

NAME: \_\_\_\_\_

CELL#: \_\_\_\_\_

# **Calhoun County Sheriff's Office**

## **Sheriff Thomas Summers Jr.**

*Employment Application*



## **Equal Opportunity Employer**

2811 Old Belleville RD.  
(PO Box 749)  
St. Matthews, S.C. 29135  
Office Number: 803-874-2741  
Fax Number: 803-874-2634

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**FOR INTERNAL USE ONLY**

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RECEIVED BY: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

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# CAREER INFORMATION

## **Minimum Requirements:**

- U.S. Citizen and resident of South Carolina
- South Carolina Driver License
- At least 21 years of age for deputies
- At least 18 years of age for dispatchers
- High School Diploma or GED
- Good Driving History
- Good Credit History
- Clean Criminal Record
- Good Moral Character
- Successfully complete a pre-employment polygraph and drug screening
- Pass a Mandatory Psychological Evaluation
- Pass a Mandatory Standardized Reading and Comprehension test

## **Required Documents:**

- Complete Application
- Copy of High School Diploma or GED
- Certificate Copy of College Degree or Official Transcripts
- Copy of S.C. Driver's License
- Copy of Birth Certificate
- Copy of DD-214 (military service only)
- Copy of Social Security Card

# CONSENT FORM

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Calhoun County Sheriff's Office, or to any authorized agent of a criminal justice agency or any private agency upon request of the Calhoun County Sheriff's Office, whether the said records are public, private, or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records of educational institutions; financial or credit institutions, including records of loans, records of commercial or retail credit agencies (including credit reports and ratings) and financial statements and records wherever filed; medical and psychiatric treatment records including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorney at law, or of other council whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the Calhoun County Sheriff's Office. I also certify that any person(s) who may furnish this information concerning me shall not be held accountable for giving this information; and hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

I also agree to pay any and all charges or fees concerning this request and can be billed for such charges at the below address.

A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

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SIGNATURE

DATE

<b>Name</b>		<b>Address</b>	
<b>Date of Birth</b>		<b>Telephone</b>	
<b>Social Security#</b>		<b>SCCJA I.D. #</b>	

# Calhoun County Sheriff's Office

## Employment Waiver

I, \_\_\_\_\_, hereby acknowledge and affirm that I fully understand that my employment with the Calhoun County Sheriff's Office is contingent upon the results of the department's investigation of my background.

Furthermore, I fully understand that if this investigation reveals any information that would prohibit my continued employment with this department or if I cannot successfully complete the course of study to be certified by that SCCJA my appointment to this position is subject to immediate termination.

I, \_\_\_\_\_, without any coercion voluntarily agree to execute this waiver.

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SIGNATURE

DATE

SOCIAL SECURITY #

### Position applied for:

Law Enforcement \_\_\_\_\_ Communications \_\_\_\_\_ Civilian Administration (clerical) \_\_\_\_\_

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WITNESS SIGNATURE

DATE

# APPLICATION QUESTIONNAIRE

Instructions: If you answer “yes” to questions 5-19, you must explain your response on the explanation sheet provided. Remember to indicate the question number you are referencing when responding to these questions on the explanation sheet. All explanations must be detailed and accurate. Failure to disclose any information or omit relevant facts will constitute a deliberate attempt to mislead the department and your application will not be processed.

1. Will you consent to a rigid physical fitness examination? (Law enforcement applicants only) \_\_\_\_\_
2. Will you submit to a medical examination? (Law enforcement applicants only) \_\_\_\_\_
3. Will you consent to a thorough background investigation? \_\_\_\_\_
4. Will you be able to work 12 hour shifts? \_\_\_\_\_
5. Have you ever been rejected for employment, for any reason? \_\_\_\_\_
6. Have you ever been terminated or asked to resign from any job? \_\_\_\_\_
7. Have you ever been physically arrested either as an adult or juvenile? \_\_\_\_\_
8. Have you ever appeared in ANY court as a defendant on criminal charges? \_\_\_\_\_
9. Have you ever been detained by law enforcement, or the subject of an investigation? \_\_\_\_\_
10. Have you ever received a traffic citation? If yes, how many and for what? \_\_\_\_\_
11. Have you ever used, tried, or ingested marijuana, or synthetic marijuana? \_\_\_\_\_
12. Have you even used, tried, or ingested cocaine? \_\_\_\_\_
13. Have you ever used, tried, or ingested any other illegal narcotic? \_\_\_\_\_
14. Do you drink alcoholic beverages? If yes state how often \_\_\_\_\_
15. Have you ever or are you currently using steroids? \_\_\_\_\_
16. Has your driver’s license ever been suspended? If yes explain in detail the reasons surrounding the suspension. \_\_\_\_\_
17. Have you ever filed bankruptcy? \_\_\_\_\_
18. Have you ever had automobile insurance withdrawn or revoked? \_\_\_\_\_
19. Are you aware of any information, in addition to that specifically addressed in this application, which may be relevant to an investigation into your eligibility for appointment to the position for which you have applied? \_\_\_\_\_



# PERSONAL DATA

<b>Full Name:</b> _____
<b>Current Address:</b> _____ <i>(Street number and name, City, State, Zip)</i>

<b>Contact Information</b>		
<b>Home Ph.:</b>	<b>Cell:</b>	<b>Work:</b>
<b>Email Address:</b>		

<b>Date of Birth:</b>	<b>Age:</b>	<b>SSN:</b> ____-____-____
<b>Height:</b>	<b>Weight:</b>	

<b>Place of Birth: City:</b> _____, <b>State:</b> _____, <b>Country</b> _____,
<b>Length of continuous residency in South Carolina: (yrs. /months)</b>
<b>Are you a United States Citizen:</b>
<b>If “no” are you a permanent resident?</b>
<b>Are you: Natural Born</b> ____ <b>Need certified copy of birth record</b>
<b>Naturalized</b> ____ <b>Need original naturalization papers</b>

**Have you ever used another name or had your name changed?** \_\_\_\_\_

*Note: This includes, but is not limited to, maiden names, former married names, adopted names, nicknames, etc. Please list in the table below if you answered “yes”*

Previous Name	Date of Change	Location of Change	Reason

<b>Marital Status:</b> Single ____ Married ____ Divorced ____ Separated ____
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South Caroline Driver’s License Number:	DATE ISSUED:
Out of state Driver’s License Number:	DATE ISSUED:

# Personal Data Cont.

Have you ever worked for the Calhoun County Sheriff's Office?

If "yes":

Dates:
In what capacity?
Have you applied with this agency before?

Do you use Social Media? \_\_\_\_\_

If "yes" please provide the URL:

Facebook:
Twitter:
Instagram:
Snapchat:
Other:

## Emergency Contact Information

<b>Name:</b>	<b>Relationship:</b>	
<b>Address:</b>		
<b>Home Ph:</b>	<b>Cell:</b>	<b>Work:</b>



# Residence History

List all of your residence addresses in the last (10) years. Begin with your present address. This should include any temporary addresses, military addresses, permanent addresses, and school addresses.

Address	Dates

# Education

Name of School – City, State	Did you graduate?	Major	Degree Received
High School			
College			

Note: Applicant must provide a copy of his/her High School Diploma or GED certificate with this application.

Month and Year graduated from High School or date GED obtained: \_\_\_\_\_

Please list any additional education that relates to your ability to perform the job for which you have applied:

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Since High School, have you ever been expelled or suspended from any school or have you been disciplined by a school official? \_\_\_\_\_ if yes explain:

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Please list any professional classes or courses that you have attended:

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Please note any technical skills that you have acquired and the extent of your proficiency:

Computer: \_\_\_\_\_

Types of Software used: \_\_\_\_\_

WPM Typing: \_\_\_\_\_

Please list any foreign languages that you have learned and the extent of your proficiency:

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# Previous Law Enforcement Experience

Have you ever attended a state, federal, local, or military school for police officer, Deputy Sheriff, Correctional Officer, Military Police Officer, etc? \_\_\_\_\_

Dates attended: \_\_\_\_\_ from \_\_\_\_\_

Did you graduate? \_\_\_\_\_

Name of institution: \_\_\_\_\_

List the number of years and months experience you have as a law enforcement officer:

Agency	Dates From/To	Division	Supervisor	Salary

## Military Service

Have you ever served in any branch of the United States Armed forces? This includes Reserves, National Guard, or Coast Guard. \_\_\_\_\_

Have you ever attempted to enlist in any branch of the armed forces? \_\_\_\_\_

Have you ever served in any branch of a foreign military? \_\_\_\_\_

Branch	Dates From/To	Highest Rank obtained	Type of discharge

**Note: Applicant must provide a copy of all DD-214**

# Employment History

In the tables below, list all jobs you have worked since the age of 16. List jobs in descending order beginning with your current or most recent job. For any gap in employment list the reason, example, full time student, unemployed, etc. Failure to properly complete the employment section may result in your disqualification. A resume may be attached only as additional information. You must complete this section.

Employer	From: Month/Year	Salary	Position
Address	To: Month/Year	Duties	
Phone Number		Supervisor	
Reason for leaving:			

Employer	From: Month/Year	Salary	Position
Address	To: Month/Year	Duties	
Phone Number		Supervisor	
Reason for leaving:			

Employer	From: Month/Year	Salary	Position
Address	To: Month/Year	Duties	
Phone Number		Supervisor	
Reason for leaving:			

# Employment History Cont.

Employer	From: Month/Year	Salary	Position
Address	To: Month/Year	Duties	
Phone Number		Supervisor	
Reason for leaving:			

Employer	From: Month/Year	Salary	Position
Address	To: Month/Year	Duties	
Phone Number		Supervisor	
Reason for leaving:			

Employer	From: Month/Year	Salary	Position
Address	To: Month/Year	Duties	
Phone Number		Supervisor	
Reason for leaving:			