

GEORGETOWN COUNTY SHERIFF'S OFFICE



Carter Weaver, 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 document!)**

- 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



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

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.

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: _____

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