



**CHESTERFIELD COUNTY
SHERIFF'S OFFICE**

EMPLOYMENT APPLICATION

We appreciate your interest in employment with the Chesterfield County Sheriff's Office. All applicants must complete a Chesterfield County Sheriff's Office application. Applications can be obtained from the front office of the Chesterfield County Sheriff's Office, located at 203 Watson Street, Chesterfield, South Carolina.

Please complete the application accurately and completely, especially concerning past employers and reference information, giving FULL addresses, telephone numbers, etc. Questionnaires are mailed to any references given, and to current and past employers indicated on your application; therefore, correct mailing addresses are critical.

The Sheriff's Office accepts applications on a continual basis. Applications are kept on file for one year. Completed applications can be turned in to the front office of the Sheriff's Office Monday through Friday from 8:30 am until 5:00 pm. Applications may also be mailed to the Sheriff's Office at the following address:

Chesterfield County Sheriff's Office
Sheriff James (JD) Dixon
203 Watson Street
Chesterfield, South Carolina 29709

All applicants must meet the following minimum requirements to be considered for employment as either a Deputy Sheriff or Administrative Personnel:

1. Must be at least 21 years of age
2. Must have a high school diploma or GED
3. Must have a clear criminal history
4. Must be a United States Citizen
5. Driving record must not show a disregard for the law
6. Credit history must show sound financial management with the ability to keep accounts paid up to date
7. Results of all pre-employment tests and interview must meet standards
8. Past employment record must be satisfactory
9. Must pass a drug test
10. Medical examination results must show that you are capable of performing all of the essential functions of the job for which you are applying with reasonable accommodation (non-applicable for office personnel).
11. **Your application will NOT be processed unless filled out completely.**

Thank you,
Sheriff James (JD) Dixon

RELEASE

I, _____, permit my present and prior employers to divulge to this organization relevant personal information from my personnel file(s) which they possess. I also authorize this organization to make any investigation of my personal history, education records, financial and credit records through any investigative or credit agencies or bureaus of its choice. I authorize it to make an investigative report whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted.

I understand and acknowledge that information contained herein may be subject to disclosure under the South Carolina Freedom of Information Act.

I understand and agree that if I should admit to or divulge my involvement in any criminal offense during the application process, such may be reported to the proper jurisdictional authority for investigation and/or prosecution.

I release from liability, agree not to sue, and hold harmless, the Chesterfield County Sheriff's Office, Sheriff James Dixon, his deputies, and others similarly situated, from any and all liability in any way with the processing of my application, even if they should be negligent.

SIGNATURE OF APPLICANT

DATE

Sworn to before me this _____ day of _____, 20__

Signature of Notary Public for South Carolina _____

My Commission expires _____, 20__

(Affix stamp and/or seal below):

The following documents are required in order for your application to be processed:

1. Copy of birth certificate (Certified)
2. Copy of Social Security card
3. Copy of High School Diploma or GED
4. Copy of a valid South Carolina driver's license
5. Certified ten (10) year driving record (This can be obtained from the SC Dept. of Motor Vehicles. If you have held a driver's license from another state within the past five years, we will need a certified driving record from that state(s) also.)
6. Credit Report (This can be obtained from companies such as Equifax, Experian, etc. These are listed in the Yellow Pages of the phone book under "Credit Reporting Agencies" and also at the end of this handout.)
7. Copy of DD Form 214 (If a veteran)
8. Copies of other documents which may be applicable to employment (Certifications, training documents, diplomas, education records, etc.)
9. If former or current law enforcement officer, a copy of the ACADIS record (may be printed via the SCCJA Portal or obtained from the SCCJA).
10. ALL college transcripts, if you attended college (unofficial transcripts are acceptable with this application)

If your application is complete and satisfactory, it may be placed in a pool with other applicants for up to one year. Applicants are chosen from the pool to continue the process when and if an opening exists. Applicants are encouraged to reapply one year after their initial application is received.

The hiring process at the Department consists of the following:

1. Initial screening (Driving records review, Criminal records review, application screening)
2. Background investigation
3. Initial interview panel
4. Polygraph examination
5. Conditional Offer of Employment, which includes steps 6-9:
6. Pre-employment physical examination and completion of health history questionnaire
7. Pre-employment psychological examination
8. Pre-employment drug test
9. Any other requirement determined necessary by the Sheriff's Department
10. Final offer of employment

The process takes several weeks to complete. Any questions may be directed to Major Briana Davis, at (843) 623-2101.

The Chesterfield County Sheriff's Office is an Equal Opportunity Employer. Qualified applicants are treated without regard to sex, race, religion, national origin, age, marital status, or disability.

Major Credit Reporting Agencies

Equifax <https://www.equifax.com/personal/products/credit/report-and-score/> or (800) 997-2493

Experian <https://www.experian.com/consumer-products/check-credit-report.html> or (888) 397-3742

Trans Union www.transunion.com or Trans Union, PO Box 2000, Chester PA 19022

NOTE: You do NOT need to purchase any subscriptions. You need only to purchase and print a single credit report.

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Fill out the entire application. **Incomplete applications WILL NOT be processed.**

PLEASE DO NOT SUBMIT YOUR APPLICATION UNTIL IT IS COMPLETE.

Please read the following instructions carefully. Your ability to complete this application as requested will be evaluated and used as a basis for employment decisions. Any incomplete or omitted answers to questions may delay the processing of your application. The information will remain in the confidential files of the Chesterfield County Sheriff's Office.

1. Type or print in black ink.
2. Answer all questions. If one does not apply to you, write N/A by the question.
3. If the space available is insufficient, please attach a word document of any continued information to ensure ALL information is provided.

Filing an application with us does not imply that you will be interviewed or hired, only that you will be considered for vacancies based on the stated occupational preference identified, when vacancies exist. If you are offered employment, it will be necessary to complete a physical and psychological examination, the results of which must be satisfactory so that you can perform the essential job functions required with reasonable accommodation. All statements are subject to verification. **Truthful statements to any item requested will not necessarily exclude you from employment, but any false statements will disqualify you from employment and dismissal if you are hired.**

I understand the above statement:

SIGNATURE OF APPLICANT

DATE

11. LIST PROFESSIONAL LICENSE(S) YOU HOLD _____ LICENSE NUMBER _____
 OTHERS _____

12. LIST SCHOLARSHIPS, ACADEMIC AWARDS/HONORS _____

13. LIST COURSES YOU HAVE TAKEN THAT WOULD BE PARTICULARLY USEFUL TO THE POSITION FOR WHICH YOU ARE
 APPLYING _____

14. LIST TRAINING, SKILLS AND/OR EXPERIENCE YOU HAVE THAT, IN YOUR OPINION, WOULD ESPECIALLY FIT YOU FOR
 WORK WITH THIS ORGANIZATION _____

RECORD OF EDUCATION

SCHOOL(S). INCLUDE:	NAME AND ADDRESS	DATES ATTENDED	YEARS COMPLETED	DID YOU GRADUATE?	LIST DEGREES
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE/UNIVERSITY UNDERGRADUATE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE/UNIVERSITY GRADUATE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
TECHNICAL SCHOOL SEMINARS.				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
INSTITUTES, ETC.				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
SCCJA				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER EDUCATION. TRAINING,				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

5. EMPLOYED FROM _____ TO _____ / ENDING SALARY \$ _____ PER _____

COMPANY NAME _____ TELEPHONE NUMBER _____

ADDRESS _____
STREET OR P.O. BOX NUMBER CITY STATE ZIP CODE

JOB TITLE _____ REASON FOR LEAVING _____

SUPERVISOR'S NAME _____ TELEPHONE NUMBER _____

JOB DUTIES _____

IS THERE AN EMPLOYER LISTED ABOVE THAT YOU **DO NOT** WANT US TO CONTACT? YES NO
 WHICH ONE? NUMBER _____ WHY? _____

CO-WORKERS/FORMER CO-WORKERS (COMPLETE ADDRESS AND PHONE NUMBERS MUST BE PROVIDED.)

NAME	ADDRESS	TELEPHONE
		W H
		W H
		W H

PERSONAL REFERENCES (NO RELATIVES OR FORMER EMPLOYERS. COMPLETE ADDRESS AND PHONE NUMBERS MUST BE PROVIDED.)

NAME	ADDRESS	TELEPHONE
		W H
		W H
		W H

NEIGHBORS (COMPLETE ADDRESS AND PHONE NUMBERS MUST BE PROVIDED.)

NAME	ADDRESS	TELEPHONE
		W H
		W H
		W H

BIOGRAPHICAL DATA

NAME

1.

	LAST	FIRST	MIDDLE	MAIDEN	NICKNAME
--	------	-------	--------	--------	----------

- A. HAVE YOU EVER USED ANOTHER NAME? YES NO
 IF YES, WHAT NAME _____
- B. HAS YOUR NAME BEEN LEGALLY CHANGED? YES NO
 CHECK HERE IF BY MARRIAGE OR DIVORCE , OTHERWISE, EXPLAIN. _____

2. AGE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____
 HAS YOUR DATE OF BIRTH EVER BEEN CHANGED ON A LEGAL DOCUMENT? IF YES, EXPLAIN. _____

RESIDENCE

	NUMBER	STREET	CITY	STATE	ZIP
--	--------	--------	------	-------	-----

- A. HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____
- B. WHAT IS YOUR TELEPHONE NUMBER?
 HOME (____) _____
 CELL (____) _____
 OTHER (____) _____
- C. LIST PREVIOUS ADDRESSES IN THE LAST TEN (10) YEARS:

	NUMBER	STREET	CITY	STATE	ZIP
--	--------	--------	------	-------	-----

	NUMBER	STREET	CITY	STATE	ZIP
--	--------	--------	------	-------	-----

	NUMBER	STREET	CITY	STATE	ZIP
--	--------	--------	------	-------	-----

	NUMBER	STREET	CITY	STATE	ZIP
--	--------	--------	------	-------	-----

D. LIST THE COMPLETE NAME OF THE PERSON WITH WHOM YOU RESIDE:

	LAST	FIRST	MIDDLE	MAIDEN	NICKNAME
--	------	-------	--------	--------	----------

	LAST	FIRST	MIDDLE	MAIDEN	NICKNAME
--	------	-------	--------	--------	----------

E. PARENTS NAMES:

FATHER:

	LAST	FIRST	MIDDLE	NICKNAME
--	------	-------	--------	----------

MOTHER:

	LAST	FIRST	MIDDLE	NICKNAME
--	------	-------	--------	----------

4. **MARITAL STATUS:** SINGLE ENGAGED DIVORCED
 MARRIED SEPARATED WIDOWED

A. **NAME OF SPOUSE** _____
 SPOUSE'S OCCUPATION _____
 EMPLOYED BY _____
 NAME OF FORMER SPOUSE _____

LIST ALL YOUR CHILDREN, INCLUDING ANY ADOPTED OR STEPCHILDREN:

NAME	DOB	NAME OF PERSON RESIDING WITH	ADDRESS

5. **MILITARY SERVICE:** YES NO **BRANCH** _____

TOTAL YEARS _____ **HIGHEST GRADE/RANK** _____

TYPE OF DISCHARGE _____ **COURT MARTIAL/PUNISHMENT** YES NO

A. **ARE YOU REGISTERED FOR SELECTIVE SERVICE?** YES NO

B. **WHAT IS THE DATE AND LOCATION OF YOUR LAST DISCHARGE?** _____

C. **ARE YOU CURRENTLY A MEMBER OF ANY NATIONAL GUARD/RESERVE UNIT?** YES NO
 IF YES, GIVE UNIT NAME, LOCATION, AND DESCRIBE YOUR OBLIGATION: _____

6. PERSONAL HISTORY

IN THE BACK OF THIS APPLICATION IS A STATEMENT OF THE ESSENTIAL FUNCTIONS OF CHESTERFIELD COUNTY SHERIFF'S DEPARTMENT EMPLOYEES. READ THE FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING AND ANSWER THE FOLLOWING QUESTIONS.

A. AFTER TRAINING, COULD YOU PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? YES NO IF NO, EXPLAIN: _____

B. IF NO, WHAT, IF ANY, REASONABLE ACCOMMODATION(S) COULD BE MADE SO THAT YOU COULD PERFORM THE ESSENTIAL FUNCTIONS? _____

C. HAVE YOU EVER ILLEGALLY POSSESSED, USED, OR SOLD ANY AMOUNT OF THE FOLLOWING DRUGS? IF YES, USE THE LINES NEXT TO EACH AND EXPLAIN, GIVING DATE OF LAST INCIDENT.

- AMPHETAMINES YES NO _____
- HASHISH YES NO _____
- NERVE MEDICINE YES NO _____
- BARBITURATES YES NO _____
- HEROIN YES NO _____
- PEP PILLS YES NO _____
- COCAINE YES NO _____
- SLEEPING PILLS YES NO _____
- MARIJUANA YES NO _____
- HALLUCINOGENS YES NO _____
- MORPHINE YES NO _____

D. DO YOU DRINK ALCOHOLIC BEVERAGES? YES NO IF YES, HOW OFTEN AND HOW MUCH? _____

E. DO YOU USE ANY FORM OF TOBACCO? YES NO IF YES, LIST FORM _____

7. FINANCIAL HISTORY

A. LIST INCOME OTHER THAN SALARY (INCLUDE SALARY OF SPOUSE): _____

B. HOW MANY PEOPLE DO YOU SUPPORT? _____

- C. HAVE YOU EVER BEEN NAMED IN A LAWSUIT AS EITHER A PLAINTIFF OR A DEFENDANT?
 YES NO IF YES, EXPLAIN _____
- 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 ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE

8. WORK HISTORY

- A. HAVE YOU EVER BEEN, OR ARE YOU NOW ENGAGED IN A PRIVATE BUSINESS? YES NO
 IF YES, LIST YOUR CAPACITY AND GIVE NAME OF BUSINESS _____

- B. HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN FROM A JOB? YES NO
 IF YES, EXPLAIN _____

- C. DO YOU OBJECT TO WEARING A UNIFORM? YES NO
- D. DO YOU OBJECT TO WORKING OVERTIME? YES NO
- E. DO YOU OBJECT TO BEING AWAY FROM HOME FOR LONG PERIODS OF TIME DUE TO OFFICIAL DUTIES? YES NO IF YES, EXPLAIN _____

- F. DO YOU OBJECT TO WORKING REGULAR SHIFTS? YES NO
- G. DO YOU OBJECT TO WORKING ROTATING SHIFTS? YES NO

9. LAW ENFORCEMENT HISTORY

- A. HAVE YOU EVER WORKED FOR ANY LAW ENFORCEMENT AGENCY IN SOUTH CAROLINA OR ANY OTHER STATE? YES NO (IF NO, SKIP TO PART 10)
 IF YES, WHAT IS YOUR ACADIS ID, ISSUED BY THE SCCJA? _____

IF YES, GIVE THE NAME OF THE AGENCY(S) AND DATES OF EMPLOYMENT:

B. DID YOU EVER RECEIVE OR SOLICIT ANYTHING FOR OVERLOOKING A VIOLATION? YES NO

C. DID YOU EVER USE YOUR OFFICIAL POSITION FOR YOUR OWN PERSONAL GAIN? YES NO

D. DID YOU EVER PERJURE YOURSELF IN COURT? YES NO

E. HAVE YOU EVER ENGAGED IN ANY SEXUAL ACTIVITY WITH AN INMATE OR PRISONER? YES NO

10. 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 LIST BELOW:

TRAFFIC VIOLATION	POLICE AGENCY	DATE

F. HAVE YOU EVER STOLEN ANYTHING? YES NO IF YES, EXPLAIN _____

G. HAVE YOU EVER BEEN COURT-MARTIALED OR SUBJECT OF DISCIPLINARY ACTION WHILE A MEMBER OF THE ARMED FORCES? YES NO IF YES, EXPLAIN _____

H. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR OTHER

RESERVE UNIT: _____

I. DO YOU POSSESS A VALID SOUTH CAROLINA DRIVER'S LICENSE? YES NO
 DRIVER'S LICENSE NUMBER _____

J. HAVE YOU EVER BEEN SUBJECT TO A RESTRAINING ORDER? YES NO
 IF YES, WHEN? _____ WHAT COURT? _____

K. DO YOU POSSESS, OR HAVE YOU POSSESSED, WITHIN THE LAST 10 YEARS, A DRIVER'S LICENSE ISSUED BY ANOTHER STATE? YES NO; IF YES, GIVE STATE AND NUMBER _____

L. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED? YES NO
 IF YES, EXPLAIN (WHERE, REASON, DATE, ETC.) _____

M. WAS YOUR LICENSE RESTORED? YES NO / DATE RESTORED _____

N. ARE YOUR DRIVING PRIVILEGES RESTRICTED? YES NO
 LIST RESTRICTION(S) _____

FOR THE FOLLOWING QUESTIONS, IF ANY ARE ANSWERED "YES" OR CHECKED, PLEASE EXPLAIN ON THE LAST PAGE:

O. HAVE YOU EVER COMMITTED OR PARTICIPATED IN ANY CRIME THAT HAS BEEN UNDETECTED?

- | | | |
|--|--|--|
| <input type="checkbox"/> ARMED ROBBERY | <input type="checkbox"/> DISORDERLY CONDUCT | <input type="checkbox"/> INDECENT EXPOSURE |
| <input type="checkbox"/> ARSON | <input type="checkbox"/> FORGERY | <input type="checkbox"/> KIDNAPPING |
| <input type="checkbox"/> ASSAULT | <input type="checkbox"/> FRAUD | <input type="checkbox"/> LARCENY |
| <input type="checkbox"/> BURGLARY | <input type="checkbox"/> ILLEGAL DRUGS | <input type="checkbox"/> LEWD ACTS |
| <input type="checkbox"/> CHILD MOLESTATION | <input type="checkbox"/> INCEST | <input type="checkbox"/> MURDER |
| <input type="checkbox"/> PEEPING TOM | <input type="checkbox"/> RAPE | <input type="checkbox"/> SEX CRIMES |
| <input type="checkbox"/> PERJURY | <input type="checkbox"/> RECEIVING STOLEN PROPERTY | <input type="checkbox"/> TERRORISTIC THREATS |
| <input type="checkbox"/> PROSTITUTION | | <input type="checkbox"/> VANDALISM |

P. HAVE YOU EVER BEEN QUESTIONED REGARDING DOMESTIC VIOLENCE INCLUDING SPOUSE ABUSE, CHILD ABUSE, OR ANY OTHER FORM OF INVESTIGATION REGARDING VERBAL, PHYSICAL, OR SEXUAL ABUSE AGAINST A PERSON IN YOUR FAMILY? YES NO

Q. HAVE YOU EVER VIEWED ANY TYPE OF CHILD PORNOGRAPHY? YES NO

R. HAVE YOU EVER PHYSICALLY OR SEXUALLY ABUSED A CHILD? YES NO

S. HAVE YOU EVER BEEN IN POSSESSION OF SEXUAL PICTURES OR NUDE PICTURES OF ANY CHILD UNDER THE AGE OF 16? YES NO

T. HAVE YOU EVER ENGAGED IN ANY TYPE OF SEXUAL ACTIVITY WITH ANY PERSON UNDER THE AGE OF 16?

YES NO

U. HAVE YOU EVER FORCED SOMEONE, BY WORD OR ACTION, TO HAVE SEXUAL CONTACT WITH YOU AGAINST THEIR WILL? YES NO

V. HAVE YOU EVER HAD SEXUAL CONTACT WITH SOMEONE WHO WAS UNABLE TO GIVE CONSENT DUE TO BEING DRUGGED, DRUNK, OR UNCONSCIOUS? YES NO

W. HAVE YOU EVER BEEN INVOLVED IN ANY FORM OF GANG, GANG VIOLENCE, OR GANG ACTIVITY? YES NO

X. HAVE YOU EVER BEEN A MEMBER OF ANY GROUP OR ORGANIZATION WHICH ADVOCATED VIOLENT DISSENT OR THE OVERTHROW OF THIS GOVERNMENT? YES NO

Y. HAVE YOU EVER FALSIFIED ANY OFFICIAL DOCUMENT? YES NO

Z. ARE YOU ATTEMPTING TO CONCEAL ANY INFORMATION ABOUT YOUR BACKGROUND?

YES NO

**HAVE YOU FILLED OUT YOUR APPLICATION COMPLETELY?
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

STATE OF SOUTH CAROLINA
COUNTY OF CHESTERFIELD

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.

SIGNED, THIS _____ DAY OF _____, 20_____.

FULL SIGNATURE OF APPLICANT

CONFIDENTIAL

THE CHESTERFIELD COUNTY SHERIFF'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER

THE CHESTERFIELD COUNTY SHERIFF'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER

Date: _____

Name: _____

Last

First

Middle

Address: _____

Number

street

city state

zip

Telephone: _____

Home

business

other

Position applied for:

DEPUTY SHERIFF

SCHOOL RESOURCE OFFICER (CLASS 1 REQUIRED)

CLERICAL

OTHER _____

Social Security Number: _____

Date of Birth: _____

Are you a Vietnam Veteran? yes no

Are you a Disabled Veteran? yes no

Are you an otherwise-protected Veteran*? yes no

*A veteran who served on active duty in the U.S. military during a war, or in a campaign or expedition for which a campaign badge was authorized under the laws administered by the Department of Defense.

How did you hear about our agency?

Walk-in Advertisement Job Service Employment agency

County Employee (specify) _____

Career Fair (specify) _____

Other (specify) _____

