
Dates of Active Duty: \_\_\_\_\_ to \_\_\_\_\_  
Type of Discharge: \_\_\_\_\_ Basic of Discharge: \_\_\_\_\_  
Was any type of disciplinary action taken:      No      Yes  
Nature: \_\_\_\_\_

C. Have you ever served in the Armed Forces of a Foreign Country?  
     No      Yes Specify Countries/Dates: \_\_\_\_\_

**6. Court Record:**

A. Have you ever been arrested or charged with any violation?      No      Yes  
List all such matters even if not formally charged or no court appearance, found not guilty, or matter settled by payment of fine or forfeiture of collateral.

Date:	Place:	Charge:	Final Disposition:	Details:

**B. List all traffic citations but not parking tickets:**

Date:	Place:	Charge:	Final Disposition:	Details:

**C. Has any member of your family or close relative (including in-laws) ever been arrested for offenses other than traffic violations? \_\_\_\_ No \_\_\_\_ Yes**

Name:	Relationship:	Date:	Place:	Charge:	Final Dispositions:

**D. Have you ever been a plaintiff or defendant in a court action including divorce actions? \_\_\_\_ No \_\_\_\_ Yes, Give date, place, court, name of parties involved, nature of action and final dispositions.**

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**7. Organization Membership:**

- A. Are you now, or have you been a member of any foreign or domestic organization, association, movement, group or combination of persons which is totalitarian, fascist, communist or subversive, or which has adopted, shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of Government of the United States by an unconstitutional means? \_\_\_\_ No \_\_\_\_ Yes

**8. Credit Report:**

- A. Has your credit record ever been considered unsatisfactory or have you ever been refused credit? \_\_\_\_ No \_\_\_\_ Yes  
If yes, give dates, place, and names of Creditor's and circumstances.

Date:	Creditor:	City/State:	Amount:	Circumstances:

**9. Relatives/Friends Employed by Government:**

- A. List complete names of any of your close relatives (including in-laws) who are employed in law enforcement.

Complete Name:	Relation:	Agency where employed:

**B. Friends or acquaintances employed by State, Local Law Enforcement**

**Complete name:** \_\_\_\_\_ **Agency employed:** \_\_\_\_\_ **Years known:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. References:**

**A. List three references that are responsible adults of reputable standing in their communities who you have known for at least five years. Do not list relatives or previous employers, fellow employees, or school teachers. (Fill in all blanks)**

**Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **# Yrs. Acquainted:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **# Yrs. Acquainted:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **# Yrs. Acquainted:** \_\_\_\_\_

**B. List three social acquaintances in your own age group and provide requested information. (Fill in all blank)**

**Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **# Yrs. Acquainted:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **# Yrs. Acquainted:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **# Yrs. Acquainted:** \_\_\_\_\_



**11. Relatives:**

A. Complete information concerning relatives must be provided. If you are divorced or have been married more than once, give the requested information concerning each spouse. Even if a relative is deceased, list all information requested and indicate last residence and year of death. Include step or half-brother/sister(s). If you or your spouse has stepparents, legal guardians, or others whom you lived with other than your parents, requested information should be furnished. If you are engaged or contemplating marriage in the near future, furnish complete information on your future spouse and in-laws and indicate such relationship is a future one.

**Complete Name & Address:**

**Father:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Mother:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Spouse:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Children:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Children:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Children:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Children:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Brother:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Brother:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Brother:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Brother:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Sister:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Sister:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Sister:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Sister:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Father-in-Law:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Mother-in-Law:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

## **12. Employment:**

List in reverse chronological order all employment within the last 10 years, beginning with your present position. Include summer and part-time employment while attending school. List any unemployment and state dates. (*Add additional pages if necessary*).

**Employer Name:** \_\_\_\_\_ **Dates:** **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Position/ Type Work:** \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Dates:**  
Employer Name: \_\_\_\_\_ From: To: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Position/ Type Work: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Dates:**  
Employer Name: \_\_\_\_\_ From: To: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Position/ Type Work: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Dates:**  
Employer Name: \_\_\_\_\_ From: To: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Position/ Type Work: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Dates:**  
Employer Name: \_\_\_\_\_ From: To: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Position/ Type Work: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Dates:**  
Employer Name: \_\_\_\_\_ From: To: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Position/ Type Work: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Dates:**  
Employer Name: \_\_\_\_\_ From: To: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Position/ Type Work: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

***GEORGETOWN COUNTY SHERIFF'S OFFICE***



***A. LANE CRIBB, SHERIFF***

***Section 2***

**GCSO ENTRY LEVEL  
APPLICANT QUESTIONNAIRE**

# GCSO ENTRY LEVEL APPLICANT QUESTIONNAIRE

**DIRECTIONS:** Answer EVERY question completely. If your answer requires more space than allotted, you can finish on the back of the page. If you make an error, do not erase or block it out, place one line through the word(s) you are choosing not to use. **REMEMBER** these areas will be the subject of a background investigation and will be covered in the polygraph examination. Vague answers such as: "maybe", "possibly", "I am not sure", or "I don't think so", are not acceptable.

**FAILURE TO ANSWER EACH QUESTION FULLY AND TRUTHFULLY WILL RESULT IN YOUR APPLICATION BEING REJECTED IMMEDIATELY WITHOUT FURTHER REVIEW.**

***Print neatly***

## **AVAILABILITY OF APPLICANT:**

01. Are you willing to work on weekends, holidays and your scheduled days off, if called upon to do so? \_\_\_\_\_ No \_\_\_\_\_ Yes
02. Are you willing to work shift work? \_\_\_\_\_ No \_\_\_\_\_ Yes  
Any shift? \_\_\_\_\_ No \_\_\_\_\_ Yes
03. Are you willing to work in any area of Georgetown County? \_\_\_\_\_ No \_\_\_\_\_ Yes
04. Are you willing to work as needed during natural disasters? \_\_\_\_\_ No \_\_\_\_\_ Yes

## **EMPLOYMENT HISTORY:**

05. Have you ever been fired, terminated, or asked to resign from any job? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, list each employer and explain the circumstances.
06. Have you ever received any formal disciplinary action on any job you have ever worked (such as a suspension, written or oral reprimand, letter of warning or counseling, etc.)? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, list every disciplinary action, and include employer's name, when it was given, and the reason.
07. How many part-time jobs have you had in the last five (5) years? \_\_\_\_\_
08. How many full-time jobs have you had in the last five (5) years? \_\_\_\_\_

09. Have you ever been unemployed for longer than six (6) months? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, give dates of unemployment and the reason why.
10. Did you fail to list any full or part time job that you have now or have previously held?  
 \_\_\_\_\_ No \_\_\_\_\_ Yes
11. Did you misrepresent any job on your application or resume? \_\_\_\_\_ No \_\_\_\_\_ Yes
12. Have you ever been involved in a physical confrontation with a fellow employee or a supervisor? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, give details.
13. Have you ever been turned down for a job based on the results of a...  
 (Answer yes or no to each question). If yes, give details.
- |                              |                    |
|------------------------------|--------------------|
| A. Background Investigation? | _____ No _____ Yes |
| B. Credit History Check?     | _____ No _____ Yes |
| C. Criminal History Check?   | _____ No _____ Yes |
| D. Driving History Check?    | _____ No _____ Yes |
| E. Polygraph Examination?    | _____ No _____ Yes |
| F. Medical Examination?      | _____ No _____ Yes |

Explanation for Question(s) 13:

14. Have you ever had a sexual harassment complaint made against you? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, give details.
15. Have you ever had a racial complaint made against you?  
 \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, give details.
16. Have you ever been sued or named in a lawsuit at any place you have ever worked?  
 \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, give details.
17. Have you ever called in sick when you were not sick? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, give details.
18. How many times, in the last five (5) years, have you been late to work? \_\_\_\_\_

19. Have you ever been terminated during a probationary period? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, list the name(s) of the employee(s), dates of employment, and reason for termination.

### **DRIVING HISTORY:**

20. Has your driving privilege (license) ever been suspended, revoked, or cancelled in any state? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, which state(s), when, and for what reason(s)?
21. How many traffic tickets (not parking violations) have you received in the past three (3) years? \_\_\_\_\_
22. How many traffic tickets (not parking violations) have you received since you began driving? \_\_\_\_\_
23. Have you ever been arrested for operating a motor vehicle while under the influence of alcohol or other drugs? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, list when and where.
24. Have you ever been involved in an automobile accident as a driver (regardless of who was at fault)? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, how many since you began driving? \_\_\_\_\_  
How many in the past three years? \_\_\_\_\_  
Has anyone ever been seriously injured or killed as a result of any accident you were involved in (regardless of who was at fault)? \_\_\_\_\_ No \_\_\_\_\_ Yes  
Have you ever been involved in an automobile accident that went unreported?  
\_\_\_\_\_ No \_\_\_\_\_ Yes
25. Have you ever been licensed to drive in any other state? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, name them all and the years licensed in those states, e.g., Nevada, 1985-1989

### **EDUCATION:**

26. Did you graduate from high school (do not count GED or High School Equivalency)?  
\_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, list when and where.  
  
If no, list when and where you received a GED or High School Equivalency.
27. Have you received a degree from any college? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, list degree, college and year received.

28. Have you ever been suspended, expelled, or dismissed from a High School, College, or University? \_\_\_\_\_ No \_\_\_\_\_ Yes
29. Have you ever cheated, in any way, while in school? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, did you get caught? \_\_\_\_\_ No \_\_\_\_\_ Yes  
 If you were caught, what was the punishment?

Give details of how you cheated, specifically. (*e.g., got a copy of the test, used crib notes, copied other's work, etc.*).

## CREDIT HISTORY:

30. Have you ever declared bankruptcy? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, when? \_\_\_\_\_  
 Was it Chapter 7 (all your debts were dismissed) or Chapter 13 (your debts were consolidated and you made monthly payments)?
31. Are you currently involved in the bankruptcy process? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, which chapter did you file? \_\_\_\_\_ When did you file? \_\_\_\_\_
32. Have you ever had any civil action(s) taken against you for failure to pay any debts (liens, judgments, lawsuits, etc.)? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, explain.
33. Have you ever had anything repossessed (voluntarily or involuntarily) \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, list what it was, when it occurred, and whether it was voluntarily or involuntarily.
34. Are you now or have you ever had to make child support payments? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, have you ever been late making your child support payments? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, are you currently behind in your child support payments? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, how many payments are you behind? \_\_\_\_\_
35. Have you ever had a government subsidized educational/student loan? \_\_\_\_\_ No \_\_\_\_\_ Yes  
 If yes, have you ever received a deferment? \_\_\_\_\_ No \_\_\_\_\_ Yes  
 Have you ever been declared in default? \_\_\_\_\_ No \_\_\_\_\_ Yes  
 Are you currently in default? \_\_\_\_\_ No \_\_\_\_\_ Yes
36. How many checks have you bounced in the past two (2) years (intentionally or accidentally)? \_\_\_\_\_  
 How many in your life? \_\_\_\_\_
37. Have you ever bounced a check that resulted in a warrant being issued for your arrest?  
 \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, when? \_\_\_\_\_  
 What was the outcome of the warrant? \_\_\_\_\_



38. Have you ever had your wages garnished?  No  Yes  
If yes, are they currently being garnished?  No  Yes  
When were they garnished? \_\_\_\_\_ What was/is the reason for the garnishment?

### **CRIMINAL HISTORY:**

39. Have you ever been arrested or cited for a criminal violation?  No  Yes  
Regardless of outcome, list all charges, dates, and locations.
40. Do you now have any criminal charge(s) pending against you in any court?  
 No  Yes If yes, give details.
41. Have you ever stolen anything worth more than \$25.00?  No  Yes  
If yes, what? \_\_\_\_\_ When? \_\_\_\_\_  
What was its value? \_\_\_\_\_
42. Have you ever been involved in any investigation in reference to a theft at any place you were employed?  No  Yes  
If you took a polygraph examination, what were the results?
43. Have you ever borrowed without permission or stolen anything from any place you have been employed?  No  Yes If yes, give details regarding the circumstances.
44. Have you ever shoplifted or switched/alterd price tags on merchandise?  
 No  Yes If yes, how many times? \_\_\_\_\_  
How old were you the last time? \_\_\_\_\_ Did you ever get caught?  No  Yes  
What was the outcome of getting caught?
45. Have you ever assisted or allowed someone to steal something from any place you have been employed?  No  Yes If yes, give details.
46. Have you ever given confidential information from your job to any unauthorized person or people?  No  Yes If yes, give details.

47. Have you ever had or applied for a permit to carry concealed weapons? \_\_\_\_\_No\_\_\_\_\_Yes  
If yes, what was the outcome of the application?
48. Do you own or possess any handgun(s)? \_\_\_\_\_No \_\_\_\_\_Yes  
If yes, list it/them (MAKE, MODEL, and CALIBER).
49. Since age 18, have the police come to your residence for any domestic disputes (whether or not you were involved)? \_\_\_\_\_No \_\_\_\_\_Yes  
If yes, give details (When and reason for call? Was anyone arrested, and what was the outcome of the arrest?) for each time the police have been called to your residence due to a domestic issue.
50. Have you ever intentionally cheated on your income tax? \_\_\_\_\_No \_\_\_\_\_Yes  
Have you ever failed to file an income tax? \_\_\_\_\_No \_\_\_\_\_Yes  
If yes, what year? \_\_\_\_\_ Give details.
51. Have you ever deliberately lied on any official document (e.g., loan or credit card applications, vouchers for receipts, employment applications, etc.)? \_\_\_\_\_No \_\_\_\_\_Yes  
If yes, give details.
52. Have you ever lied under oath (court, affidavits, etc.)? \_\_\_\_\_No \_\_\_\_\_Yes  
If yes, give details.
53. Have you ever been involved or participated in the planning of a serious crime, even if you did not actually commit the crime or participate? \_\_\_\_\_No \_\_\_\_\_Yes  
If yes, give details.
54. Have you ever shot anyone or shot at anyone with a firearm of any kind?  
\_\_\_\_\_No \_\_\_\_\_Yes If yes, under what circumstances?

55. At any time in your life, have you ever committed any of the following crimes?  
(ANSWER YES OR NO TO EACH QUESTION REGARDLESS OF WHETHER YOU WERE  
CAUGHT OR NOT):

- |  |                  |
|--|------------------|
| A. Arson?  | _____No _____Yes |
| B. Assault and Battery?  | _____No _____Yes |
| C. Breaking into or unlawfully entering a Motor Vehicle?   | _____No _____Yes |
| D. Burglary?   | _____No _____Yes |
| E. Criminal Domestic Violence (Assault or threats to a family member, romantic partner, spouse, etc.)? | _____No _____Yes |
| F. Criminal Sexual Conduct (Rape, Sodomy, etc.)?   | _____No _____Yes |
| G. Driving under the influence?  | _____No _____Yes |
| H. Embezzlement?   | _____No _____Yes |
| I. Forgery?  | _____No _____Yes |
| J. Grand Larceny?  | _____No _____Yes |
| K. Homicide (Murder)?  | _____No _____Yes |
| L. Indecent Exposure?  | _____No _____Yes |
| M. Kidnapping?   | _____No _____Yes |
| N. Petty Larceny (Theft or Shoplifting)?   | _____No _____Yes |
| O. Sexual Crimes (Peeping Tom, Incest, Molestation, etc.)?   | _____No _____Yes |
| P. Vandalism (Malicious Damage or Mischief)?   | _____No _____Yes |

TO EVERY QUESTION YOU ANSWERED "YES"; LIST IT BY THE LETTER BELOW  
AND GIVE AN EXPLANATION:

**PERSONAL HISTORY:**

56. Have you ever used a surname (last name) other than the name listed on your application? \_\_\_\_\_No \_\_\_\_\_Yes

If yes, list all other names (including married names, maiden names, nicknames and any legal name changes.

57. Have you ever used any social security number other than the one you were first issued? \_\_\_\_\_No \_\_\_\_\_Yes

If yes, list each number and explain why you used a different social security number.

58. Have you ever used a date of birth other than your own? \_\_\_\_\_No \_\_\_\_\_Yes

If yes, list each and explain why you used a different date of birth.

59. How many times have you been legally married? \_\_\_\_\_

60. How many times have you been legally divorced? \_\_\_\_\_

61. If you currently reside in South Carolina, how long have you lived here and what brought you here? \_\_\_\_\_

62. If you currently do not live in South Carolina, when do you plan to move to South Carolina? \_\_\_\_\_

63. Are you now, or have you ever been, a member of or supported in anyway, any group whose views are contrary to those of the U.S. Constitution? \_\_\_\_\_No \_\_\_\_\_Yes

If yes, give details.

64. Are you now or have you ever been a member of a gang? \_\_\_\_\_No \_\_\_\_\_Yes

If yes, give details.

**VICE ACTIVITIES;**

65. Do you drink alcoholic beverages? \_\_\_\_\_No \_\_\_\_\_Yes

If yes, how often? \_\_\_\_\_ How much? \_\_\_\_\_

What type of beverages do you drink?

66. Have you ever gone to work or school while intoxicated? \_\_\_\_No \_\_\_\_Yes  
If yes, explain.
67. Have you ever missed work or school due to being intoxicated or due to a hangover/  
alcohol induced illness? \_\_\_\_No \_\_\_\_Yes If yes, explain.
68. Have you ever operated a motor vehicle while you were under the influence?  
\_\_\_\_No \_\_\_\_Yes  
If yes, when was the last time you operated a motor vehicle while under the influence.
69. Do you gamble? \_\_\_\_No \_\_\_\_Yes  
If yes, what is the greatest financial loss you have ever sustained due to gambling (at one  
time)? \_\_\_\_\_
70. Do you currently owe any person(s) or institution (bank or loan business) any money or  
property as a result of gambling losses or debts? \_\_\_\_No \_\_\_\_Yes If yes, explain.
71. Have you ever viewed child pornography on video, in publications, or on the internet, or  
in any other way? \_\_\_\_No \_\_\_\_Yes If yes, when?
72. Do you have any tattoo(s)? \_\_\_\_No \_\_\_\_Yes  
If yes, give a description of the tattoo(s) and where it/they are located on your body.
73. Have you, at any time, ever tried, used, or experimented with any of the following drugs?

**(ANSWER YES OR NO TO EACH QUESTION):**

- A. Hallucinogens (LSD/Acid, Mushrooms, Peyote, Ketamine, PCP, etc.)? \_\_\_\_No \_\_\_\_Yes
- B. Amphetamines (Speed)? \_\_\_\_No \_\_\_\_Yes
- C. Cocaine (Powder)? \_\_\_\_No \_\_\_\_Yes
- D. Crack (Rock Cocaine)? \_\_\_\_No \_\_\_\_Yes
- E. Crystal Meth? \_\_\_\_No \_\_\_\_Yes
- F. Depressants (Valium, Seconal, Quaaludes)? \_\_\_\_No \_\_\_\_Yes
- G. Ecstasy? \_\_\_\_No \_\_\_\_Yes
- H. Inhalants (Glue, Gas, White Out, Nitrous Oxide, etc.)? \_\_\_\_No \_\_\_\_Yes
- I. Marijuana (Hashish, THC products)? \_\_\_\_No \_\_\_\_Yes
- J. Synthetic Marijuana (aka Spice, etc.)? \_\_\_\_No \_\_\_\_Yes

- K. Bath Salts or similar synthetic chemicals? \_\_\_\_\_No \_\_\_\_\_Yes
- L. Opiates (Morphine, Heroin, OxyContin)? \_\_\_\_\_No \_\_\_\_\_Yes
- M. Synthetic Opiates ( Fentanyl, Methadone)? \_\_\_\_\_No \_\_\_\_\_Yes
- N. Any other controlled drug or chemical? \_\_\_\_\_No \_\_\_\_\_Yes

BELOW TO EVERY QUESTION YOU ANSWERED "YES", WRITE THE **LAST TIME** YOU USED THE DRUG(S) (**GIVE MONTH AND YEAR**). ALSO, GIVE AN **APPROXIMATE NUMBER OF TIMES YOU USED EACH**.

## MILITARY INFORMATION:

74. Have you ever been in a military organization? \_\_\_\_\_No \_\_\_\_\_Yes

***IF NO, GO TO PAGE 23 (QUESTION 81).***

If yes, which branch? \_\_\_\_\_

How long (give dates of enlistment)? \_\_\_\_\_

Highest rank achieved? \_\_\_\_\_ Rank at discharge/retirement? \_\_\_\_\_

75. Did you ever receive any disciplinary action, such as an Article 15 or other punishment under the Uniform Code of Military Justice, while you were in the military? (Include any kind of reprimand). \_\_\_\_\_No \_\_\_\_\_Yes If yes, give details.

76. Were you ever the subject of a military criminal investigation? (FBI, NIS, OSI, CID, MPs, etc.) \_\_\_\_\_No \_\_\_\_\_Yes If yes, what were the circumstances.

77. Have you ever been sentenced to the Brig/Military Prison/Detention Barracks? \_\_\_\_\_No \_\_\_\_\_Yes If yes, give details.

78. What type of discharge did you receive? \_\_\_\_\_

79. Could you have stayed in the military if you had chosen to do so? \_\_\_\_No \_\_\_\_Yes  
If no, why not?

If yes, why did you choose to exit?

80. What was your main job while in the military? \_\_\_\_\_

### **LAW ENFORCEMENT HISTORY:**

81. Have you ever worked as a Law Enforcement Officer in any capacity? \_\_\_\_No \_\_\_\_Yes

***IF NO, GO TO PAGE 24 (QUESTION 99).***

If yes, list every agency where you have been employed (*GIVE CITY, STATE*) and state your job title (*SWORN, RESERVE, MILITARY POLICE, CORRECTIONS, ETC.*)

82. Were you ever the subject of an internal affairs investigation (or its equivalent)?  
\_\_\_\_No \_\_\_\_Yes If yes, explain.

83. Have you ever quit or resigned while under investigation? \_\_\_\_No \_\_\_\_Yes  
If yes, explain.

84. Were you ever given the option to resign or be fired? \_\_\_\_No \_\_\_\_Yes  
If yes, explain.

85. Did you ever receive a written reprimand? \_\_\_\_No \_\_\_\_Yes  
If yes, How many? \_\_\_\_\_  
Lists each one; explain the reason, when, and what discipline was received.

86. Were you ever suspended from duty (for a disciplinary reason) or did you ever receive a demotion or reduction in salary? \_\_\_\_No \_\_\_\_Yes If yes, explain each instance.

87. Did you ever drink alcoholic beverages while on duty? \_\_\_\_No \_\_\_\_Yes  
If yes, when? \_\_\_\_\_ Give Details:

88. Did you ever use any illegal drugs while on duty? \_\_\_\_No \_\_\_\_Yes  
If yes, when? \_\_\_\_\_ Give Details:

89. Have you ever used “excessive” force on anyone or been accused of using “excessive” force? \_\_\_\_No \_\_\_\_Yes                    If yes, explain.
90. Have you ever kept anything belonging to a suspect, witness, or victim that you did not turn in as evidence? \_\_\_\_No \_\_\_\_Yes     If yes, list each item.
91. Did you ever lie in a report to cover up your actions or the actions of another Law Enforcement Officer?    \_\_\_\_No \_\_\_\_Yes                    If yes, explain.
92. Have you ever dismissed a traffic ticket because another law enforcement officer asked you to do so? \_\_\_\_No \_\_\_\_Yes                    If yes, how many times? \_\_\_\_\_  
When was the last time you dismissed a traffic ticket? \_\_\_\_\_
93. Have you ever accepted any gratuities (free coffee, discounted meals, etc.)?  
\_\_\_\_No \_\_\_\_Yes     If yes, list them.
94. Have you ever used your badge or position to get out of a traffic ticket or an arrest situation?  
\_\_\_\_No \_\_\_\_Yes     If yes, give details.
95. How many on-duty traffic accidents have you been involved in as a driver, while working as a Law Enforcement Officer, (regardless of who was found at fault)? \_\_\_\_\_
96. How many on-duty traffic accidents have you been found at fault? \_\_\_\_\_  
Did you receive any disciplinary action(s)? \_\_\_\_No \_\_\_\_Yes     If yes, give details.
97. Have you ever violated any policies for which you would or could have been fired if you had been caught? \_\_\_\_No \_\_\_\_Yes                    If yes, list it/them.
98. Have you ever done anything for which you could be blackmailed? \_\_\_\_No \_\_\_\_Yes  
If yes, give details.
99. Did you intentionally falsify or omit any information on your application?  
\_\_\_\_No \_\_\_\_Yes                    If yes, what?



**CONCLUSION:**

A. Is there is anything you would like to explain further or clarify regarding any issue which you feel needs clarification? If yes, explain.

B. Why do you want this job? (Answer in 100 words or less).

I understand that it is a violation of the law to give false or misleading information to any Law Enforcement Agency. Further, I understand that I will not be considered for employment if I have done so. I hereby declare all of the above statements/answers are true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_