

Sumter County Sheriff's Office

Application for Employment



Sheriff Anthony Dennis

1281 NORTH MAIN STREET SUMTER, SC 29153

P.O. Box 430 Sumter, SC 29151-0430

**Sumter County Sheriff's Office
Pre-employment Requirements**

DEPUTY SHERIFF – PATROLMAN

REQUIREMENTS:

1. Graduate from an accredited college or university, preferred, or;
2. High school diploma or GED, or;
3. Certified law enforcement officer.
4.
 - a) Must be a minimum of twenty- one (21) years of age
 - b) Must have no criminal history
 - c) Must possess a valid South Carolina Driver's License – limited violations **(NO DUI)**
 - d) Must satisfactorily pass a credit check – no bankruptcy
 - e) Must satisfactorily complete a polygraph test
 - f) Must satisfactorily complete a psychological test (does not apply to detention officer)
 - g) Must pass a drug test
 - h) Must meet physical fitness standards as outlined in the job description (does not apply to detention officer)
5. Must be willing and able to work weekends, holidays, possibly days off, and be available during times of natural disasters.
6. **The following items MUST be turned in with the application:**
 - a) Photo copy of current driver's license
 - b) Photo copy of Social Security Card
 - c) Photo copy of Birth certificate
 - d) Photo copy of high school, GED and Degrees/Diplomas
 - e) Photo copy of DD Form 214 (if prior military)
 - f) Certified driving record of all licenses possessed in the last 10 years
 - g) Pass a T.A.B.E. test administered by Central Carolina Tech. (It is your responsibility to contact Central Carolina to schedule a test date)
 - h) Complete copy of credit report
 - i) Provide access to social media profiles/timelines (Facebook, Instagram, Twitter, etc.)

IF YOU HAVE ANY QUESTIONS, PLEASE CALL Lt. James Dukes @ 803-436-2048

PLEASE SUBMIT YOUR COMPLETE PACKET TO OUR OFFICE

IF YOU ELECT TO MAIL YOUR PACKET VIA U.S. MAIL

MAIL TO: P.O. BOX 430 SUMTER, S.C. 29151-0430

**Sumter County Sheriff's Office
Sumter, South Carolina**

Application for employment (check one)

Date: _____

Job title: Deputy Sheriff Civilian
 Reserve Deputy Internship
 Detention Center

Personal Data

- 1. Name: _____
 (Last) (First) (Middle) (Maiden)

- 2. Address: _____
 Number Street City State Zip

- 3. Telephone: _____ Mobile: _____ Other: _____

- 4. Date of Birth: _____ Age: _____ Place of Birth: _____

- 5. Height: _____ Weight: _____ Eyes: _____ Hair: _____

- 6. Social Security No.: _____

- 7. Marital Status: Single Engaged Divorced
 Married Separated Widowed

- 8. Name of Spouse _____
 Last First Middle Maiden

- 9. Spouse's occupation: _____ Where Employed _____

ADMINISTRATIVE USE ONLY

Replacement for: _____

10. List all your children, including any adopted children or stepchildren:

Name	DOB	Address

11. Parents Name: Father _____
Last First Middle
Mother _____
Last Middle

12. Can you operate a motor vehicle? Yes No

13. Do you possess a valid South Carolina driver's license? Yes No

Driver's License Number _____ Date Issued _____

14. Do you now or have you ever possessed a driver's license issued by another state?

Yes No DL Number _____ Date Issued _____

State(s) _____

15. Was your license ever suspended or revoked? Yes No

16. Have you ever used a surname other than the name listed on this application?

Yes No If so, list them _____

17. Have you ever used a different date of birth or Social Security number on any application or documents other than what is listed above? Yes No

If so, list them _____

Military History

18. Have you ever been in the Military? Yes No

19. Which branch? _____

20. Total years _____ Highest grade _____ Type of discharge _____

21. List all medals and awards you received in the military:

22. Are you presently a member of the National Guard or Reserve? (Give unit, location and job description): _____

Credit History

23. How many people do you support? _____

24. Have you ever declared, or are you about to, declare bankruptcy? _____

25. What is the total amount of your debts at present? _____

26. Have you ever been, or are you currently, behind on your bills? Yes No

27. List credit references, including business, to which you make monthly payments:

Name of Business	Amount	Type of Debt	Any Problems

28. Have you ever had any civil action(s) taken against you for failure to pay any debt? (Liens, judgements, lawsuits, etc.) Yes No

Explain: _____

29. Have you ever had anything repossessed (voluntarily or involuntarily)? Yes No

30. Are you now, or have you ever, had to make child support payments? Yes No

31. Have you ever been late on making your child support payments? Yes No
If yes, are you currently behind on your payments? Yes No

32. Have you ever written a bad check and it resulted in a warrant issued for your arrest?
Yes No

Work History

33. How many days have you missed from work in the last year due to sickness or injury? ____
Explain: _____

34. Are you presently in a physical fitness program? _____

35. Date and Place of Last physical examination _____
A. Have you had any surgeries within the past year? If yes
when _____

36. Name of examining doctor _____

37. Have you ever been fired, dismissed, or forced to resign from a job? _____

38. Have you ever walked-off the job because of an argument with a fellow employee or employer? Yes No

39. Have you ever been involved in a physical confrontation with another employee?
Yes No

40. Have you ever been fired from a job? Yes No If yes, explain:

41. Have you ever received any formal disciplinary action (suspension, written reprimand, letter of counseling, or written warning) from any job? Yes No
Explain: _____

42. Have you ever been turned down for a job based on the result of a: (check any)

- Criminal History Background Investigation Credit check
 Polygraph Driving Record

43. Have you ever been named in a sexual harassment complaint? Yes No

44. Please list present and past employment, beginning with the most recent:

Company Name _____ Phone Number _____ Address _____ Street City State Zip Supervisor(s) name _____ Job Title _____ Reason for Leaving _____ Job Duties _____ Employment dates from _____ to _____ Ending Salary _
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Company Name _____ Phone Number _____ Address _____ Street City State Zip Supervisor(s) name _____ Job Title _____ Reason for Leaving _____ Job Duties _____ Employment dates from _____ to _____ Ending Salary _

Company Name _____	Phone Number _____
Address _____	
Street	City
State	Zip
Supervisor(s) name _____	
Job Title _____	Reason for Leaving _____
Job Duties _____	
Employment dates from _____	to _____ Ending Salary _____

Company Name _____	Phone Number _____
Address _____	
Street	City
State	Zip
Supervisor(s) name _____	
Job Title _____	Reason for Leaving _____
Job Duties _____	
Employment dates from _____	to _____ Ending Salary _____

Company Name _____	Phone Number _____
Address _____	
Street	City
State	Zip
Supervisor(s) name _____	
Job Title _____	Reason for Leaving _____
Job Duties _____	
Employment dates from _____	to _____ Ending Salary _____

Company Name _____	Phone Number _____
Address _____	
Street	City
State	Zip
Supervisor(s) name _____	
Job Title _____	Reason for Leaving _____
Job Duties _____	
Employment dates from _____	to _____ Ending Salary _____

Company Name _____	Phone Number _____
Address _____	
Street	City
State	Zip
Supervisor(s) name _____	
Job Title _____	Reason for Leaving _____
Job Duties _____	
Employment dates from _____	to _____ Ending Salary _____

*If you have had more jobs, list them on a separate sheet of paper and attach (mandatory).

45. Provide three letters of reference (no relatives or former employers)

Education History

46. Indicate any language(s) you speak, read or write fluently: _____

47. List any professional licenses you hold:

48. List academic honors, awards etc. _____

49. List any courses that would be useful to the position for which you are applying:

50. Typing speed (WPM) _____ List equipment or office machines you can operate
(Including computer programs):

51. List all schools:

School	Name & Address	Start Date	End Date	Did you Graduate	List Degrees
High School					
Tech School					
College					
University					
Others					

52. If you did not graduate from high school, have you passed the General Educational Development (GED) Test? Yes No

When and where did you complete the GED?

Criminal Record

53. Have you ever been charged by law enforcement (other than a minor traffic offense)?

Yes No

If yes, explain: _____

Offense Charged	Police Agency	State	Date	Disposition

54. Have you ever been convicted of a felony? Yes No

If yes, give details: _____

55. Have you ever been bonded? Yes No

If yes, list jobs. _____

56. Have you ever been placed on probation? Yes No

If yes, explain: _____

57. Have you ever had any traffic violations? Yes No
If yes, explain:

58. Have you ever stolen anything? Yes No If yes, explain:

59. Have you ever illegally used any of the drugs listed below? Yes No
If yes, explain: _____

When was the last time you used? _____

How many times used? _____

Have you ever bought or sold any of the following drugs? _____

- | | | | | | | | |
|------------------------------------|----------------------------------|---------------------------------------|---------------------------------------|--|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> STP | <input type="checkbox"/> Peyote | <input type="checkbox"/> Psilocybin | <input type="checkbox"/> Quaaludes | <input type="checkbox"/> Opium | <input type="checkbox"/> Cocaine | <input type="checkbox"/> Acid | <input type="checkbox"/> Bath Salts |
| <input type="checkbox"/> Mescaline | <input type="checkbox"/> MDA | <input type="checkbox"/> Speed (Meth) | <input type="checkbox"/> Barbiturates | <input type="checkbox"/> Heroin | <input type="checkbox"/> Morphine | <input type="checkbox"/> Marijuana | |
| <input type="checkbox"/> Demerol | <input type="checkbox"/> Hashish | <input type="checkbox"/> Steroids | <input type="checkbox"/> Dilaudids | <input type="checkbox"/> Sniffed Freon, gas, paint, or other | | | |

Any other illegal substance/narcotic not listed: _____

60. Have you ever been court-martialed or a subject of disciplinary action?
Yes No If yes, explain: _____

61. Are you now or have you ever been a member of, or affiliated with, any organization, association, movement, group, or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the 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 unconstitutional means? Yes No

62. Have you ever contributed money, time, shelter, or any other resources to any group(s) or individuals as described as above? Yes No

Personal Habits

63. Have you ever gone to work or school intoxicated, or missed work or school due to being intoxicated? Yes No

64. Do you gamble (on-line, professionally, or otherwise where real money or property is involved)? Yes No

If yes, then what is the greatest financial loss you have ever incurred? \$ _____

65. Do you currently owe anyone, individual or business, money or property due to a gambling debt? Yes No

66. Have you ever viewed or subscribed to any periodical which contained or promoted child pornography? Yes No

Prior Law Enforcement Only (if not prior law enforcement, skip to the next section)

67. Where have you previously worked as a law enforcement officer?

68. Were you ever the subject of any sort of internal investigation (formal or otherwise)?

Yes No Explain: _____

69. Have you ever quit or resigned while under investigation? Yes No

70. Were you ever given the option to resign or be fired? Yes No

If yes, explain: _____

71. Were you ever suspended from duty, demoted, or had salary reduced as part of a disciplinary action against you? Yes No

72. Have you ever had an excessive force complaint filed against you? Yes No

73. Have you ever had any vehicle accidents while on duty? Yes No

If yes, how many? _____

74. Have you ever lied in a report/statement to implicate a suspect or cover for another officer or for yourself? Yes No

I hereby certify that there are no willful misrepresentations in or falsifications of the statements and answers to the above questions. I know that if the application is not complete it will be void. I am aware that should investigation disclose such misrepresentations and/or falsifications, my application for employment will be rejected and I will be disqualified from applying for any position of the Sumter County Sheriff's Office in the future. In completing this application for employment, I also understand that an investigation may be conducted whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. Also, I understand that I will be required to take and pass a polygraph examination prior to being accepted for employment with the Sumter County Sheriff's Office.

Applicants Signature: _____ Date: _____

Sumter County Sheriff's Office
1281 North Main Street
Sumter, SC 29153
P. O. Box 430 Sumter, SC 29151-0430

I, _____, hereby request and authorize all doctors, nurses, hospitals, military organizations, insurance companies, educational institutions, governmental agencies, banks, and other credit agencies, my present and former employers, and any other individuals who may have records or other information about me to release and furnish to the Sumter County Sheriff's Office all records and other information concerning me. The above-mentioned agency is currently conducting a personal background to determine my suitability for employment as a law enforcement officer with their agency. Your assistance and cooperation will be greatly appreciated. A copy of this signed and notarized authorization shall be as effective and valid as the original.

This _____ day of _____, 20_____

Signature of Applicant _____

Sworn and subscribed before me, this
_____ day of _____ 20_____.

Notary Public
My commission expires _____

Reference Check For:

Name of Reference: _____

Address: _____

Phone Number: _____

Occupation: _____

1. How long have you known the individual?

2. How did you meet this individual?

3. How well does this individual get along with others? Explain and give an example.

4. Is this individual a dependable and an honest person? Explain and give an example.

5. Do you know of anything negative about this individual that would prohibit them from getting a job with our office? If so, please explain.