

# **APPLICATION INFORMATION AND INSTRUCTIONS**

The Dorchester County Sheriff's Office is an equal opportunity employer. We seek qualified applicants to fill vacancies. Please read this information before completing the enclosed application.

#### **APPLICATION PROCESS:**

Applicants MUST complete the Dorchester County Sheriff's Application and return it to the Sheriff's Office. All sections of the application must be completed and must include the position(s) for which you are applying.

#### PLEASE INCLUDE COPIES OF THE FOLLOWING:

- Birth Certificate (required for attendance of SC Criminal Academy)
- Social Security Card
- High School Diploma, Certified GED and College Diploma (if applicable)
- Certificate (If you are currently certified) (SCCJA)
- Class 1 Law Enforcement / Class 2 Detention / Class 3 Special Duty
- Copy of DD214 (If you have served in the Military)
- Current Driver's License (If you have an out of state license, you must obtain a valid SC Driver's License prior to attending the SC Law Enforcement Academy)
- Current Credit Report with favorable credit score

(www.annualcreditreport.com, Equifax1-800-685-1111 or Trans Union 1-800-916-8800)

Waiver and Acknowledgement signed and notarized.

ONCE CONTACTED FOR POSSIBLE EMPLOYMENT YOU MUST SUCCESSFULLY COMPLETE THE FOLLOWING:

- 1. Oral Interview Board
- 2. Standardized Comprehension Test (National Corrections Officer Selection Test) (Detention & Classified)
- National Police Officer Selection Test (You may purchase a practice test or study guide at https://www.ApplyToServe.com/Study/)
- 4. Physical Agility Test (Reserve Deputy and Deputy Sheriff)
- 5. Background Check
- 6. Polygraph Examination
- 7. Physical Examination
- 8. Psychological Examination
- 9. Final Interview
- **10. Final Application Review**

# YOU MUST SUCCESSFULLY COMPLETE/PASS EACH SECTION

# **Dorchester County Sheriff's Office**



# Sheriff L.C. Knight

# **APPLICATION FOR EMPLOYMENT**

ATTN: Incomplete applications will not be processed.

Date of application: \_\_\_\_\_

Position applied for: \_\_\_\_\_

(List only one position per application)

# **Personal Information**

May we leave a message? Yes No How do you prefer to be contacted? Phone Email address:	e Email
	e Email
Email address: I am at least 18 years or older for the Admin or Detention Center Positions. I am 21 years or older for the Deputy Sheriff position.	
I am at least 18 years or older for the Admin or Detention Center Positions. I am 21 years or older for the Deputy Sheriff position.	
I am 21 years or older for the Deputy Sheriff position.	
	Yes No
Do you possess a valid driver's license? Yes No License state & Number:	Yes No
If no, can you obtain a valid license if selected for employment?	Yes No
Are you authorized to work lawfully in the United States?	Yes No
Have you ever been employed by Dorchester County?	Yes No
If yes, when and what department:	
Are you related to anyone that is currently employed by Dorchester County?	Yes No
How did you hear about this position? If Dorchester Couname below. Name of Dorchester County employee	

# **Family**

Marital Status	: S	ingle	Married	Divorced	Separated	Widowed
Name of Spou	se:					
	L	ast		First		Middle
Spouse's Occu	pation:		P	lace of Employm	ent:	
Applicant's	Parents	<u>:</u>				
Father's Name	e:					
Address:					· · · · · · · · · · · · · · · · · · ·	
Phone (Home)	):			Cell:		
Mother's Nam	ie:					
Address:						
Phone (Home)	):			Cell:		
Spouse's Pa	arents:					
Father's Name	2:					
Phone (Home)	:			Cell:		
Mother's Nam	ie:					
Address:						
Phone (Home)	):			Cell:		
Previous A	ddresses	<u>:</u>				
Start with mos	st recent					
# of years	# and Stre	eet Name		City,	, State	Zip Code
# of years	# and Stre	eet Name		City,	, State	Zip Code
# of years	# and Stre	eet Name		City,	, State	Zip Code
# of years	# and Stre	eet Name		City,	, State	Zip Code
# of years	# and Stre	eet Name		City,	, State	Zip Code

# **Education**

Name of High School Address/Location					- I I I I I I I I I I	
Years Completed?	Did you graduate?	Yes	No	Diploma	GE	D
Name of College		Adc	lress/Loca	tion		
Years Completed?	Did you graduate?	Yes	No Туре	of Degree:		
Major or Course of Study:						
Name of College		Adc	lress/Loca	tion		
Years Completed?	Did you graduate?	Yes	No Туре	of Degree:		
Major or Course of Study:						
Vocational or Trade School				ess/Location		
Years Completed?	Did you graduate?	Yes	No Тур	e of Degree: _		
Major or Course of Study:						
Have you attended any courses/classe	s in the field of the p	osition th	at you are	applying for?	Yes	No
If yes, give details:						
Do you currently owe student loans?	Yes No Ai	re you in d	lefault?		Yes	No
What Languages do you speak?						

# **Work History**

Answer each question completely. Do not put "see resume" for any section other than a description of duties. List work history including part-time, temporary, self-employment and military service beginning with your most current/present employer. You may also list verifiable volunteer experience as well.

Company/Business/Organization

Address	City/ State	Zip Code
Start Date: (Month/Year)	Ending Date: (Month/Year)	
Entry job title:	Salary:	yearly/hourly
Ending job title:	Salary:	yearly/hourly
Detailed description of duties:		
Supervisor's Name:	Title:P Yes No	'hone:
May we contact this employer?	Yes No	
Reason for Leaving:		
Company/Business/Organization		
Address	City/ State	Zip Code
Start Date: (Month/Year)	Ending Date: (Month/	Year)
Entry job title:	Salary:	yearly/hourly
Ending job title:	Salary:	yearly/hourly
Detailed description of duties:		
Supervisor's Name:	Title:P	hone:
May we contact this employer?	Yes No	
Reason for Leaving:		

# **Work History Continued**

Company/Business/Organization			
Address	City/ State		Zip Code
Start Date: (Month/Year)		Ending Date: (Month/Year) _	
Entry job title:		Salary:	yearly/hourly
Ending job title:		Salary:	yearly/hourly
Detailed description of duties:			
Supervisor's Name:	Tit	tle: Phone: _	
May we contact this employer?	Yes No		
Reason for Leaving:			
Company/Business/Organization			
Address	City/ State		Zip Code
Start Date: (Month/Year)		Ending Date: (Month/Year) _	
Entry job title:		Salary:	yearly/hourly
Ending job title:		Salary:	yearly/hourly
Detailed description of duties:			
Supervisor's Name:	Tit	tle: Phone: _	
May we contact this employer?	Yes No		
Reason for Leaving:			

# **Work History Continued**

Company/Business/Organization				
Address	City/ State			Zip Code
Start Date: (Month/Year)		Ending Date: (M	onth/Year)	
Entry job title:		Salary:		yearly/hourly
Ending job title:		Salary:		yearly/hourly
Detailed description of duties:				
Supervisor's Name: May we contact this employer?		Title:	Phone:	
Reason for Leaving:				
Company/Business/Organization				
Address	City/ State			Zip Code
Start Date: (Month/Year)		Ending Date: (M	onth/Year)	
Entry job title:		Salary:		yearly/hourly
Ending job title:		Salary:		yearly/hourly
Detailed description of duties:				
Supervisor's Name:		Title:	Phone:	
May we contact this employer?	Yes No			
Reason for Leaving:				

# Personal References

Provide the names, addresses and phone numbers of three personal references, who are not relatives or former employers.

Name	Address	City/State	Zip	Phone
Name	Address	City/State	Zip	Phone
Name	Address	City/State	Zip	Phone

The Dorchester County Sheriff's Office provides equal opportunity to all employees and applicants for employment without regard to race, color, religion, national origin, sex, age, disabilities, or genetics. In addition to federal law requirements, Dorchester County Sheriff's Office complies with applicable state and local laws governing nondiscrimination employment in every location in which the department has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training. Dorchester County Sheriff's Office expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of Dorchester County Sheriff's Office employees to perform their job duties may result in discipline up to and including discharge.

Yes	No
Yes	No
Yes	No
Yes	No
ized perso Yes	onnel No
Yes	No
Yes	No
	Yes Yes Yes Yes Yes Yes ized perso Yes Yes

Has your spouse/domestic partner ever called the police on you for any reason?	Yes	No
If yes, please explain:		
Has your spouse/domestic partner ever accused you of battery or any other crime to any other person or the police?	Yes	No
If yes, please explain:		
Have the police ever been called to your home for any reason?	Yes	No
If yes, please explain:		
Has anyone ever claimed that you beat, abused, mistreated or sexually assaulted a child no matter the relationship of the child to you? If yes, please explain:	Yes	No
Have you ever stolen anything of significant value? If yes, please explain:	Yes	No
Have you recently applied to any other law enforcement agencies? If yes, please explain:	Yes	No
Has your application been rejected or declined by any of the law enforcement agencies to which you have applied? If yes, please explain:	Yes	No

If you are applying for a position that may require you to carry a firearm, please answer the following questions.

<ol> <li>Have you ever been convicted or pled nolo contendere (no contest) to a crime of domestic violence?</li> <li>Are you subject to a court order restraining you from harassing, stalking,</li> </ol>	Yes	No
threatening or engaging in any conduct against your intimate partner or child that would reasonably be expected to cause bodily harm?	Yes	No
Do you object to wearing a uniform?	Yes	No
If yes, please explain:		
Do you object to working dayshift, nightshift, weekends and holidays?	Yes	No
Do you object to working over-time?	Yes	No
If yes, please explain:		
Do you object to being on-call?	Yes	No
If yes, please explain:		

Do you object or have a problem with being away from home or family for an extended period of time? i.e. natural disaster, emergencies, training, or extradition. Yes No

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

Are you aware that the Sheriff's Office is an at-will employer, which means that an employee may discontinue the employment relationship at any time, with or without notice or cause and that the Sheriff's Office may discontinue the employment on the same grounds? Yes No

# **Understanding and Acknowledgment of Waiver**

#### Please read the following statement carefully and sign

I certify that all answers given herein are true and complete to the best of my knowledge.
I hereby authorize the Dorchester County Sheriff's Office to conduct whatever investigation it deems necessary to confirm statements submitted on this application. If the investigation determines any untrue statements or answers, I accept this as sufficient reason for refusal to hire.

•I authorize and request each person, former employer, firm or corporation, given as a reference, to answer any and all questions related to my current and past work performances, character or skills. I hereby release from liability Dorchester County and its representatives for seeking such information and all persons, corporations or organizations for furnishing such information.

•In the event of employment, I understand that false, incomplete, or misleading information given on my application or during my interview(s) may result in termination. I also understand that I am required to abide by all rules and regulations of my employer at all times.

•As prerequisite to my employment, I agree that I will consent to and undergo testing to detect the presence of drugs and/or alcohol. If employed by Dorchester County Sheriff's Office, I further agree, as a condition of my employment that as such time or times during my employment I will consent to and undergo testing for the presence of drugs or alcohol. I also agree that at the time of such examinations, I will execute all forms of consent and release of liability as are usually reasonable and attendant to such examinations. Finally, I agree that the results of any such examination shall be made available to Dorchester County Sheriff's Office or its agency.

\*Also, prerequisite to my employment, I agree that I will consent to a background investigation which will include an investigation of criminal or police records, and may include

financial/credit records, education records, driving records and any other information deemed by the County to be material to filling the position sought.

•I agree to submit myself, upon request, for a physical examination by a physician selected by the County and understand that failure to meet physical and psychological requirements may disqualify me from employment. In the event of my employment, I understand that I have the right to quit or leave my employment and that I further understand, my employer has the right to terminate my employment at any time for any reason.

Signature:	Date:
Printed name:	

# WAIVER AND ACKNOWLEDGEMENT

- 1. I, hereby agree to waive any objection or right I may have with respect to:
  - A. Access to any personal information the Dorchester County Sheriff's Office may seek with respect to my potential employment as a Deputy Sheriff, Detention Officer, or other position.
  - B. Any personal information acquired in reference to myself by the Dorchester County Sheriff's Office from any agency, person or entity with respect to my qualifications and fitness as Deputy Sheriff, Detention Officer, or other position to include, but not limited to, the following:
    - 1. Criminal History Information
    - 2. Previous Employment Information
    - 3. Credit History Information
    - 4. Medical Information
  - C. Information of a confidential or privileged nature.
- 2. I, hereby release to you, your organization, the County of Dorchester and others from any liability or damage that may result from furnishing information requested.
- 3. I, hereby declare that I have read and fully understand the foregoing information, which is complete, true and correct to the best of my knowledge.

Date

Printed Name

Signature

### \*PLEASE HAVE THIS DOCUMENT NOTARIZED\*

### Sworn to and subscribed before me

this \_\_\_\_\_\_day of \_\_\_\_\_\_20\_\_\_\_\_.

Notary Public for South Carolina

## Dorchester County Employee Personnel Department Kenneth F. Waggoner Service Center 201 Johnson Street, St George, SC 29477

# **EEO REPORTING AND PERSONNEL RESEARCH QUESTIONAIRE**

**APPLICANT**: Please be advised that this questionnaire is not part of your official application for employment. It is considered confidential information that will not be used in any hiring decisions. This information is needed to satisfy Equal Opportunity reporting and personnel research requirements. **Submission of this information is voluntary.** 

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_\_

#### PLEASE CHECK ONE ANSWER WITHIN EACH OF THE FOLLOWING CATEGORIES:

Race Ethnic Data:

American Indian / Alaska Native Asian / Pacific Islander Black / African American Hispanic / Latino White Other

Sex:

Male Female

Veteran:

Yes No

#### Please indicate how you were informed of this employment opportunity:

High School Recruitment Tech Recruitment College Recruitment Referred by Job Service Newspaper Advertisement Human Resources Department Radio Advertisement Non-Profit Organization County Employee County Employment Website Unsolicited Application Other (Please Specify)

# FOR INTERNAL OFFICE USE ONLY

#### APPLICANTS: Please submit this page with your application

### SCREENING AND INTERVIEWING REPORT

### To the Interviewer:

The law does not require the selection of unqualified person for job vacancies. It does require that selections be based upon valid and job-related criteria and furthermore that these criteria are applied consistently to all applicants. The applicants you receive for this position have been screened and meet the minimum job requirements as posted. This form must be completed, signed and returned to the Internal Affairs' Office after you have selected the applicant that is best suited for the vacant position.

NAME OF APPLICANT	DATE		
DEPARTMENT	POSITI		
To Be Completed by the Interviewer:			
<ol> <li>Was the Applicant interviewed?</li> <li>A. If Yes: Date Interviewed</li> </ol>	YES	NO	
Comments:			
<ul> <li>B. If No:</li> <li>1. Unable to reach for interview.</li> <li>2. Did not show up for interview.</li> <li>3. Cannot meet work schedule.</li> <li>4. Failure to pass required test(s).</li> <li>5. Other(Specify)</li></ul>			
2. Is the applicant recommended for hire? A. If Yes, Why?	YES	NO	
<ul> <li>B. If No, why not?</li> <li>1. Cannot meet work schedule.</li> <li>2. Less experience, than person considered/</li> <li>3. Less related training/ education, than the</li> <li>4. Less skilled than person considered/ selection</li> </ul>	person conside	ered/selected	

5. Other(Specify)\_\_\_\_\_

Signature of Supervisor/ Interviewer

Date

# **Attention South Carolina Law Enforcement Officer:**

If you are currently certified as a Law Enforcement Officer in the State of South Carolina, your previous employer will be contacted to confirm that you departed your organization with no known issues that would affect future employment as a Law Enforcement Officer in this state.

Applicant packages will NOT be reviewed or considered for employment unless completely filled out, signed, notarized, and all required copies of documentation are attached. Applicants must read and acknowledge their acceptance of the Policies and Procedures upon hire.

Law Enforcement applicants must be 21 years of age, or older, a US Citizen, have no prior police record, have a valid South Carolina driver's license, and be able to successfully complete a training course by the South Carolina Criminal Justice Academy. All uniforms, weapons, and duty equipment are provided by the Sheriff's Office.

Starting Salaries:

- Uncertified Detention Officer \$43,717.77
- Certified Detention Officer \$45,903.65
- Uncertified Deputy Sheriff \$50,608.79
- Certified Deputy Sheriff \$53,139.22

\*\* After 2 years of employment, Certified Deputies who meet established criteria may be eligible for a wage increase.



### HONOR SYSTEM prescribing the ORGANIZATION, RULES AND PROCEDURES for the STUDENT HONOR SYSTEM SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY



### SECTION I— The Student Honor System

THE SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY STUDENT MANUAL AND HONOR CODE: These documents prescribe the organization, rules, and procedures for the honor system of the South Carolina Criminal Justice Academy and shall be known, referred to, and cited as The South Carolina Criminal Justice Academy Honor System.

### SECTION 11- The Student Honor Code

1. THE HONOR CODE: The Honor Code of, by, and for the South Carolina Criminal Justice Academy. The code states that a student does not lie, cheat, or steal, nor tolerate those who do. The code is the heart of the honor system and its purpose is to maintain honor and integrity within the law enforcement profession.

2. LYING: Making a false official statement. An official statement is defined as a statement, written or oral, made to a squad leader, class leader, or staff member of the South Carolina Criminal Justice Academy. Quibbling is the use of ambiguous or vague language to evade a point at issue. Quibbling will be considered and treated as a false official statement. The use of any document, on or off campus, to misrepresent one's identity or status to gain a benefit that one would not have received without the misrepresentation will be considered and treated as a false official statement.

3. CHEATING: Receiving or giving aid on a test or examination. Test or examination includes any work performed for which a grade is received. Plagiarism is a violation of the honor code. Plagiarism is the act of using someone else's words or ideas as your own without giving proper credit to the source. Do not use notes/note cards from prior students. Do not make copies of other students' notes. The use of any unauthorized outside sources for study materials, study guides or to generate study questions is prohibited and a violation of the Honor Code. Unauthorized outside sources include but are not limited to any web-based study site, or phone apps. If there is any question about authorization, please ask the Basic Training Coordinator. STUDENTS ARE EXPECTED TO DO THEIR OWN WORK.

4. STEALING: Taking without authority personal, government or Academy property.

5. TOLERATION: Failure to report a case of lying, cheating, or stealing as defined above to the proper authorities.

6. Persons Subject to the Honor Code: All students attending South Carolina Criminal Justice Academy classes or training programs are subject to the honor code at all times except when the student is furloughed for the weekend. While the honor system is not in effect during the weekend, candidates are still expected to abide by the honor coder

7. Ignorance No Defense: Ignorance of the provisions of the honor code shall NOT be accepted as a defense by the Administration.

Student's Signature:	Date:
Print Name:	Academy ID#:
Witness Signature:	Date:

#### SOUTH CAROLNA CRIMINAL JUSTICE ACADEMY RELEASE AND AUTHORIZATION

### ITEM 1 – RELEASE



l, the undersigned Officer, hereby freely, knowingly and voluntarily request permission to enter and participate in the police pistol, practical problems and/or driving range training programs to be conducted with the SC Criminal Justice Academy ("hereinafter referred to as the "Academy") located at 5400 Broad River Road, Columbia, South Carolina.

FURTHER, upon entering and participating in such activities and/or programs, I do so fully realizing and understanding the nature and purpose-policies, rules and regulations of the Academy, and I do hereby release the Academy, the State of South Carolina, and all employees and /or agents of said Academy, agencies and/or departments from liability from any and all acts or omissions that may cause direct or indirect injury to my person or property.

FURTHER, I freely and voluntarily (without duress and coercion, direct or indirect), with full and complete knowledge of all of the facts and possible consequences, give this Release and assume any and all risks and liabilities which may be incurred by and in my participation in any and all activities directly or indirectly related to and in the course of the above programs and/or activities.

#### ITEM 11 - AUTHORIZATION TO RELEASE INFORMATION

l, the undersigned Officer, hereby authorize the Law Enforcement Training Advisory Council and the Academy to release any information in its files pertaining to my certification, recertification, decertification, accreditation, maintenance of accreditation, withdrawal of, including but not limited to, academic achievement, attendance, physical fitness, personal history and disciplinary records to any South Carolina Law Enforcement Agency by which I may be employed or to its authorized representatives.

I hereby release the Law Enforcement Training Advisory Council and the Academy including its Chairman, Executive Director, members, employees, and agents. both Individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs or assigns, because of compliance with this Authorization to Release Information, or any attempt to comply with it.

Dated: \_\_\_\_\_\_ Signed in the Presence of:

Witness Signature	Officers Signature
	Academy ID #
	Current Home Address
	County
	Phone Number
	Social Security #



SC Criminal Justice Academy 5400 Broad River Road, Columbia, S.C. 29212

Ethical Policing Attestation Form

I, \_\_\_\_\_, swear or affirm to commit to the practice of ethical policing, which means the discharge of responsibilities, stemming from employment as a law enforcement officer, which is devoid of misconduct and which is carried out in conformance with the laws of this State, including the duty to safeguard life and the duty to intervene.

Signature:		
Academy ID#:		
Date:		
Witness:	 	

