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 109 Scotch Road, 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. 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 Rob Lee  
109 Scotch Rd.  
Chesterfield, South Carolina 29709

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

- Must be at least 21 years of age
- Must have a high school diploma or GED
- Must have a clear criminal history
- Must be a United States Citizen
- Driving record must not show a disregard for the law
- Credit history must show sound financial management with the ability to keep accounts paid up to date
- Results of all pre-employment tests and interview must meet standards
- Past employment record must be satisfactory
- Must pass a drug test
- 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

**Your application will NOT be processed unless filled out completely. (See page #3)**
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 and 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 Rob Lee, his deputies, agents, assigns, 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

________________________________________________________________
_________________________________
SIGNATURE OF WITNESS                      DATE
**The following documents are required in order for your application to be processed:**

- Copy of birth certificate
- Copy of Social Security card
- Copy of High School Diploma or GED
- Copy of a valid South Carolina driver’s license
- 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.)*
- 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.)*
- Copy of DoD Form 214 *(If a veteran)*
- Copies of other documents which may be applicable to employment *(Certifications, training documents, diplomas, etc.)*

If your application is complete and satisfactory, it will be placed in a pool with other applicants. 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:

- Driving records review
- Criminal records review
- Background investigation
- Initial interview
- Pre–employment physical examination and completion of health history questionnaire
- Pre–employment drug test
- Any other requirement determined necessary by the Sheriff’s Department

The process takes several weeks to complete. Any questions may be directed to our Chief Deputy, Briana Davis, at (843) 623–9395.

Qualified applicants are treated without regard to sex, race, religion, national origin, age, marital status, or disability.

*The Chesterfield County Sheriff’s Office is an Equal Opportunity Employer.*

Major Credit Reporting Agencies

- Equifax  [www.equifax.com](http://www.equifax.com) or (800) 997–2493
- Experian  [www.experian.com](http://www.experian.com) or (888) 397–3742
- Trans Union  [www.transunion.com](http://www.transunion.com) or Trans Union, PO Box 2000, Chester PA 19022

These are the three major credit reporting agencies, but there are others. You are not limited to these three.
APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Fill out the entire application. Incomplete applications WILL NOT be processed. Please PRINT LEGIBLY or TYPE.

NOTE: 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 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 and any incorrect statements or omissions may bar or remove you from employment. Truthful statements to any item requested will not necessarily exclude you from employment.

POSITION APPLIED FOR: ☐ DEPUTY ☐ CORRECTIONAL OFFICER ☐ CLERICAL
☐ OTHER ______________________________________________________________

APPLICATION DATE: ______________________________________________________

PERSONAL DATA

1. NAME _________________________________________________________________
   LAST   FIRST   MIDDLE

2. ADDRESS ______________________________________________________________
   NUMBER   STREET
   _______________________________________________________________
   CITY     STATE     ZIPCODE     COUNTRY

3. TELEPHONE ____________________________________________________________
   HOME     BUSINESS     OTHER

4. IF YOU HAVE WORKED UNDER ANOTHER NAME, PLEASE INDICATE: ______________

5. ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO IF NO, GIVE VISA NUMBER ______________
   IMMIGRATION NUMBER ______________

6. DO YOU POSSESS A VALID S.C. DRIVER’S LICENSE? ☐ YES ☐ NO
   IF YES, GIVE NUMBER ______________

7. DATE AVAILABLE TO START WORK __________________________________________

8. WOULD YOU WORK: ☐ FULL TIME ☐ PART TIME ☐ DAY AND NIGHT SHIFT
**RECORD OF EDUCATION**

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>NAME AND ADDRESS</th>
<th>DATES ATTENDED</th>
<th>YEARS COMPLETED</th>
<th>DID YOU GRADUATE?</th>
<th>DEGREES</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH SCHOOL</td>
<td></td>
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<td>☐ YES ☐ NO</td>
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<tr>
<td>TECHNICAL SCHOOL</td>
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<td>☐ YES ☐ NO</td>
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<td>SEMINARS. INSTITUTES, ETC.</td>
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<td>☐ YES ☐ NO</td>
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<tr>
<td>COLLEGE/UNIVERSITY UNDERGRADUATE</td>
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<td>☐ YES ☐ NO</td>
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<tr>
<td>COLLEGE/UNIVERSITY GRADUATE</td>
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<td>☐ YES ☐ NO</td>
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<tr>
<td>OTHER EDUCATION. TRAINING,</td>
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<td>☐ YES ☐ NO</td>
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</tbody>
</table>

9. **IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, HAVE YOU PASSED THE **General Education Development (GED)** **TEST?** ☐ YES ☐ NO  **IF YES, WHEN AND WHERE DID YOU COMPLETE THE GED?**

10. **INDICATE LANGUAGES YOU SPEAK, READ, AND/OR WRITE**

11. **LIST PROFESSIONAL LICENSE(s) YOU HOLD**

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**

15. **Typing Speed _______ WPM  Shorthand Speed _______ WPM**
### EMPLOYMENT HISTORY

1. **EMPLOYED FROM** ______________ TO ______________ ENDING SALARY __________ PER __________
   - **COMPANY NAME** ____________________________________________
   - **ADDRESS** __________________________________________________
     - STREET OR P.O. BOX NUMBER
     - CITY
     - STATE
     - ZIP CODE
   - **TELEPHONE NUMBER** ( ) ____________________
   - **JOB DUTIES** ________________________________________________
   - **JOB TITLE** _________________________________________________
   - **REASON FOR LEAVING** ______________________________________
   - **SUPERVISOR’S NAME** ________________________________________
   - **TELEPHONE NUMBER** ( ) ____________________

2. **EMPLOYED FROM** ______________ TO ______________ ENDING SALARY __________ PER __________
   - **COMPANY NAME** ____________________________________________
   - **ADDRESS** __________________________________________________
     - STREET OR P.O. BOX NUMBER
     - CITY
     - STATE
     - ZIP CODE
   - **TELEPHONE NUMBER** ( ) ____________________
   - **JOB DUTIES** ________________________________________________
   - **JOB TITLE** _________________________________________________
   - **REASON FOR LEAVING** ______________________________________
   - **SUPERVISOR’S NAME** ________________________________________
   - **TELEPHONE NUMBER** ( ) ____________________

3. **EMPLOYED FROM** ______________ TO ______________ ENDING SALARY __________ PER __________
   - **COMPANY NAME** ____________________________________________
   - **ADDRESS** __________________________________________________
     - STREET OR P.O. BOX NUMBER
     - CITY
     - STATE
     - ZIP CODE
   - **TELEPHONE NUMBER** ( ) ____________________
   - **JOB DUTIES** ________________________________________________
   - **JOB TITLE** _________________________________________________
   - **REASON FOR LEAVING** ______________________________________
   - **SUPERVISOR’S NAME** ________________________________________
   - **TELEPHONE NUMBER** ( ) ____________________

4. **EMPLOYED FROM** ______________ TO ______________ ENDING SALARY __________ PER __________
   - **COMPANY NAME** ____________________________________________
   - **ADDRESS** __________________________________________________
     - STREET OR P.O. BOX NUMBER
     - CITY
     - STATE
     - ZIP CODE
   - **TELEPHONE NUMBER** ( ) ____________________
   - **JOB DUTIES** ________________________________________________
   - **JOB TITLE** _________________________________________________
   - **REASON FOR LEAVING** ______________________________________
   - **SUPERVISOR’S NAME** ________________________________________
   - **TELEPHONE NUMBER** ( ) ____________________

5. **EMPLOYED FROM** ______________ TO ______________ ENDING SALARY __________ PER __________
   - **COMPANY NAME** ____________________________________________
   - **ADDRESS** __________________________________________________
     - STREET OR P.O. BOX NUMBER
     - CITY
     - STATE
     - ZIP CODE
   - **TELEPHONE NUMBER** ( ) ____________________
   - **JOB DUTIES** ________________________________________________
   - **JOB TITLE** _________________________________________________
   - **REASON FOR LEAVING** ______________________________________
   - **SUPERVISOR’S NAME** ________________________________________
   - **TELEPHONE NUMBER** ( ) ____________________
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.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
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</tbody>
</table>

PERSONAL REFERENCES (No relatives or former employers. Complete address and phone numbers must be provided.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
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</tbody>
</table>

NEIGHBORS (Complete address and phone numbers must be provided.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
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<tbody>
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</tbody>
</table>
**BIOGRAPHICAL DATA**

1. **Name**

<table>
<thead>
<tr>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>MAIDEN</th>
<th>NICKNAME</th>
</tr>
</thead>
</table>

A. **Have you ever used another name?**  
   ○ Yes  ○ No  
   *If yes, what name* ________________________________________________________________

B. **Has your name been legally changed?**  
   ○ Yes  ○ No  
   *If yes, explain* ____________________

2. **Age** _____  **Date of birth** _____________  **Place of birth** ____________________________  
   **Has your date of birth ever been changed on a legal document?** *If yes, explain.* ________

3. **Residence**

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

A. **How long have you lived at this address?** __________________________

B. **What is your telephone number?**  
   HOME (____) __________________
   WORK (____) __________________
   OTHER (____) __________________

C. **List previous addresses in the last ten (10) years:**

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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</thead>
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<table>
<thead>
<tr>
<th>NUMBER</th>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

D. **List the complete name of the person with whom you reside:**

<table>
<thead>
<tr>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>MAIDEN</th>
<th>NICKNAME</th>
</tr>
</thead>
</table>

E. **Parents names:**  
***Father:* ____________________________

<table>
<thead>
<tr>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>MAIDEN</th>
<th>NICKNAME</th>
</tr>
</thead>
</table>

***Mother:* ____________________________  

| LAST | FIRST | MIDDLE | MAIDEN | NICKNAME |
4. **Marital Status:**  
- [ ] Single  
- [ ] Engaged  
- [ ] Divorced  
- [ ] Married  
- [ ] Separated  
- [ ] Widowed

A. **Name of Spouse** ____________________________________________________________

<table>
<thead>
<tr>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>MAIDEN</th>
<th>NICKNAME</th>
</tr>
</thead>
</table>

**Spouse's Occupation** _______________________________ **Employed By** ________________

**Name of Former Spouse** ________________________________________________________

<table>
<thead>
<tr>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>MAIDEN</th>
<th>NICKNAME</th>
</tr>
</thead>
</table>

**List All Your Children, including any adopted or stepchildren:**

<table>
<thead>
<tr>
<th>NAME</th>
<th>DOB</th>
<th>Name of Person Residing With</th>
<th>Address</th>
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</tbody>
</table>

5. **Military Service:**  
- [ ] Yes  
- [ ] No

- **Branch** ________________________________

- **Total Years** ____________  
- **Highest Grade/Rank** ________________________________

- **Type of Discharge** ________________  
- **Court Martial/Punishment** ________________________________

A. **Are You Registered for Selective Service?**  
- [ ] Yes  
- [ ] No

B. **What is the Date and Location of Your Last Discharge?** ________________________________

C. **List All Medals and Decorations Awarded You During Your Military Service** __________

______________________________

______________________________

D. **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.

<table>
<thead>
<tr>
<th>Drug</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMPHETAMINES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HASHISH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NERVE MEDICINE</td>
<td></td>
<td></td>
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<tr>
<td>BARBITUATES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEROIN</td>
<td></td>
<td></td>
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<tr>
<td>PEP PILLS</td>
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<tr>
<td>COCAINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SLEEPING PILLS</td>
<td></td>
<td></td>
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<tr>
<td>MARIJUANA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HALLUCINOGENS</td>
<td></td>
<td></td>
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<tr>
<td>MORPHINE</td>
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</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>NAME OF BUSINESS</th>
<th>STREET ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
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</table>

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. CRIMINAL RECORDS

A. HAVE YOU EVER BEEN ARRESTED BY LAW ENFORCEMENT?  ○ YES  ○ NO

IF YES, GIVE DETAILS:

<table>
<thead>
<tr>
<th>OFFENSE CHARGED</th>
<th>POLICE AGENCY</th>
<th>STATE</th>
<th>DATE</th>
<th>DISPOSITION</th>
</tr>
</thead>
<tbody>
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</table>

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:

<table>
<thead>
<tr>
<th>TRAFFIC VIOLATION</th>
<th>POLICE AGENCY</th>
<th>DATE</th>
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<tbody>
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</table>

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 ___________________________ DATE ISSUED ______________________

J. HAVE YOU EVER BEEN SUBJECT TO A RESTRAINING ORDER?  ○ YES  ○ NO

IF YES, WHEN? ___________________ WHAT COURT? ____________________________

K. DO YOU POSSESS 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) ________________________________________________________________

O. 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
INSTRUCTIONS: Use a typewriter, or print legibly in ink. Fill out this form COMPLETELY and ACCURATELY. This data is used for periodic reporting and will be kept in a CONFIDENTIAL FILE.

Date: ________________________________________________________________

Name: ________________________________________________________________

Last  First  Middle

Address: _______________________________________________________________________________________________________

Number  street  city  state  zip

Telephone: ______________________________________________________________________________________________________

Home  business  other

Position applied for:  ☐ Deputy  ☐ Correctional Officer  ☐ Clerical  ☐ Other ______________________________________________

Social Security Number:______________________________________________________________

Date of Birth: ________________________________________________________________

Are you a Vietnam Veteran?  ☐ yes  ☐ no

Are you a Disabled Veteran?  ☐ yes  ☐ no

How did you hear about our agency?

☐ Walk-in  ☐ Advertisement  ☐ Job Service  ☐ Employment agency

☐ County Employee (specify) ________________________________________________

☐ Career Fair (specify) _________________________________________________

☐ Other (specify) _______________________________________________________

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