

**INSTRUCTIONS: FILL OUT THE ENTIRE FORM AND PLEASE TYPE OR PRINT LEGIBLY.**

All statements are subject to verification. Incorrect statements or omissions may bar or remove you from the employment process. All questions must be answered and are areas by which polygraph questions may be drawn. **Truthful statements will not necessarily exclude you from employment with the Beaufort County Sheriff's Office.** For any section where extra space is needed, please use page 12 of this packet.

Name \_\_\_\_\_  
LAST
FIRST
MIDDLE

Date		Are you a U. S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Social Security No.
Indicate languages you speak or write:			
Has your driving privilege ever been revoked, suspended, or cancelled in this or any other state? If Yes, list state, year and reason.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever operated a motor vehicle while under the influence of alcohol or drugs? If Yes, explain when the last time was by month and year.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been in an automobile accident as an operator in the last ten years? If Yes, how many? And how many were you at fault?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been <b>arrested</b> for operating a motor vehicle while under the influence of alcohol or drugs? If Yes, give date and place.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you convicted?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you plead guilty or nolle contendere? If Yes, give state, date and length of time for which your license was suspended.			<input type="checkbox"/> Yes <input type="checkbox"/> No
List all states in which you have been licensed (in order of year licensed).			
<b>STATE</b>	<b>LICENSE NUMBER</b>	<b>YEAR LICENSED</b>	

## BIOGRAPHICAL DATA

Have you ever used a surname (last name) other than your true name? If Yes, list name(s) used.					<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your name ever been changed? If Yes, list former name.					<input type="checkbox"/> Yes <input type="checkbox"/> No
Age	Place of Birth				
Cell Phone Number	Email Address				
Residence Address	NO. STREET CITY STATE ZIP				
	a) How long at this address				
	b) List previous addresses for the last 10 years.				
List complete name of person(s) with whom you reside and relationship.					

## MILITARY SERVICE Yes No

Branch	Total Years	Highest Rank			
Month/Year Entered Service	Month/Year Left Service				
What is the date and location of your last discharge?					
Did you receive any disciplinary action against you while you were in the military? If Yes, list all charges and punishments you received.					<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you ever the subject of any criminal investigation while in the military? If Yes, state nature of investigation and conclusion.					<input type="checkbox"/> Yes <input type="checkbox"/> No
What type discharge did you receive?					
If still in the military, what is the date you would be available to be hired?					
If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation.					

### ADDITIONAL INFORMATION

Do you drink alcoholic beverages? If Yes, how often and how much.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use any form of tobacco? If Yes, list form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any racial, ethnic, religious, sexual or other prejudices that will affect your performance? If Yes, explain in full.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been warned, counseled, or otherwise spoken to about comments you made regarding someone's race, gender, religion, nationality or sexual preference? If Yes, explain in full.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been named or been party to a sexual harassment lawsuit? If Yes, explain in full.	<input type="checkbox"/> Yes <input type="checkbox"/> No
List any scars, marks and tattoos that you may have.	
How long have you lived in South Carolina?	
What brought you here? Or, if you do not live here, why do you wish to move to South Carolina?	
Have you ever used illicit drugs or substances? ( <i>Truthful statements will not necessarily exclude you from employment with the Beaufort County Sheriff's Office.</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your spouse or domestic partner ever called the police on you for any reason? If Yes, explain fully including dates and reason.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your spouse or domestic partner ever accused you of battery or any other crime to any person or the police? If Yes, explain fully.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have the police ever been called to your house for any reason? If Yes, explain fully.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has anyone ever claimed that you have beaten, abused, mistreated, or sexually assaulted a child no matter what the relationship or non-relationship of the child to you? If Yes, explain fully.  Yes  No

If you are a current or former law enforcement officer, were you ever the subject of an internal affairs investigation or by any local, state or federal law enforcement agency? If Yes, explain fully.  Yes  No

List all cities in which you have lived **since age 18**.

CITY	STATE		

**CRIMINAL HISTORY**

Have you ever been arrested by any law enforcement agency, excluding minor traffic offenses, or been under investigation by any local, state or federal law enforcement agency? If Yes, give details.  Yes  No

CHARGE(S)	POLICE AGENCY	STATE	DATE	DISPOSITION

Have you ever been convicted of a felony? If Yes, give details.  Yes  No

Have you ever been placed on probation? If Yes, give details.  Yes  No

Have you ever stolen anything? If Yes, give details.  Yes  No

Have you ever deliberately cheated a customer? If Yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**WORK HISTORY**

Have you ever been discharged or asked to resign from a job? If Yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you object to wearing a uniform?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you object to working overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you object to being away from home for extended periods of time due to official duties? If Yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you object to, during times of natural disasters and emergencies, being called to duty for extended hours? If Yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you object to not being able to evacuate from Beaufort County with your family during natural disasters and emergencies? If Yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now working any regular or part-time job that you did not list on your application? If Yes, list type job and employer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever received a written reprimand from any employer for being late for work? If yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had any conflicts with fellow employees or employers in the past? If yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever given confidential information from your job to any unauthorized people? If yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now or have you ever been a member of any police agency, or auxiliary police agency? If Yes, list agency, position held, dates of employment, reason for leaving and supervisors name and rank.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you recently applied for employment with any police agency? If Yes, list agency or agencies.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been rejected by any police agency? If Yes, list agency or agencies.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**EMPLOYMENT HISTORY**

List all present and past employment starting with the most recent. **CORRECT ADDRESSES AND TELEPHONE NUMBERS MUST BE PROVIDED IN ORDER FOR APPLICATION TO BE PROCESSED.** If additional space is needed, go to Page 12 of this packet.

1)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Dates of Employment</td> <td style="width: 25%;">From</td> <td style="width: 25%;"></td> <td style="width: 25%;">To</td> </tr> <tr> <td colspan="4">Company Name</td> </tr> <tr> <td colspan="4">Company Address</td> </tr> <tr> <td></td> <td style="text-align: center; border-top: 1px solid black;">STREET OF PO BOX</td> <td style="text-align: center; border-top: 1px solid black;">CITY</td> <td style="text-align: center; border-top: 1px solid black;">STATE</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">Phone</td> <td style="text-align: center;">ZIP CODE</td> </tr> <tr> <td colspan="2">Job Title</td> <td colspan="2">Ending Salary</td> </tr> <tr> <td colspan="4">Job Duties</td> </tr> <tr> <td colspan="4">Reason for Leaving</td> </tr> <tr> <td colspan="4">Supervisor's Name &amp; Title</td> </tr> </table>	Dates of Employment	From		To	Company Name				Company Address					STREET OF PO BOX	CITY	STATE			Phone	ZIP CODE	Job Title		Ending Salary		Job Duties				Reason for Leaving				Supervisor's Name & Title			
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	Job Duties				Ending Salary		
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	Supervisor's Name & Title						
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	Company Name						
	Company Address	STREET OF PO BOX		CITY	STATE	ZIP CODE	
	Job Title				Phone		
	Job Duties				Ending Salary		
	Reason for Leaving						
	Supervisor's Name & Title						

May we contact the employers listed above? If not, name employer and explain why not.  Yes  No

--

**CO-WORKERS/FORMER CO-WORKERS**

Complete mailing address required. (Must provide THREE.)

1)	Name		Email Address	
	Address			Phone
2)	Name		Email Address	
	Address			Phone
3)	Name		Email Address	
	Address			Phone

**PERSONAL REFERENCES - NO RELATIVES OR FORMER EMPLOYERS.**

Complete mailing address required. (Must provide FIVE.)

1)	Name		Email Address	
	Address			Phone
2)	Name		Email Address	
	Address			Phone
3)	Name		Email Address	
	Address			Phone
4)	Name		Email Address	
	Address			Phone
5)	Name		Email Address	
	Address			Phone

**NEIGHBORS**

Complete mailing address required. (Must provide TWO.)

1)	Name		Email Address	
	Address			Phone

2)	Name	Email Address	
	Address	Phone	

**SCHOOL INFORMATION**

Are you a high school graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, do you have a G.E.D. Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List any college degrees you may have and name of college.	
List any courses you have taken that would be particularly useful to the Sheriff's Office.	
List training, skills, and experience you feel would benefit the Sheriff's Office.	
Have you ever been suspended, expelled, or dismissed from high school or college? If Yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in default of any student loan? If Yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No



## ACKNOWLEDGEMENT OF APPLICATION PROCESS

Read the statements below which outlines the essential functions required of Beaufort County Sheriff's Office Deputies. Answer the below questions. Then sign the bottom of the page.

### Deputy Sheriff Essential Functions

- Patrols the county in a patrol car on assignment for the purpose of observing area for possible criminal activity or other conditions that might endanger public safety, investigates complaints, and enforces laws.
- Apprehends, arrests, and detains criminal suspects and law violators when necessary; and follows proper procedures when making arrests.
- Prepares court folders for court cases, serves as witness in court, and provides evidence in the court and provides court security.
- Cooperates with other police jurisdictions on matters of mutual interest.
- Checks residential and commercial property for security as requested.
- Transports individuals to mental health center, maintaining custody of individuals.
- Communicates with supervisors and fellow officers all information obtained that is relevant to investigations or daily activities.
- Serves warrants, summonses, subpoenas, civil and other official papers.
- Provides traffic escorts as public service.
- Makes crime prevention presentations to civic and public groups; and works closely with businesses, attorneys, public organizations, etc., in performing duties.
- Records information concerning events that have taken place during tour of duty and records such activity in the manner prescribed by the department.
- Maintains weapons, equipment, and vehicle in functional and presentable condition.
- Accounts for and transports evidence coming into custody.
- Answers questions asked by the general public.
- Works with juveniles and adults in related matters and refers them to persons of agencies where they can obtain further assistance as required.
- Works in stressful, high risksituations.
- Attends required periodic training sessions and seminars and participates in required physical fitness activities.
- Maintains required level of proficiency in use of firearms and evasive action/driving skills.
- Takes active charge in serious or unusual situations.
- Makes decisions at crime scenes which may pertain to life or death situations. Such decisions are based on the safest procedures to be followed to ensure safety to individuals involved and fellow officers/members of a rescue team.
- Must have ability to safely operate vehicle both day and night and observe criminal activity.
- Must have hearing ability sufficient to hear radio transmissions, in-person conversations and telephone conversations.
- Must be able to lift or move heavy objects/people in rescue activities.
- Must be able to physically restrain arrestees and to chase on foot in the course of apprehension activities.
- Must be able to withstand working outside in extreme weather conditions.
- Must have sufficient speaking ability to communicate effectively in person, over a telephone and on a radio.
- Must have the ability to read and write reports.
- Must be able to investigate traffic accidents and complete required forms.
- Must have strength, coordination, and visual ability to effectively shoot a handgun and a shotgun.
- Must be able to handle stress, noise, crowds, fights, gunfire, and disciplinary action without emotional interference.

After training, would you perform the essential functions of the job of Deputy Sheriff? If No, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to work on weekends, holidays, and your days off if the department needs ae such?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to work shift work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to work in any section of the Sheriff's Office you may be assigned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware the Sheriff is an at-will employer, which means you can be terminated at any time, for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knowing this do you wish to continue the application process?	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Applicant Signature

**PLEASE EXPLAIN YOUR REASONS FOR WISHING TO PURSUE A CAREER IN LAW ENFORCEMENT. IF YOU ARE NOT FROM THE LOCAL AREA, PLEASE EXPLAIN WHY YOU WISH TO MAKE BEAUFORT YOUR HOME.**

**PURSUANT TO THE UNITED STATES CODE, TITLE 18, SECTION 922(g) (9) THE FOLLOWING INFORMATION MUST BE PROVIDED. FAILURE TO PROVIDE ACCURATE INFORMATION CAN BE GROUNDS FOR TERMINATION.**

Name	
Have you ever been convicted of domestic violence, domestic assault or a crime similar in nature? If Yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now or have you ever been subject to any Restraining Orders or Orders of Protection? If Yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you attempting to conceal any information about your background?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you falsify any information on your application or this questionnaire?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**MUST BE NOTARIZED**

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

**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.**

This the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
 FULL SIGNATURE OF APPLICANT

Notary \_\_\_\_\_  
 My Commission Expires \_\_\_\_\_

**SUPPLEMENTAL INFORMATION – Please notate section for which additional information is listed below.**  
*(Example: Additional Employment History; Additional References; Additional Education; etc.)*

[Empty box for supplemental information]