



JASPER COUNTY SHERIFF'S OFFICE
P.O. Box 986, Ridgeland, SC 29936
Phone: 843-726-7777 Fax: 843-726-7778

Dear Applicant:

We appreciate your interest in becoming a Deputy Sheriff with the Jasper County Sheriff's Office. As a candidate to become a law enforcement officer with the Jasper County Sheriff's Office you must meet the following basic requirements:

- Be at least 21 years of age.
- Be a high school graduate or GED equivalent.
- Possess a valid South Carolina Drivers license or be eligible to obtain one.
- No convictions during the past five (5) years for driving under the influence of intoxicating liquors or drugs.
- No convictions during the past five (5) years for leaving the scene of an accident.
- No felony convictions.
- No convictions of criminal domestic violence.
- Reside in or be willing to move into Jasper County and become a registered voter.
- Be of good moral character (as determined by a background investigation).

Based on the information provided on the application, we will interview the most qualified applicants. Please provide the items listed below for your application to be processed. You may include other documentations that you feel will improve your application.

- Birth Certificate
- High School diploma or GED certificate, college transcript if claiming college credits
- DD-214, if applicable (record of military discharge)
- Drivers License history (Required if licensed outside of South Carolina in the past 5 years)
- Recent credit report

If you have any questions please call the Jasper County Sheriff's Office at (843) 726-7777.

Sincerely,

Christopher Malphrus
Sheriff

AUTHORIZATION FOR RELEASE OF INFORMATION

This certifies the application completed by me and all entries and information contained therein are true and completed and failure to fully and truthfully answer any part may, at the sole discretion of the Sheriff, subject me to immediate dismissal.

I hereby authorize my former employers and/or references to furnish any information concerning my personal character, habits, or employment record, and I hereby release all such persons from any liability or damages on account of having furnished this information. I further authorize my former employers to release any positive drug test results or alcohol tests greater than 0.04 or any refusals to be tested. I also agree to furnish such additional information and complete such examinations as may be required by the Sheriff's Office.

It is agreed and understood this application for employment in no way obligates the Sheriff's Office to employ me. I also understand and agree that if hired, my first six months employment shall be a probationary basis, and the probationary period does not end until the Division Head submits a personnel action request. I further understand that during the probationary period the Sheriff may terminate my employment without any recourse on my part.

I hereby authorize the Sheriff's Office to investigate the information contained in my employment application and to do all that is necessary to verify the accuracy of the information. I further authorize any past or present employer, any law enforcement agency, or any school or personal reference to release to the Sheriff's Office any and all information contained in my work record, police record, school record, and personal references.

I hereby release any past or present employers, any law enforcement agency, any schools, personal references and any and all of their employees from any liability in furnishing such information to the Jasper County Sheriff's Office.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE JASPER COUNTY SHERIFF'S OFFICE TO FURNISH THE ABOVE-MENTIONED INFORMATION.

Social Security Number _____

Date of Birth _____

I have read and understand the above statement.

Signature

Date

Application For Employment

We consider applicants for all position without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?	
	<input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-in <input type="checkbox"/> Other _____

Last Name:	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

How long have you lived at present address _____.

Previous Address _____
 Street _____
 City, State, Zip _____

How long did you live there ? _____

Date of Birth: _____ / _____ / _____ Drivers License Number _____
 Mo. Day Yr. State _____

Sex: M _____ F _____ Height: _____ Ft. _____ In. Weight: _____ lbs.

Race: W () B () I () A () H () Other _____

Have you ever been bonded? _____ If yes, on what jobs?
 _____ / _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?
Yes () No ()

Have you ever filed an application with us before? Yes () No ()
If yes give date_____

Have you ever been employed with us before? Yes () No ()
If yes give date_____

Are you currently employed? Yes () No ()

May we contact your present employer? Yes () No ()

Are you prevented from lawfully becoming employed in this country because
Of Visa or Immigration Status? (***Proof of Citizenship or immigration status will
be required upon employment***) Yes () No ()

On what date would you be available for work? _____

Are you available to work: () Full Time () Part-Time () Shift Work () Temporary

Are you currently on "lay-off" status and subject to recall? Yes () No ()

Can you travel if a job requires it? Yes () No ()

Do you have any physical defects that preclude you from performing certain kinds of work?
Yes () No () If yes, describe such defects and specific work limitations.

Have you had a major illness in the past 5 years?
Yes () No () If yes, describe:

Have you been convicted of a crime, excluding minor traffic violations?_____ If yes, describe in full:

Have you received compensation for injuries? Yes () No ()
If yes, describe:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap, or other protected status.

1. Employer

Address

Telephone Number (s)

Job Title

Supervisor

Dates Employed

To

Hourly Rate/Salary

Work Performed:

Reason for leaving:

2. Employer

Address

Telephone Number (s)

Job Title

Supervisor

Dates Employed

To

Hourly Rate/Salary

Work Performed:

Reason for leaving:

3. Employer

Address

Telephone Number (s)

Job Title

Supervisor

Dates Employed

To

Hourly Rate/Salary

Work Performed:

Reason for leaving:

If you need additional space, please continue on a separate sheet of paper.

Education

Elementary School: _____ Address _____ _____ Course of Study _____
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High School: _____ Address _____ _____ Course of Study _____
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College/Undergraduate _____ Address _____ _____ Course of Study _____

Graduate/Professional _____ Address _____ _____ Course of Study _____

Other/Please specify _____ Address _____ _____ Course of Study _____
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Foreign Languages

Language _____

Speak ()	Read ()	Write ()
Fluent ()	Good ()	Fair ()

Language _____

Speak ()	Read ()	Write ()
Fluent ()	Good ()	Fair ()

List Professional, trade, business or civic activities and offices held.

You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

Describe any specialized training, apprenticeship, skills and extra curricular activities.

Describe any job-related training received in the United States Military.

Other Qualification:
Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills Check Skills/Equipment Operated

PC Calculator Typewriter
 Fax WordPerfect

<p>Production/Mobile Machinery List</p> <hr/> <hr/> <hr/>	<p>Other</p> <hr/> <hr/> <hr/>
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State any additional information you feel may be helpful to us in considering your application

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

() Yes () No

References:

1. Name _____
Phone Number (_____) _____
Address _____

2. Name _____
Phone Number (_____) _____
Address _____

3. Name _____
Phone Number (_____) _____
Address _____

The facts set forth herein in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I authorize educational institutions, employers, law enforcement authorities, organizations and individuals having relevant information about me to release such information and I release all concerned from any liability in connection therewith.

Signature of Applicant