

EMPLOYEE APPLICATION

GEORGETOWN COUNTY SHERIFF'S OFFICE



Carter Weaver, Sheriff

**430 N. Fraser St.
Post Office Box 1292
Georgetown, SC 29442
(843) 546-5102**

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 am a United States Citizen.
- _____ 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 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:

Applicant Information

Name: _____ Date: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Email: _____

Date Available: _____ Desired Salary: \$ _____

Position for which you are applying: _____

Are you a U.S. citizen? Yes ___ No ___ If no, are you authorized to work in the U.S.? Yes ___ No ___

Have you ever worked for Georgetown County Sheriff's Office? Yes ___ No ___

Have you ever been convicted of a felony? Yes ___ No ___

If yes to the previous question, please explain: _____

Education

High school: _____ Address: _____

Dates From: _____ To: _____ Diploma? Yes ___ No ___

College: _____ Address: _____

Dates From: _____ To: _____ Degree? Yes ___ No ___

Other: _____ Address: _____

Dates From: _____ To: _____ Degree? Yes ___ No ___

Military Service

Branch: _____ Dates From: _____ To: _____

Rank at Discharge: _____ Type of discharge: _____

If not honorable discharge, explain: _____

References

Please list 3 professional references.

Name: _____ Relationship: _____

Employer and position: _____

Home address: _____ Phone: _____

Name: _____ Relationship: _____

Employer and position: _____

Home address: _____ Phone: _____

Name: _____ Relationship: _____

Employer and position: _____

Home address: _____ Phone: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: \$ _____ From: _____ To: _____

Responsibilities: _____ Reason for leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: \$ _____ From: _____ To: _____

Responsibilities: _____ Reason for leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: \$ _____ From: _____ To: _____

Responsibilities: _____ Reason for leaving: _____

Disclaimer and Signature

Certificate

I authorize investigation of all statements and related information contained in this application unless herein specifically stated otherwise. I understand that the completion of this form does not assure me a position with the Sheriff's Office or obligate the Sheriff's Office in any way. I further understand that any misunderstanding or incorrect statements, misrepresentations, or omission of facts may render this application void, and if employed, could be cause for discharge if discovered at a later date.

I understand that I will be required to conform to the Sheriff's Office rules, regulations, and instructions as made known to me at the time of employment or any subsequent time. I, also, understand that it will be necessary to conform to the Sheriff's Office requirements for physical fitness and to permit physical examination by a physician designated by the Sheriff's Office.

As a prerequisite of employment, I understand that I will be required to undergo blood tests and/or urinalyses. I understand that at times during my employment at the Sheriff's Office, I may be required to undergo blood tests and/or urinalyses. I understand that the results of any such examination shall be made available to the Sheriff's Office, its employees, or agents.

I understand that my employment can be terminated with or without cause, for any reason, and at any time at the discretion of the Sheriff or me. I understand that no person other than the Sheriff has any authority to enter into any agreement contrary to the foregoing or make any oral assurance of promise of continued employment.

Applicant Signature: _____ Date: _____

The Georgetown County Sheriff's Office is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, handicap, or status as a disabled or Vietnam era veteran.



GEORGETOWN COUNTY SHERIFF'S OFFICE

430 NORTH FRASER STREET
GEORGETOWN, SOUTH CAROLINA 29440
PHONE: 843-546-5102 FAX: 843-546-2752

CARTER
WEAVER
SHERIFF

Background Investigation

Date: _____

Information on this form should be clearly handwritten or typed in black ink. All requested information must be answered completely.

Full Name: _____
Last First Middle

Date of birth: _____ Social Security #: _____

Place of Birth (city, state): _____

Driver's license #: _____ Licensing State: _____

I understand that it is a violation of law to give false or misleading information to any law enforcement agency. Further, I understand that I will not be considered for employment if I have done so. I hereby declare all the above statements are true and accurate to the best of my knowledge.

Signature: _____ Date: _____

