

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

The information provided in this document will be used to conduct a pre-employment background investigation. All questions must be answered and are subject to verification. Incorrect statements or omissions may bar or remove you from the employment process. **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 9 of this packet.

Name _____
LAST
FIRST
MIDDLE

Date		Are you a U. S. Citizen? <input type="checkbox"/> Yes <input 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Has your driving privilege ever been revoked, suspended, or cancelled in this or any other state?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
How many tickets have you received in the last five (5) years?			
Have you ever operated a motor vehicle while under the influence of alcohol or drugs? If Yes,			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been arrested 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).			
STATE	LICENSE NUMBER	YEAR LICENSED	

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.				
	NO.	STREET	CITY	STATE	ZIP
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 your position for personal gain? If Yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever resigned from a job while under investigation or resigned in lieu of being fired for any reason? If Yes, explain in full.	<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

Have you ever used illegal 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 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

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Have the police ever been called to your house for any reason? If Yes, explain fully.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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List all cities in which you have lived **since age 18**.

CITY	STATE	YEAR	
		From	To

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.					<input type="checkbox"/> Yes <input type="checkbox"/> No
CHARGE(S)	POLICE AGENCY	STATE	DATE	DISPOSITION	
Have you ever been convicted of a felony? If Yes, give details.					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever stolen anything? If Yes, give details.					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been given a polygraph exam in reference to any theft at any job you have held? If Yes, explain.					<input type="checkbox"/> Yes <input type="checkbox"/> 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 working overtime?		<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 obvious 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

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 9 of this packet.

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	Job Duties			Ending Salary	
	Reason for Leaving				
	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
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]