



Colleton County Sheriff's Office Employment Application

On behalf of the Colleton County Sheriff's Office we would like to thank you for your interest in employment with our agency. The following is a brief outline of the application process.

- 1. Application for Employment-** Complete the Colleton County Sheriff's Office Application form and return it to the Sheriff's Office, 394 Mable T. Willis Blvd., Walterboro S.C. The application can also be emailed to ccsojobs@colletoncounty.org
- 2. Review of Application-** Each application will be reviewed by the Colleton County Sheriff's Office Command Staff.
- 3. Written Test-** After each application is reviewed, depending upon job openings, the applicant will be contacted about the written test in the application process.
- 4. Polygraph Test-** Applicants will take a pre-employment polygraph test examination provided by Charleston County Sheriff's Office.
- 5. Oral Interview Board-** Applicants who successfully complete the polygraph test will have an oral interview with members from the Colleton County Sheriff's Office Command Staff.
- 6. Background Process-** Applicants who advance from the oral board interview will then begin the background process.
- 7. Final Interview-** Applicants who complete all of the above steps will have a final interview with the Sheriff of Colleton County.

****Please note that each step must be completed before continuing on in the application process. Applicants will be notified by the Colleton County Sheriff's Office upon completion.****

Please indicate which position you are currently applying for:

- | | | |
|--|---|---|
| <input type="checkbox"/> Deputy- Class I Officer | <input type="checkbox"/> Correction Officer | <input type="checkbox"/> Dispatcher |
| <input type="checkbox"/> Clerical Staff | <input type="checkbox"/> Court Security Officer | <input type="checkbox"/> Reserve Deputy |



Application for Employment

Colleton County Sheriff's Office
Sheriff Guerry L. "Buddy" Hill, Jr

INSTRUCTIONS: Please fill out the form completely and accurately, using legible writing. If you need extra space, add additional pages and identify the information by item number. If any items do not apply to you, indicate by putting N/A in the blank.

NOTE: All statements are subject to verification and any omissions, incorrect, false, or misleading statements may remove you from possible employment.

Equal Employment Opportunity Statement

It is the practice of this agency to recruit, hire, train, and promote employees without discrimination because of race, color, religion, sex, national origin, age, marital status, medical condition, or disability.

Personal Information

- Name: _____
(LAST) (FIRST) (MIDDLE) (MAIDEN NAME/ SUFFIX)
- Social Security Number: _____/_____/_____
- Permanent Address: _____
(NUMBER & STREET) (CITY) (STATE) (ZIP)
- Home Phone #: _____ Cell Phone#: _____
- Date of Birth: _____
- Place of Birth: _____
- Citizenship: U.S. Born U.S. Naturalized Other
- Driver's License #: _____ State: _____

Education

9. List all high schools attended. Please attach transcript from last high school attended.

Name & Location of High Schools	Dates Attended	Years Completed	Graduated Yes or No

10. List all colleges or universities attended. Attach a transcript or copy of degree certificate.

Name & Location of College/ University	Dates Attended	Years Completed	Degree/ Major

11. Please list any additional schools or training (trade, vocational, business, military, etc). Please give the name and location of the school, date attended, subjects studied, certifications, and any additional information.

Qualification & Skills

12. Please list any special licenses (pilot, radio operator, etc.). List the name of license, license #, and expiration date.

13. Please list any skills you possess (machine/ equipment operator, typing, computer, forensic, devices, etc.).

14. Please list any memberships for any organizations/ professional associations that you belong to.

15. Please list any foreign languages that you speak, write, or read fluently. Indicate if you can use American Sign Language.

Language	Speak	Read	Write

Family History

16. Are you related by blood or marriage to any person(s) who are currently employed by the Colleton County Sheriff's Office? If yes please give the person(s) name and your relationship.

17. Is any member(s) of your immediate family currently in prison or on probation or parole? If yes please give the person(s) name and details.

Residences

18. Please list all of your addresses beginning with your current address.

From Date	To Date	Address of Residence	City/ State	Landlord

19. Have you ever been sued with a civil judgment being rendered against you? If yes, please give details.

20. Have you ever been employed by another law enforcement agency? If yes please fill out chart.

Agency Name	Position Held	Dates of Employment

21. Have you ever been denied employment by a law enforcement agency? If yes please list agency and reason given.

22. Are you willing and able to work nights and holidays? Yes No

23. Are you willing and able to work rotating shifts? Yes No

24. Are you willing and able to attend training classes, meetings, transports, etc. that may require overnight stays? Yes No

Previous Employment

25. Please list below your previous employment history. Please include part-time or temporary employment. Start with your present or most recent job. Account for any gaps in your employment history. List any self-employment. Under specific duties, describe the type of work you did.

Last or Current Job:

Company Name: _____ Date Worked: _____

Company Address: _____

Company Phone Number: _____

Title: _____

Full Time or Part Time: _____

Supervisor's Name: _____

Specific Duties: _____

Reason for Leaving: _____

May we contact this employer? If no please explain.

Next Most Recent Job:

Company Name: _____ Date Worked: _____

Company Address: _____

Company Phone Number: _____

Title: _____

Full Time or Part Time: _____

Supervisor's Name: _____

Specific Duties: _____

Reason for Leaving: _____

May we contact this employer? If no please explain.

Next Most Recent Job:

Company Name: _____ Date Worked: _____

Company Address: _____

Company Phone Number: _____

Title: _____

Full Time or Part Time: _____

Supervisor's Name: _____

Specific Duties: _____

Reason for Leaving: _____

May we contact this employer? If no please explain.

Next Most Recent Job:

Company Name: _____ Date Worked: _____

Company Address: _____

Company Phone Number: _____

Title: _____

Full Time or Part Time: _____

Supervisor's Name: _____

Specific Duties: _____

Reason for Leaving: _____

May we contact this employer? If no please explain.

26. Were you ever in the U.S. Military Service or any other military organization?

Yes No

Questions 27 through 35 Apply ONLY to Veterans:

27. What is your service number? _____

28. What was the highest rank you held? _____

29. What was the date and location of you first entrance into active duty? _____

30. What were your unit assignments in the service?

Branch	Unit	Location	From:	To:

31. What was the date and location of your last discharge from active duty?

32. Was your discharge: Honorable General Dishonorable Bad Conduct

33. Were you ever court-martialed, tried on charges, etc while you were in the armed forces? If yes please explain:

34. List any medals or decorations awarded to you during your military service.

35. Attach DD-Form 214 (for ex-military personnel)

Criminal Offense Record and Disciplinary Actions

36. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense? If yes please give details of charge, date, law enforcement agency, and disposition of case.

37. Have you ever been subject to a restraining order or an order of protection? If yes please explain.

38. Have you ever been on probation or parole? If yes please explain.

39. In the past ten years have you ever stolen from a person or business? If yes please explain.

40. Have you ever paid or received anything that could have the appearance of a bribe or inappropriate gratuity? (A bribe may be defined as accepting anything; money, drugs, merchandise, sex in return for overlooking an actual or anticipated illegal act. If yes please explain.

41. Has your license ever been suspended or revoked? If yes please explain.

42. How many traffic violations have you received in the last ten (10) years?

References

43. Please give three names of responsible persons other than relatives or past employers who will be willing to provide information about your character, personality, and other qualities.

Name: _____
Address: _____
How Known: _____
Phone Number(s): _____

Name: _____
Address: _____
How Known: _____
Phone Number(s): _____

Name: _____
Address: _____
How Known: _____
Phone Number(s): _____



Colleton County Sheriff's Office

Sheriff Guerry L. "Buddy" Hill, Jr

394 Mable T. Willis Blvd.

Walterboro, S.C. 29488

Credit History Authorization

I authorize the Colleton County Sheriff's Office to obtain a report on my credit history in order to determine my suitability for employment.

Signature: _____ Date: _____

Print Name: _____

Witness Signature: _____ Date: _____

Print Name: _____

For the purpose of obtaining the credit report, I provide the following information:

Social Security #: _____

Date of Birth: _____

Current Address: _____

To facilitate the background investigation of your application, please attach a copy of the following documents with your application:

- Birth Certificate
- High School Diploma
- College Diploma
- College Transcripts
- South Carolina Driver's License
- Military Discharge Papers (DD-214)
- Social Security Card
- Any certificates received from any Criminal Justice Academy or Law Enforcement Agency.
- Any training certificates relevant to the position applied for.



Colleton County Sheriff's Office

Sheriff Guerry L. "Buddy" Hill, Jr
394 Mable T. Willis Blvd.
Walterboro, S.C. 29488

I hereby certify that all statements made herein and or attached hereto are true to the best of my knowledge, and I understand that, if employed, any falsehood or misrepresentation is cause for immediate termination from the Colleton County Sheriff's Office.

I hereby release former employers and reference sources from all liability for divulging such information.

I agree to submit a pre-employment drug testing and understand that testing positive for use of an illegal drug, abuse or a legal drug, use of unprescribed legal drug, refusal to take the test, or failure to keep the scheduled appointment for the test will result in denial of employment or if employed will result in termination.

I understand that I must be physically fit to perform the duty that I may be hired for. And I understand, if offered employment that I shall notify my immediate supervisor if at any time I am not able to perform my duties due to an emotional, medical or physical condition.

I understand that pursuant to the Code of Laws of South Carolina Titles 23-13-10 and 04-09-30(7) all appointments to the positions with the Colleton County Sheriff's Office are made at the will of the Sheriff of Colleton County and according to South Carolina Supreme Court decisions I may be discharged at any time without cause. I further understand that any appointment tendered to me will be contingent upon my obtaining and/or maintaining state certification for the position which I may be transferred to. I am aware that willfully withholding information or making false statements on this application, any supplement there to or during any oral interview will be basis for dismissal by the Colleton County Sheriff's Office.

Signature of Applicant

Date



Colleton County Sheriff's Office
Sheriff Guerry L. "Buddy" Hill, Jr

394 Mable T. Willis Blvd., Walterboro, SC 29488
Phone (843) 549-2211 Fax (843) 538-4384
www.colletoncountysheriff.com



AUTHORIZATION & DISCLOSURE

Name of Applicant _____
Please print your full name

Date of Birth _____ SSN _____

As an applicant for a position with the Colleton County Sheriff's Office (CCSO), I am required to furnish information for use in determining my qualifications and suitability. The information submitted with this CCSO application is confidential and will be used only for investigating my suitability for employment.

Toward this end, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize law enforcement agencies, learning institutions, information service bureaus, record/data repositories, courts (federal, state, local), motor vehicle records agencies, all my previous or present employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies, and all others, to furnish to CCSO any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of Applicant _____ Date _____

Subscribed and Sworn to before me the _____ day of _____, 20____.

Notary Public

Notary Public in and for said County of _____.

State of _____ My Commission Expires: _____



Colleton County Sheriff's Office Sheriff Guerry L. "Buddy" Hill, Jr

394 Mable T. Willis Blvd., Walterboro, SC 29488
Phone (843) 549-2211 Fax (843) 538-4384
www.colletoncountysheriff.com



THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE APPLICANT OR EMPLOYEE AND THE OFFICE. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE OFFICE RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OR EMPLOYMENT.

APPLICANT WAIVER

I, _____, am making application to become a/an _____ of and for the Colleton County Sheriff's Office (CCSO). I am currently employed as a/an _____ of and for _____.

I fully understand that CCSO will perform a complete and thorough background investigation to ensure that I have the necessary skills, abilities and integrity to perform as a/an _____ of and for CCSO. I recognize and understand that this background investigation will include, but not be limited to, matters pertaining to personal history, usage of illegal drugs, criminal misconduct, domestic violence, and any other behaviors considered by CCSO which would have a negative impact upon my employment at CCSO. Furthermore, I fully understand that information learned/obtained by CCSO may result in my not being hired.

I release and hold harmless the Colleton County Sheriff's Office and their deputies, agents, or assigns, now and in the future, from any claim or damages in law or in equity on behalf of myself, my heirs and assigns, for their refusal to make available any and all of the information contained in this pre-employment investigation, including, but not limited to, the identity(ies) of any person(s) and/or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

Recognizing all of the above, I hereby consent to CCSO conducting the aforesaid employment background investigation and further consent to CCSO disclosing the findings and results of this comprehensive investigation to my current employer, as indicated above, as CCSO deems appropriate. I understand that this disclosure may result in adverse consequences for me in my current job, including, but not limited to, termination from employment, negative reference for future employment, and possible criminal prosecution.

I fully understand this Waiver has been offered and I have declined to withdraw my application for employment with CCSO to avoid such background investigation and disclosure, and voluntarily elect to continue with my application process under the above stated terms and conditions.

I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto. I am aware that I may have my own legal counsel review this document before executing it.

Dated this ____ day of _____, 20 ____.

Signature of Applicant

Subscribed and Sworn to before me the ____ day of _____, 20 ____.

Notary Public in and for said County of _____.

State of _____.

Notary Public

My Commission Expires: _____

