



SHERIFF A. LANE CRIBB

GEORGETOWN COUNTY SHERIFF'S OFFICE APPLICANT DISQUALIFIERS

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 in the Automatic Disqualifiers listed below or who's application is not complete. Please review each question in light of your particular life circumstances. If you answer "yes" to any of these questions, you should realize that you will be disqualified or delayed in the application process. This is for your information only-do not return this information sheet.

AUTOMATIC DISQUALIFIERS:

- **Under 21 years of age at the time the recruit reports to the Training Academy.**
- **Not a United States Citizen.**
- **No High School Diploma or GED.**
- **Dishonorable Discharge from the military.**
- **Convicted of any crime punishable by imprisonment in a federal or state prison.**
- **Has been arrested for Driving Under the Influence of Alcohol and/or Drugs within the past 10 years.**
- **Any conviction of Criminal Domestic Violence.**
- **Drivers License currently suspended or revoked or more than 6 points currently assessed against your license.**
- **A tattoo, brand, or body art that can be seen while in uniform (short-sleeve shirt).**
- **Cannot meet minimum Vision, Hearing or physical standards.**
- **Sold Marijuana or a Controlled Substance.**
- **Any Felony Conviction (whether convicted as a Juvenile or an Adult).**
- **Used and/or experimented with Marijuana within the past 2 years.**
- **Used and/or experimented with Steroids with the past 5 years.**
- **Used and/or experimented with Controlled Substances within the past 10 years.**

An applicant has the right to appeal the established standards of the above substances. The appeal will be made in writing to the Assistant Sheriff ("Chief") for his approval/disapproval, with the final approval/disapproval made by the Sheriff.

I certify that I do not have any of the automatic disqualifiers listed in this packet

Signature _____ Date _____

REQUIRED DOCUMENTS

This following documents shall be submitted with this completed with this completed information form, if the following documents not included your application will be rejected.

- Full body length photograph while wearing a short sleeve shirt, taken within the last three (3) months.
- Certified Drivers License record for the past 10 years, including S.C. and any other states where licensed in the past 10 years.
- Copy of High School Diploma, GED or College Degree
- SEALED transcript from High School, GED or College Transcript
- 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

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 as usually written

_____ Date

County of Georgetown)

Affidavit

State of South Carolina)

Personally appeared before me, _____, who first being sworn, deposes and says that he/she has read the attached memo which explains the provisions of the GUN CONTROL ACT of 1968 and he/she answers the following questions to the best of his/her knowledge and belief and further understands that furnishing false information may be grounds for adverse personnel action as well as prosecution for swearing to false statements.

Have you ever been convicted of a misdemeanor crime of Domestic Violence with in the meaning of the Statue as defined in this memo pertaining to possession of firearms/ammunition? _____ Yes
_____ No _____ Not Certain

Are subject to a current RESTRAINING ORDER issued by any court which restrains you from harassing, talking, or threatening an intimate partner of such person or child of such 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 and which includes a finding that the person represents 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 the intimate partner that would reasonable be expected to cause bodily harm; as defined in the memo pertaining to possession of firearms/ammunitions?

_____ Yes _____ No _____ Not Certain

Witnessed, this _____ day of _____, 20_____

Signature

Name

Sworn to this _____ day of _____, 20_____

Notary Public for South Carolina

My Commission expires on _____

RELEASE OF INFORMATION FOR BACKGROUND INVESTIGATION

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.

Signature of Applicant as Usually Written

Date

NOTARY

Sworn to this _____ day of _____, 20_____

My commission expires on _____

APPLICANT'S PHOTOGRAPH

****ATTACH PHOTOGRAPH TO TOP LEFT CORNER****

Please Print

First Name _____

Middle Initial _____

Last Name _____

The following is the list of regulations regarding acceptable photographs:

- 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

Photographs not meeting the above requirements will not be accepted

Background Investigation

Date: _____

Note: Information should be typed or clearly handwritten in BLACK ink. All questions must be answered; if not applicable; indicate N/A (Not Applicable). Incomplete or unanswered forms will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this form and number answers to correspond with questions.

Check Position Applied For: _____ Deputy _____ Records Clerk
_____ Detention Center _____ Office Asst. I
_____ Office Asst. II _____ Animal Control
_____ Other _____

1. Personal History

Name in Full: _____
Last First Middle

If applicable list maiden name or name(s) used other than above, including nicknames

_____ Last First Middle

Date of Birth: _____ Social Security Number: _____

Place of Birth: _____

SCDL#: _____

Other State(s) Licensed with in the last ten years:

State: _____ DL NO: _____

Are you a U.S. Citizen? Yes _____ No _____

If Naturalized Citizen:

_____ Place _____

Court: _____

Martial Status:

Single: _____

Married: _____ Date: _____

Separated: _____

Divorced: _____

Number of Children: _____

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 in 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. Residences

A. **Present Residence Address:**
Street and Number: _____
City, State, Zip Code: _____

Home Telephone No: _____

Work Telephone No: _____

Cell Phone No: _____

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 address, including any off military bases.

From	Date	To	Street Address	City	State

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. Military Record

A. Are you registered for Selective Service? _____ No _____ Yes

Selective Service #: _____ **Local Board** _____

Current Classification _____

B. Have you ever served on active duty 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. Are you a member of the Reserves of National Guard? _____ No _____ Yes

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

5. Court Record

A. Have you ever been arrested or charges 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
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B. List all traffic citations but not parking tickets:

Date	Place	Charge	Final Disposition	Details
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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
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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. _____

E. Obtain a notarized certification from the Clerk of Court in your jurisdiction showing that there are no civil judgments against you and attach it to this document.

6. Organization Membership

A. List all clubs, societies or organizations of which you belong or have been a member:

Organization	City/State	Former/Present Member & Position Held
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B. 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 any unconstitutional means?

_____ No _____ Yes

7. 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 Creditors and circumstances.

<u>Date</u>	<u>Creditor</u>	<u>City/State</u>	<u>Amount</u>	<u>Circumstances</u>
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8. Relatives/Friends Employed By Government

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

<u>Complete name</u>	<u>Relation</u>	<u>Agency where employed</u>
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B. Friends or acquaintances employed by State, Local Law Enforcement

<u>Complete name</u>	<u>Agency employed</u>	<u>Years known</u>
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9. 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.

Complete Name:

Occupation:

Business Address:

Telephone Number:

Home Address:

Yrs. Acquainted:

Complete Name:

Occupation:

Business Address:

Telephone Number:

Home Address:

Yrs. Acquainted

Complete Name:

Occupation:

Business Address:

Telephone Number:

Home Address:

Yrs. Acquainted:

B. List three social acquaintances in your own age group and provide requested information.

Complete Name:

Occupation:

Business Address:

Telephone No.:

Home Address:

Yrs. Acquainted:

Complete Name:

Occupation:

Business Address:

Telephone No:

Home Address:

Yrs. Acquainted:

Complete Name:

Occupation:

Business Address:

Telephone No.:

Home Address:

Yrs. Acquainted:

10. 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

**Complete Name & Address of
of Employer**

Father:

Telephone No.:

Address:

Date of Birth:

Mother:

Telephone No.:

Address:

Date of Birth:

Spouse:

Telephone No.:

Address:

Date of Birth:

Children

Name:

Address:

Date of Birth:

Name:

Address:

Date of Birth:

Name:

Address:

Date of Birth:

Name:

Address:

Date of Birth:

Brothers

Name:

Telephone No.:

Address:

Date of Birth:

Name:

Telephone No.:

Address:

Date of Birth:

Name:

Telephone No.:

Address:

Date of Birth:

Name:

Telephone No.:

Address:

Date of Birth:

Sisters

Name:

Telephone No.:

Address:

Date of Birth:

Name:

Telephone No.:

Address:

Date of Birth:

Name:

Telephone No.:

Address:

Date of Birth:

Name:

Telephone No.:

Address:

Date of Birth:

Complete Name & Address

**Occupation Name & Address of
of Employer**

Father-in-Law

Name: _____ Telephone No.: _____

Address: _____

Date of Birth: _____

Mother-in-Law

Name: _____ Telephone No.: _____

Address: _____

Date of Birth: _____

11. Employment

A. Have you ever been dismissed or asked to resign from any employment or position you have held? _____ No _____ Yes

If yes, give an Employer's Name _____ Date _____

Reason/Explanation: _____

B. List in chronological order all employment beginning with your present position. Include summer and part-time employment while attending school. List any unemployment and state dates.

Name & Address of Employer	Dates From-To	Salary	Position Type Work	Reason Left
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Employer _____

Address _____

Supervisor _____ Telephone No. _____

Employer _____

Address

Supervisor

Telephone No.

Employer

Address

Supervisor

Telephone No.

Employer

Address

Supervisor

Telephone No.