

APPLICATION FOR EMPLOYMENT

**RICHLAND COUNTY SHERIFF'S
DEPARTMENT**



**SHERIFF
LEON LOTT**

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 drivers 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 have been licensed to drive,
 - f. One copy of your DD214 if you have served in the military,
 - g. One copy of your Social Security Card,
 - h. One copy of a current credit report (must be complete with no missing pages),
 - i. One copy of your Class I Law Enforcement Officer Certification if you are currently certified. (does not apply to Correctional Officers),
 - j. One passport size color photograph (Approximately 2"x2")
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: Capt. Porter at 803-576-3063.

CREDIT BUREAUS

Equifax – www.equifax.com

To order your report, call 800-685-1111 or write:
PO Box 740241, Atlanta, GA 30374-0241
To report fraud, call 800-525-6285 and write:
PO Box 749241, Atlanta, GA 30374-0241

Experian – www.experian.com

To order your report, call 888-EXPERIAN (397-3742) or write:
PO Box 2104, Allen, TX 75013
To report fraud, call 888-EXPERIAN (397-3742) and write:
PO Box 9532, Allen, TX 75013

TransUnion – www.transunion.com

To order your report, call 800-916-8800 or write:
PO Box 1000, Chester, PA 19022
To report fraud, call 800-680-7289 and write:
Fraud Victim Assistance Division, PO Box 6790, Fullerton, CA
92834

For more information, visit our website at www.rcsd.net

Physical Fitness Evaluation

The Richland County Sheriff's Department Physical Ability Evaluation is a timed event performed on a pass/fail basis. Candidates must complete the evaluation in a time of 6:18 (six minutes, eighteen seconds) or less.

The evaluation will begin with the instructor giving the candidate an address consisting of a street name and numbers. The candidate will repeat the address to the instructor, and once he/she runs past the first cone the candidate's time will start. The candidate will perform the below listed items as shown by the instructor, and then correctly state the previously given address at the end of the evaluation. The time will stop once the candidate gives the correct address. (The penalty for giving the wrong address will be that the candidate must repeat the 200-yard run. The time will then stop at the end of the 200-yard run.)

1. Run 200 yards
2. Step up on an aerobic step bench 20 times
3. Perform 15 push-ups (not required to be continuous)
4. Perform 15 sit-ups (not required to be continuous)
5. Step up on an aerobic step bench 20 times
6. Perform 15 push-ups (not required to be continuous)
7. Perform 15 sit-ups (not required to be continuous)
8. Run 200 yards
9. Street recall (If wrong, repeat 200-yard run)

There will be an orientation prior to the evaluation, **IF YOU ARE LATE YOU WILL NOT BE TESTED**. The evaluation will take approximately one and one half hours.

Candidates must come dressed in pants, tennis shoes, and loose fitting shirt. Note: Take off all jewelry.

You will also need to bring a towel and a bottle of water.

RCSD Personal Appearance Policy Advisory

1. **Hair Regulations:** All employees shall maintain their hair in a professional manner. All haircuts and facial hair must meet the approval of the Sheriff. No facial hair except for approved mustache will be worn while in uniform. To ensure a professional appearance and the safety of female deputies, hair must not exceed pass the first seam on the back of the uniform shirt. Non-uniform deputies must conform to the same equal length in the back as the uniform shirt requirement. It is recommended that hair be in a bun, rolled up, or a pony tail. Bangs cannot extend below the eyebrows. Hair cannot be worn loosely around the face. It must be behind the ears. Hair color must not be an unnatural color (i.e. blue, purple, etc). Hair accessories should be black or match the color of the hair. Employees must be groomed in a manner befitting their work assignments.
2. Only female officers may wear one (1) earring in each ear on the lower ear lobe or by male officers upon approval of the Sheriff. Any earrings worn must be “stud earrings” and of such a size and character as not to be easily grasped by an assailant. No other body piercing is approved that is visible while in uniform or plainclothes.
3. **Fingernails** – All personnel will keep fingernails clean and neatly trimmed. Males will keep nails trimmed so as not to extend beyond the fingertip. Females will not exceed a nail length of inch, as measured from the tip of the finger.
4. Females will not wear shades of lipstick and nail polish that distinctly contrast with their complexion, that detract from the uniform, or that are extreme. Some examples of extreme colors include, but are not limited to, purple, gold, blue, black, white, bright (fire-engine) red, khaki, camouflage colors, and fluorescent colors.

Tattoo or Body Art:

1. While on duty or otherwise representing the Richland County Sheriff’s Department, personnel are prohibited from exhibiting any tattoos, branding, or other form of body art, which may be seen by another.
2. Personnel who may have a tattoo or body art as referenced shall completely cover the tattoo or body art with a long sleeved shirt or blouse, a skin toned patch, or other material, which is approved by the Sheriff or his designee.
3. The Sheriff may grant exceptions to this rule, if necessary, to further a legitimate law enforcement interest when presented and responded to in writing.

TO: APPLICANTS

FROM: PERSONNEL DIVISION - RICHLAND COUNTY SHERIFF'S DEPARTMENT

SUBJECT: PRE-EMPLOYMENT REQUIREMENTS

On behalf of the Richland County Sheriff's Department, we welcome your application. For you to be considered for employment, the following qualifications must be met and all sections of application must be completed.

**DEPUTY SHERIFF - PATROLMAN
REQUIREMENTS:**

- 1) (A) Graduated with a four (4) year degree from an accredited College or University, or
(B) Graduated with an Associate Degree and two (2) years previous law enforcement experience or prior military,
or
(C) A currently - certified law enforcement officer.
- 2) Minimum Twenty-One (21) Years of Age
- 3) No criminal history
- 4) Valid S.C. Driver's License - Limited violations, if any.
- 5) **DRUG FREE BACKGROUND**
- 6) Satisfactory background and financial investigation
- 7) Satisfactory interview, polygraph examination, psychological, drug testing
- 8) **YOU MUST FURNISH PHOTOSTATIC COPIES OF YOUR DRIVER'S LICENSE, SOCIAL SECURITY CARD, BIRTH CERTIFICATE, HIGH SCHOOL/GED AND COLLEGE DIPLOMAS, DD 214 (IF PRIOR MILITARY), CERTIFIED DRIVING RECORD OF ALL LICENSES POSSESSED IN THE LAST 10 YEARS, AND A FINANCIAL CREDIT HISTORY CHECK AT THE TIME OF APPLYING.**
- 9) Meet physical fitness standards of the job description.

**DEPUTY III (THESE DEPUTIES PERFORM COURT SECURITY & OTHER LIMITED DUTIES)
REQUIREMENTS: HIGH SCHOOL GRADUATE
ITEMS 2 - 9 ABOVE**

• APPLICATION MUST BE COMPLETE WITH ITEMS LISTED ABOVE

RECORD OF EDUCATION

School	Name & Address	Attendance Dates	Years Completed	Did You Graduate	List Degrees
High School					
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Technical School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Seminars, Institutes, Etc.				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/University Undergraduate				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/University Graduate				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Education				Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. If you did not graduate from high school, have you 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.

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
	Last	First	Middle	Nickname
Mother	Last	First	Middle	Nickname
	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
1.			
2.			
3.			
4.			

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 _____

FINANCIAL STATUS

a. List income other than salary (include salary of spouse). _____

b. How many persons do you support? _____

c. Have you ever been sued? Yes No If yes, give details. _____

d. What is the total amount of your debts at present? _____

e. List credit references, including businesses to which you make monthly payments.

Name of Business	Street	City	State	Zip	Telephone No.

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, explain. _____ Date _____

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 martialled 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

If yes, give state and number _____

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

State	Reason	Date
If yes, give details _____		

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 RICHLAND**

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

CONFIDENTIAL

EMPLOYMENT HISTORY

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

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

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 _____		Reason for Leaving _____		
Job Duties _____				

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 No.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Neighbors: Name	Address	Telephone No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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 _____

Richland County Sheriff's Department

Release for Background Checks

I understand that the employment background check *requires* my full name, social security number, and date of birth. I authorize the Richland County Sheriff's Department to perform a background check and release those parties supplying such information from all liability or responsibility with respect to the information provided. The permissive background checks will be Fair Credit Reporting Act (FCRA) compliant.

I certify that the entries made by me on this form are true, complete and accurate to the best of my knowledge and are made in good faith and voluntarily. I understand that any false statements or answers by me may disqualify me for consideration or will be sufficient grounds for termination. Moreover, I understand that failure to complete this form will preclude me from employment opportunities with the **Richland County Sheriff's Department**.

Print Name

Date

Sign Name

Date of Birth

Social Security Number

APPLICANT
CONSENT TO DRUG TESTING

The undersigned applicant for employment understands and acknowledges that Richland County requires all applicants who are tentatively selected for employment to submit to and pass a drug test, and that failure to take the test, failure to cooperate in taking the test, failure to follow test procedures, or testing positive for the use of illegal drugs or substances will result in disqualification from employment.

The drug test will be by urinalysis and if the collector of the test sample believes that there is a reasonable possibility that the applicant has or will tamper with or substitute the urine sample, the sample or an additional sample may be collected under conditions in which a person of the same gender of the applicant may witness the collection.

The applicant consents to the foregoing.

Applicant

Date

**Richland County Sheriff's Department
Release of Liability and Hold Harmless Agreement**

I, _____, hereby request permission to attend the Pre-Employment Physical Fitness Evaluation to be conducted by the Richland County Sheriff's Department.

In consideration of, permission being granted me to attend this Physical Fitness Evaluation, I hereby acknowledge the risks and potential for injury inherent in such instruction and do hereby represent that my undertaking of the Pre-Employment Fitness Evaluation is free and voluntary with full awareness of those risks and the potential for injury.

Furthermore, in consideration of permission being granted me to attend the Pre-Employment Physical Fitness Evaluation, I hereby release from liability and hold harmless the Richland County Sheriff's Department and its employees for any acts or omissions, which may cause direct or indirect injury to my person or property during the Pre Employment Physical Fitness Evaluation.

Signature

Date

Sworn To and Subscribed Before Me
This _____ Day of _____ 20 _____

NOTARY PUBLIC FOR SOUTH CAROLINA

My Commission Expires: _____

**Richland County Sheriff's Department
Pre Employment Physical Fitness Evaluation**

Please print when filling out both pages of this form.

Name: _____ Date: _____

Social Security # _____ - _____ - _____

1. Are you fit for duty (without restrictions)? Yes No
If no, please explain:

2. Are you currently being treated for a medical condition or chronic health problem?
Yes No
If yes, please explain:

3. Are you currently using any type of prescription drugs? Yes No
If yes, please describe:

4. Do you have: Any known allergies? Yes No
Difficulty breathing? Yes No
High blood pressure? Yes No
Diabetes? Yes No
If yes to any of the above conditions, please describe:

5. Which of the following activities do you regularly participate in?

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Weight Lifting | <input type="checkbox"/> Aerobics | <input type="checkbox"/> Football |
| <input type="checkbox"/> Jogging | <input type="checkbox"/> Swimming | <input type="checkbox"/> Bicycling |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Other Sports (identify below) |

Please describe how often you participate in the above stated activities:

6. How would you describe your current physical fitness level?
 Excellent Good Fair Poor

7. Have you ever been hospitalized? Yes No
If yes, please describe: