

# EMPLOYMENT APPLICATION

## GEORGETOWN COUNTY SHERIFF'S OFFICE

**Carter Weaver, Sheriff**

430 North Fraser Street  
Post Office Box 1292  
Georgetown, SC 29442  
(843) 546-5102





# Georgetown County Sheriff's Office

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Education

Experience with Computers? YES  NO  How many WPM (words per minute)? \_\_\_\_\_

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

**CERTIFICATE**

*I authorize investigation of all statements and related information contained in this application including criminal records 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 misleading or incorrect statements, misrepresentation 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, Additionally, I understand that at times during my employment as the Sheriff's Office may require, I may be required to undergo blood tests and/or urinalyses. Finally, I understand that the results of any such examinations shall be made to the Sheriff's Office, its employees or agents.*

*I understand that my employment can be terminated, with or without cause, for any reason or no reason, at any time at the discretion of either the Sheriff's Office or myself. 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.*

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.