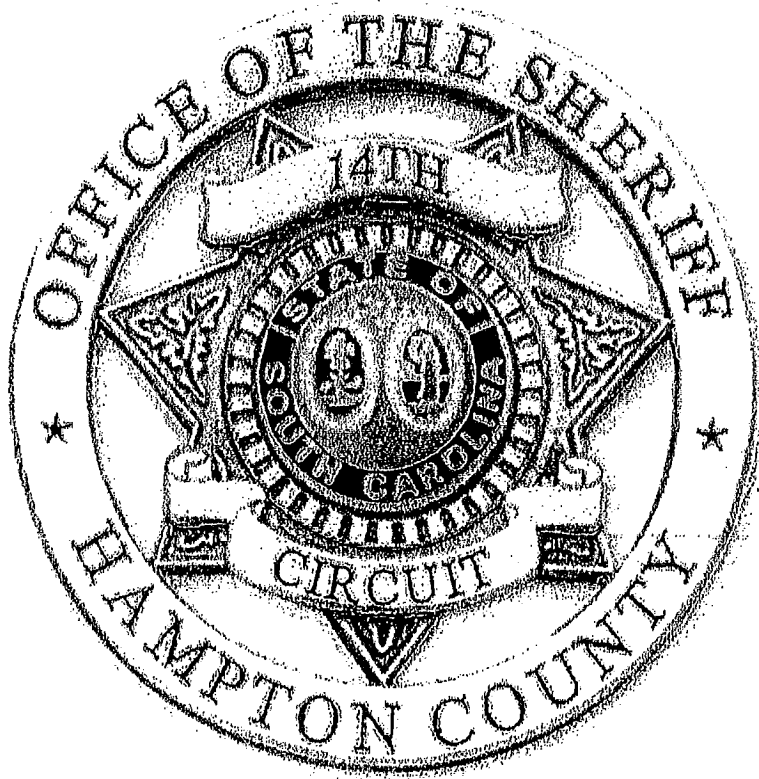


APPLICATION FOR EMPLOYMENT

**HAMPTON COUNTY SHERIFF'S
OFFICE**



**SHERIFF
T.C. SMALLS**

Helpful Hints Regarding Your Application

1. Be sure that all information is complete, accurate, and legible. If a question does not pertain to you, print N/A in the space.
2. Provide copies of all required documents:
 - A. One copy of your birth certificate,
 - B. One copy of your driver's license,
 - C. One copy of your high school diploma or GED Certificate,
 - D. One copy of your college diploma or diplomas if applicable,
 - E. One official copy of your ten year driving record from all states where you
 - F. have been licensed to drive,
 - G. One copy of your DD214 if you have served in the military,
 - H. One copy of your Social Security Card,
 - I. One copy of your Class I Law Enforcement Officer Certification if you are currently certified. (Does not apply to Correctional Officers),
3. Provide references as requested with telephone numbers where they can be reached between the hours of 8:00am and 4:30pm, Monday through Friday.
4. For questions regarding your application, call: 803-914-2200.

7. Is there any reason known to you, as to why you could not consistently perform the job you have applied for?

If yes, explain:

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

RECORD OF EDUCATION

| | Name & Address | Attendance Dates | Years Completed | Did You Graduate | List Degrees |
|----------------------------------|----------------|------------------|-----------------|------------------|--------------|
| High School | | | | Yes No | |
| Technical School | | | | Yes No | |
| Seminars, Institutes, Etc. | | | | Yes No | |
| College/University Undergraduate | | | | Yes No | |
| Other Education | | | | Yes No | |

9. If you did not graduate from high school, have passed the General Educational Development (GED) Test? Yes No If yes, when and where did you complete the GED:

10. Indicate Languages you speak, read or write: _____

11. List professional license you hold: _____ License Number: _____

12. List scholarships, academic honors, awards: _____

13. List courses that you have taken that would be particularly useful to the position for which you are applying.

14. List training skills, and experience you feel would especially fit you for work with our organization.

15. Typing speed (WPM) _____ List equipment or office machines you can operate.

SOUTH CAROLINA
HAMPTON COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT
Equal Opportunity Employer

COUNTY OF HAMPTON
Office of the Sheriff
411 Cemetery Rd.
P.O. Box 633
Hampton, South Carolina 29924

(803) 914-2200

BACKGROUND INVESTIGATION

INSTRUCTIONS: Using a typewriter or legibly printing in ink, fill out this form completely and accurately. If extra space is needed, use additional pages and identify the information by item number. If an item does not apply to you, indicate by entering N/A in the blank.

NOTE: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from employment. Truthful statements to any item requested will not necessarily exclude you from employment. Data is used for periodic reporting and will be kept in a **CONFIDENTIAL FILE**.

BIOGRAPHICAL DATA

1. Name: _____
 Last First Middle Maiden Nickname

a. Have you ever used another name? Yes No
 If yes, what name? _____

b. Has your name been legally changed? Yes No List former name _____

2. Residence: _____
 Number Street City State Zip

a. How long have you lived at this address? _____

b. What is your telephone number? Home _____ Business _____ Other _____

c. List previous addresses in the last 5 years.

1. _____
 Number Street City State Zip

2. _____
 Number Street City State Zip

3. _____
 Number Street City State Zip
4. _____
 Number Street City State Zip
5. _____
 Number Street City State Zip

d. List complete name of person with whom you are residing and the person's relationship to you:

 Last First Middle Relationship

e. Parents Name: Father _____

Last First Middle Nickname

Mother _____

Last First Middle Nickname

3. DOB _____ Place of Birth _____

a. Has your date of birth ever been changed on a legal document? If yes, explain _____

4. Social Security No. _____

5. Sex: Male _____ Female _____

6. Marital Status: Single _____ Engaged _____ Divorced _____
 Married _____ Separated _____ Widowed _____

a. Name of Spouse _____

Last First Middle Widowed

b. Spouse's Occupation _____ Where Employed _____

c. Name of former spouse _____

Last First Middle Relationship

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

| Name | DOB | Name with whom resides | Address |
|------|-----|------------------------|---------|
| a. | | | |
| b. | | | |
| c. | | | |
| d. | | | |

MILITARY SERVICE Yes No Branch _____

Total Years _____ Highest Grade _____

Type of Discharge _____ Court Martials/punishment _____

- a. Are you registered for Selective Service? Yes No
- b. What is the date and location of your last discharge? _____
- c. List all medals and decorations awarded you during your military service _____

d. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation. _____

e. Have you ever illegally used any of the following drugs? Yes No
 If yes, explain. _____ Date _____

- Amphetamines _____ Marijuana _____
- Barbiturates _____ Morphine _____
- Cocaine _____ Nerve Medicine _____
- Hallucinogens _____ Pep Pills _____
- Hashish _____ Sleeping Pills _____
- Heroin _____ Steroids _____

f. When was the last time you used any of the above? _____

g. Are you presently in a physical fitness program? Yes No List type _____

WORK HISTORY

a. Have you ever been or are you currently engaged in a private business? Yes No
 If yes, list your capacity and give name of business _____

b. Have you ever been discharged or asked to resign from a job? Yes No
 If yes, give details. _____

CRIMINAL RECORDS

a. Have you ever been arrested by law enforcement? Yes No

If yes, give details. _____

| Offense Charged | Police Agency | State | Date | Disposition |
|-----------------|---------------|-------|------|-------------|
| | | | | |
| | | | | |
| | | | | |

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

If yes, give details. _____

c. Have you ever been bonded? Yes No If yes, list jobs. _____

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

If yes, explain. _____

e. Have you ever had any traffic violations? Yes No

If yes, explain. _____

f. Have you ever stolen anything? Yes No If yes, explain _____

g. Have you ever been court martialed or a subject of disciplinary action while a member of the armed forces? Yes No If yes, explain _____

h. Can you operate a motor vehicle? Yes No

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

a. Driver's License Number _____ b. Date Issued _____

j. Do you possess a driver's license issued by another state? Yes No

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

| State | Reason | Date |
|-------|--------|------|
|-------|--------|------|

l. Was your license restored? Yes No Date Restored _____

m. Are your driving privileges restricted? Yes No List Restrictions _____

n. Are you attempting to conceal any information about your background? Yes No

STATE OF SOUTH CAROLINA
COUNTY OF HAMPTON

I hereby certify that all statements on this form are true and complete
and any misstatement or omission of information will subject me to
disqualification or dismissal.

The _____ day of _____ 20 _____

Full signature of Applicant

CONFIDENTIAL

EMPLOYMENT HISTORY

List all present and past employment, beginning with most recent.

| |
|---|
| <p>1. Employment dates from _____ to _____ Ending Salary _____</p> <p>Company Name _____ Telephone Number _____</p> <p>Address _____ Street or P.O. Box City State Zip</p> <p>Supervisor(s) name: _____</p> <p>Job Title _____</p> <p>Job Duties _____</p> <p>Reason for Leaving _____</p> |
| <p>2. Employment dates from _____ to _____ Ending Salary _____</p> <p>Company Name _____ Telephone Number _____</p> <p>Address _____ Street or P.O. Box City State Zip</p> <p>Supervisor(s) name: _____</p> <p>Job Title _____</p> <p>Job Duties _____</p> <p>Reason for Leaving _____</p> |
| <p>3. Employment dates from _____ to _____ Ending Salary _____</p> <p>Company Name _____ Telephone Number _____</p> <p>Address _____ Street or P.O. Box City State Zip</p> <p>Supervisor(s) name: _____</p> <p>Job Title _____</p> <p>Job Duties _____</p> <p>Reason for Leaving _____</p> |

4. Employment dates from _____ to _____ Ending Salary _____

Company Name _____ Telephone Number _____

Address _____
Street or P.O. Box City State Zip

Supervisor(s) name: _____

Job Title _____

Job Duties _____

Reason for Leaving _____

5. Employment dates from _____ to _____ Ending Salary _____

Company Name _____ Telephone Number _____

Address _____
Street or P.O. Box City State Zip

Supervisor(s) name: _____

Job Title _____

Job Duties _____

Reason for Leaving _____

May we contact the employers listed above? ____ If no, which company do you not wish us to contact?
_____ Explain _____

PERSONAL REFERENCES (No relatives or former employees)

| Name | Occupation | Address | Telephone |
|------|------------|---------|-----------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

| Neighbors: Name | Address | Telephone |
|-----------------|---------|-----------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

I hereby represent that the information provided is correct and complete to the best of my knowledge. I understand that any incorrect, incomplete or false statements or information, furnished by me may void this application or subject me to discharge at any time after employment.

Signature of applicant _____ Date _____