

# SPARTANBURG COUNTY SHERIFF'S OFFICE



## PERSONAL HISTORY INFORMATION

## **PERSONAL HISTORY STATEMENT INSTRUCTIONS**

Employees are exposed to confidential and law enforcement information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with this office. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not in any way, guarantee selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. **It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding.** The Personal History Statement will be used for the basis for a background investigation that will determine your eligibility for becoming an employee.

- 1) Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
- 2) If a question is not applicable to you enter **N/A** in the space provided.
- 3) Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in the proper sequence before you sign.
- 4) You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify it before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
- 5) If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
- 6) An accurate and complete form will help expedite your investigation. **Omissions and falsifications will result in disqualifications.**
- 7) You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
- 8) Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application will be evaluated for completeness and neatness.
- 9) **Any documents requested must be submitted with the application. (Photocopies are acceptable in most cases if legible)**
  - Copy of your birth certificate
  - Copy of High School Diploma or GED certificate
  - Copy of Social Security Card
  - Copy of Driver's License
  - Copy of your college transcripts, if applicable
  - Copy of all DD-214 or NGB-22, Member – 4. Must possess an honorable discharge, if applicable

- Certified copy of your Naturalization papers, if applicable
- Official Court copy of any court orders for expunged criminal records, if applicable
- Official Court copy of final disposition for any criminal charges, even if the case was dismissed, if applicable
- Current Certified 10 year South Carolina driving history (or other state as applicable)
- A full length current photograph of yourself, appropriately attired

10) If you have any questions, please contact our office, 864-503-4515.

11) When submitting the completed application with documents, please place the entire application in a folder or envelope.

### **Applicant Qualification Section**

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all of these requirements to be certified as a law enforcement officer in South Carolina.

Initial: \_\_\_\_\_ I am a citizen of the United States of America  
 \_\_\_\_\_ I have earned a high school diploma or GED  
 \_\_\_\_\_ I am not less than 21 years of age  
 \_\_\_\_\_ I have never been convicted of a Felony  
 \_\_\_\_\_ I have never been convicted of any criminal offense that carries a sentence of a year or more, nor of any criminal offense that involves moral turpitude  
 \_\_\_\_\_ I have never been convicted of any crime of Domestic Violence (CDV)

### **DISQUALIFICATION**

There are very few automatic basis for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements and omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately without or misrepresent job-relevant information form their prospective employer.

APPLICATION ADDENDUM

SPARTANBURG COUNTY POSITIONS SUBJECT TO RANDOM DRUG TESTING  
AS OF AUGUST 14, 1995

OTHER COUNTY POSITIONS DEEMED AS SAFETY SENSITIVE WILL BE ADDED AS NECESSARY

IN ACCORDANCE WITH THE COUNTIES ALCOHOL AND DRUG ABUSE POLICY, **EMPLOYEES IN SENSITIVE JOBS WILL BE SUBJECT TO RANDOM TESTING.** SENSITIVE JOBS INCLUDE SAFETY SENSITIVE JOBS, EMPLOYEES ASSIGNED TO DRUG INTERDICTION DUTIES, EMPLOYEES WHO CARRY FIREARMS, AND HEAVY EQUIPMENT OPERATORS REQUIRED TO POSSES A COMMERCIAL DRIVERS LICENSE. THE COUNTY WILL MAINTAIN A LIST OF SUCH JOBS AND WILL NOTIFY DETENTION FACILITY, DEPARTMENTS WHERE EMPLOYEES ARE COMMISSIONED TO CARRY FIREARMS AND HEAVY EQUIPMENT OPERATORS REQUIRED TO POSSES A COMMERCIAL DRIVERS LICENSE.

SPARTANBURG COUNTY AND/OR THE SPARTANBURG COUNTY SHERIFF’S OFFICE RESERVES IT’S/HIS RIGHT TO PROMPTLY TERMINATE ANY EMPLOYEE IN A SAFETY SENSITIVE POSITION SUCH AS IN LAW ENFORCEMENT OR A COMMISSIONED COUNTY LAW ENFORCEMENT OFFICER, WHO REST POSITIVE FOR ALCOHOL OR DRUGS UNLESS SUCH DRUGS ARE BEING PRESCRIBED FOR SUCH EMPLOYEE PURSUANT TO A COURSE OF LEGITIMATE MEDICAL TREATMENT.

EMPLOYEES IN THE FOLLOWING DEPARTMENTS, EXCLUDING CLERICAL EMPLOYEES UNLESS OTHERWISE NOTIFIED, WILL BE REQUIRED TO PARTICIPATE IN SPARTANBURG COUNTY’S RANDOM DRUG SCREENING PROGRAM.

**SHERIFF OFFICE**

SHERIFF  
MAJOR  
ADM ASST. OFFICER/SHERIFF  
**ALL COMMISSIONED OFFICERS**  
CONSTABLES

**DETENTION FACILITY**

DIRECTOR  
ALL COMMISSIONED OFFICERS  
**PRE-TRAIL DIVERSION**  
DIRECTOR  
SECRETARY  
COUNSELORS I, II, III  
**ENVIRONMENTAL SERVICES/  
SOLID WASTE**  
ALL MEO’S I-IV

**COMMUNICATIONS**

DIRECTOR  
ASST DIRECTOR  
SHIFT SUPERVISORS  
ASST. SHIFT SUPERVISOR  
TRAINING COORDINATOR  
TELE COMMUNICATORS  
TELEPHONE OPERATORS  
**ENVIRONMENTAL SERVICES  
ENGINEERING**  
FOREMAN II  
ALL MEO’S I - IV

**SPARTANBURG COUNTY  
COMMISSIONED PERSONNEL**

ANIMAL CONTROL OFFICER  
LITTER ENFORCEMENT OFFICER  
INVESTIGATORS (SOLICITORS)  
VEHICLE MAINT. DIRECTOR/  
LAW ENFORCEMENT OFFICER  
AUTO SHOP MANAGER/LAW  
ENFORCEMENT OFFICER  
SECURITY GUARD

**ROAD MAINTENANCE**

FOREMAN II  
ALL MEO’S I - IV

**HEAVY EQUIPMENT OPERATORS INCLUDING THOSE REQUIRED  
TO POSSES COMMERCIAL DRIVERS LICENSE**

**I HAVE READ AND/OR BEEN EXPLAINED, AND I UNDERSTAND THE ABOVE STATEMENT AND  
LIST OF SPARTANBURG COUNTY POSITIONS SUBJECT TO RANDOM DRUG TESTING.**

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

# SPARTANBURG COUNTY SHERIFF'S OFFICE



CHUCK WRIGHT, SHERIFF

## NCIC CERTIFICATION

(This form to be used if you are currently NCIC certified)

Name: \_\_\_\_\_

SCCJA Academy ID # \_\_\_\_\_

Previous Employer: \_\_\_\_\_ ORI#: \_\_\_\_\_

Class: 8 hr \_\_\_\_\_ 16 hr \_\_\_\_\_ 40 hr \_\_\_\_\_  
(Please initial the class that you took)

If you are currently NCIC certified, please enclose a copy of your NCIC Certification Certificate.

This information will be turned in to our TAC Officer.

**Authorization for Disclosure of Social Networking Information**

I, \_\_\_\_\_, give my permission for the Sheriff’s Office Recruiting Division to have access to my personal social networking accounts. If my accounts are set to “private” I will log into the accounts in the presence of the Recruiting Officer and allow them to review the contents of the account(s). Access to the account(s) must be granted immediately upon request.

I understand that the information present on my personal social networking account(s) is part of my background investigation. Any information that is racist, sexist, or would bring discredit upon my candidacy for the position that I am applying for, may disqualify me from further consideration with the Sheriff’s Office.

I understand that refusal to allow the Sheriff’s Office Recruiting Division access to my personal social networking account(s) will disqualify me from further consideration for employment with the Sheriff’s Office.

By signing this document, I am agreeing to provide the Sheriff’s Office immediate access to my personal social networking account(s). Please initial which statement is correct.

- \_\_\_\_\_ I do not have a social networking account
- \_\_\_\_\_ I authorize the Sheriff’s Office access to my social networking account(s)
- \_\_\_\_\_ I do not authorize the Sheriff’s Office access to my social networking account(s)

\_\_\_\_\_  
**Applicant’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Sheriff’s Office Recruiting Officer

\_\_\_\_\_  
Date

Social Networking Account Name \_\_\_\_\_

Additional Social Networking Account Names \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STATE OF SOUTH CAROLINA  
HOLD HARMLESS AGREEMENT  
COUNTY OF SPARTANBURG**

**KNOW ALL MEN BY THESE PRESENTS**, that the undersigned, for and in consideration of the exchange of mutual premises and covenants recited herin, for the purpose of being permitted to accompany and observe the operations of the Spartanburg County Sheriff’s Office, the receipt and exchange whereof is hereby acknowledged, and for his/her heirs, executors and administrators, successors, and assigns, hold harmless the County of Spartanburg or any of its agents or employees, as to all other persons or organizations, both known or unknown, for all claims and demands, actions and causes of action, costs, damages, loss of use, loss of services, expenses, compensation, or any other thing whatsoever on account of, or in any way growing out of, injuries or damage resulting or to result from in the future an occurrence or accident which may take place, or any other matter attributable to the undersigned’s observations, riding and contact with employees of the County of Spartanburg or otherwise.

I further warrant that no promise or inducement, not herein expressed, has been made to us; that in executing this agreement, we are not relying upon any statement or representation made by any person released or their agents, representatives or other officials concerning the nature, extent or duration of potential losses or damages or any legal liability thereof.

I am of full age, legally competent and duly authorized to execute this agreement and that before signing and sealing this agreement, I have fully informed myself of the contents and meaning and have so executed it with full knowledge thereof.

The execution of this **HOLD HARMLESS AGREEMENT** is in no way an admission of liability on the part of the County of Spartanburg or any of its agencies.

The undersigned agrees that this agreement contains the entire agreement between the parties hereto, and that the terms hereof are contractual and not a mere recital.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
**PRINT NAME OF PARTICIPANT**

\_\_\_\_\_  
**SIGNATURE OF PARTICIPANT**

WITNESS:

\_\_\_\_\_  
SPARTANBURG COUNTY SHERIFF’S OFFICE

# SPARTANBURG COUNTY SHERIFF'S OFFICE



## CHUCK WRIGHT, SHERIFF

### AUTHORITY TO RELEASE INFORMATION To Whom It May Concern:

I HEREBY authorize any officer or other authorized representative of the Spartanburg County Sheriff's Office bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military service, educational history (including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records), medical history and condition, credit (including credit card and payment records), and law enforcement records (including, but not limited to, any record of charge, prosecution or conviction for criminal or civil offenses).

I HEREBY direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for official use of the Spartanburg County Sheriff's Office. Consent is granted for the Spartanburg County Sheriff's Office to furnish such information as is described above to third parties in the course of fulfilling its official responsibilities. I HEREBY release you as the custodian of such records, and any school, college, university or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, retail business establishment, law enforcement agency, or other criminal justice agency, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my social security account number on a voluntary basis with the understanding such is not required by any statute or regulation. I have been advised that the Spartanburg County Sheriff's Office will utilize this number only to facilitate the location of employment, military, credit and educational records concerning me in the connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**Full Name (Signature):** \_\_\_\_\_  
Include maiden and any other previously used names

**Full Name (Printed):** \_\_\_\_\_ Include  
maiden and any other previously used names

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Identification/DL State \_\_\_\_\_ #

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Current Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_

Recruiting Officer Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
Spartanburg County Sheriff's Office





**SPARTANBURG COUNTY SHERIFF'S OFFICE  
CREDIT HISTORY AUTHORIZATION**

I authorize the Spartanburg County Sheriff's Office to obtain a copy of my credit report from **one** credit reporting agency in order to determine my suitability for employment.

\_\_\_\_\_   
Date

\_\_\_\_\_   
**Applicant's Signature**

\_\_\_\_\_   
**Printed Name**

\_\_\_\_\_   
\_ Date

\_\_\_\_\_   
Recruiting Officer Signature

For the purpose of obtaining the credit report, I provide the following information:

\_\_\_\_\_   
Social Security Number

\_\_\_\_\_   
Date of Birth

Current Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SPARTANBURG COUNTY SHERIFF'S OFFICE  
JUDGMENT STATEMENT AFFIDAVIT**

I, \_\_\_\_\_, \_\_\_\_\_  
Name Street  
\_\_\_\_\_, \_\_\_\_\_ do hereby certify that  
City Zip Code

I have no judgments against me in the County of \_\_\_\_\_ which I reside or any other County in South Carolina.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Witness: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Spartanburg County Sheriff's Office

MEMORANDUM FOR: SHERIFF’S OFFICE APPLICANTS  
FROM: CAPTAIN BRANDON LETTERMAN  
DATE: January 24, 2024  
SUBJECT: COMPLIANCE WITH OMNIBUS CONSOLIDATED APPROPRIATIONS ACT OF 1997

The Omnibus Consolidated Appropriations Act of 1997 amends the Gun Control Act of 1968, making it unlawful for any person convicted of “misdemeanor crime of domestic violence” to ship, transport, possess or receive firearms or ammunition. Therefore, in an effort to assure compliance with this act, all officers of the Spartanburg County Sheriff’s Office must complete and sign this memorandum and return it to the Administration Office. Additionally, should any officer’s situation change in such a way as to fall within the guidelines of this act, he/she must immediately notify his Division Captain, who will notify the Sheriff.

**HAVE YOU EVER BEEN CONVICTED OF A CRIME OF DOMESTIC VIOLENCE?**

YES

NO

**PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_



**MARITAL AND FAMILY HISTORY:**  
**MARITAL STATUS: (CHECK ALL THAT APPLY)**

\_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Engaged \_\_\_\_\_ Co-habiting

Spouse's / Co-habitant's name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Employer(s): \_\_\_\_\_

Roommate(s) (do not include parents or cohabitants): \_\_\_\_\_

If you have ever been separated, divorced, or widowed, provide the details below:

Date of Marriage: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

City & State: \_\_\_\_\_ City & State: \_\_\_\_\_

Separated: \_\_\_\_\_ Date: \_\_\_\_\_ Separated: \_\_\_\_\_ Date: \_\_\_\_\_

Divorced: \_\_\_\_\_ Date: \_\_\_\_\_ Divorced: \_\_\_\_\_ Date: \_\_\_\_\_

Widowed: \_\_\_\_\_ Date: \_\_\_\_\_ Widowed: \_\_\_\_\_ Date: \_\_\_\_\_

Court or State issues: \_\_\_\_\_ Court or State issued: \_\_\_\_\_

Ex-Spouse's name: \_\_\_\_\_ Ex-Spouse's name: \_\_\_\_\_

**RELATIVES:**

Complete information concerning relatives must be provided. If you have been married more than once, give the requested information concerning each former spouse. Even if a relative is deceased, list all information requested and indicated the last residence and year of death. Include step and half brothers and sisters. If you or your spouse have stepparents, legal guardians, or others with whom you lived with, other than your parents, the requested information should be furnished concerning them, as well as your birth parents. If you are engaged to be married or contemplating marriage in the near future, complete information should be included regarding your future spouse and future in-laws and clearly indicated that such relationship is a future one.

Father: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mother: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Spouse: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Child: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Child: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Child: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Brother: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Brother: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Brother: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Sister: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Sister: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Sister: \_\_\_\_\_ Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Father-in-Law \_\_\_\_\_ Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mother-in-Law: \_\_\_\_\_ Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

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**LIST OTHER RELATIVES WITH WHOM YOU HAVE RESIDED WITH FOR AN EXTENDED AMOUNT OF TIME:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**RESIDENCES**

List all residences in the past ten years. Include addresses while attending schools or colleges, if away from home, and all military addresses:

FROM MO/YR	TO MO/YR	STREET ADDRESS	CITY	STATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**AVAILABILITY OF APPLICANT:**

Have you previously applied for employment with the Spartanburg County Sheriff's Office? \_\_\_\_\_

Have you ever been employed as a law enforcement officer? \_\_\_\_\_

If so, where \_\_\_\_\_

If appointed, do you understand that you must be available for assignment whenever your services are needed? \_\_\_\_\_

**COURT RECORD:**

Has a restraining order or order of protection ever been issued against you? \_\_\_\_\_

If so, give details:

\_\_\_\_\_  
\_\_\_\_\_



Have you ever been charged with any traffic violation? \_\_\_\_\_

If so, list all such matters even if no court appearance, found not guilty, or matter settled by payment of fine or forfeiture of collateral.

Date:	Place & Department	Charge	Court & Place	Disposition
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____

Have you ever been charged with or arrested for any criminal violation? \_\_\_\_\_

If so, list all such matters; no court appearance, not guilty, expunged, Nolle Pros, dismissed, PTI.

Date:	Place & Department	Charge	Court & Place	Disposition
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____

Has any member of your immediate family ever been arrested for any criminal violation? \_\_\_\_\_  
If so, list all such matters even if no court appearance or found not guilty.

Date:	Place & Department	Charge	Court & Place	Disposition
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____

**EDUCATION:**

**Name of School      Location      From To      Course of Study      Degree/Diploma**

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High School

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University or College

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University or College

---

Graduate School

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Other

**SPECIAL SKILLS:**

List your hobbies, special skills, and abilities, including speaking foreign languages or American Sign Language:

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**EMPLOYMENT HISTORY:**

LIST LAST OR CURRENT POSITION FIRST. Include chronological history of all employment starting with current or last position. Account for all periods of time including summer and part-time employment while attending school and all periods of employment. Be sure to include military experience, if applicable.

Name and address of employer: \_\_\_\_\_

Name of immediate supervisor: \_\_\_\_\_ Phone # \_\_\_\_\_

Exact title of your position: \_\_\_\_\_ Describe your duties: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Average number of hours per week: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Were you terminated? \_\_\_\_\_ YES \_\_\_\_\_ NO Did you resign? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name and address of employer: \_\_\_\_\_

Name of immediate supervisor: \_\_\_\_\_ Phone # \_\_\_\_\_

Exact title of your position: \_\_\_\_\_ Describe your duties: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Average number of hours per week: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Were you terminated? \_\_\_\_\_ YES \_\_\_\_\_ NO Did you resign? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name and address of employer: \_\_\_\_\_

Name of immediate supervisor: \_\_\_\_\_ Phone # \_\_\_\_\_

Exact title of your position: \_\_\_\_\_ Describe your duties: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Average number of hours per week: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Were you terminated? \_\_\_\_\_ YES \_\_\_\_\_ NO Did you resign? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name and address of employer: \_\_\_\_\_

Name of immediate supervisor: \_\_\_\_\_ Phone # \_\_\_\_\_

Exact title of your position: \_\_\_\_\_ Describe your duties: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Average number of hours per week: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Were you terminated? \_\_\_\_\_ YES \_\_\_\_\_ NO Did you resign? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name and address of employer: \_\_\_\_\_

Name of immediate supervisor: \_\_\_\_\_ Phone # \_\_\_\_\_

Exact title of your position: \_\_\_\_\_ Describe your duties: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Average number of hours per week: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Were you terminated? \_\_\_\_\_ YES \_\_\_\_\_ NO Did you resign? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name and address of employer: \_\_\_\_\_

Name of immediate supervisor: \_\_\_\_\_ Phone # \_\_\_\_\_

Exact title of your position: \_\_\_\_\_ Describe your duties: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Average number of hours per week: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Were you terminated? \_\_\_\_\_ YES \_\_\_\_\_ NO Did you resign? \_\_\_\_\_ YES \_\_\_\_\_ NO

**MILITARY RECORD:**

Have you ever served in a military or naval organization of the United States? \_\_\_\_\_ YES \_\_\_\_\_ NO

Give branch of service: \_\_\_\_\_ Service#: \_\_\_\_\_ Highest Rank Attained: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Date Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Date of Active Duty \_\_\_\_\_ to \_\_\_\_\_ Basis for Discharge: \_\_\_\_\_

Was any type of disciplinary action taken against you in the service? Be sure to include non-judicial punishment(s). \_\_\_\_\_ YES \_\_\_\_\_ NO Details: \_\_\_\_\_

Are you an active member of a Reserve or National Guard Unit? \_\_\_\_\_ YES \_\_\_\_\_ NO

Give name of unit/branch and location: \_\_\_\_\_

Are you registered for Selective Service? \_\_\_\_\_ YES \_\_\_\_\_ NO Current Classification: \_\_\_\_\_

Selective Service #: \_\_\_\_\_ Location: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

**FINANCIAL STATUS:**

Do you have any sources of income other than that of your salary or that of your spouse?

\_\_\_\_\_ YES \_\_\_\_\_ NO If so, specify each with amount: \_\_\_\_\_

Has your credit record ever been considered unsatisfactory or have you ever been refused credit?

\_\_\_\_\_ YES \_\_\_\_\_ NO If so, give dates, places, name of creditors and circumstances.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have an outstanding student loan? \_\_\_\_\_ YES \_\_\_\_\_ NO

If so, provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been in or petitioned for bankruptcy? \_\_\_\_\_ YES \_\_\_\_\_ NO If so, give particulars

including court date: \_\_\_\_\_

\_\_\_\_\_

**REFERENCES:**

**List three references (not relatives, former or present employers, fellow employees) who are responsible adults of reputable standing in their communities, such as property owners, business or professional persons, who have known you well for at least five years, preferable within the last five years. If retired, give their former occupation.**

Complete Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Name / Address: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Home/Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

Complete Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Name / Address: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Home/Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

Complete Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Name / Address: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Home/Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

**Give Three Social Acquaintances in Your Own Age Group:**

Complete Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Name / Address: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Home/Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

Complete Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Name / Address: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Home/Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

Complete Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Name / Address: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Home/Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

**ORGANIZATION MEMBERSHIP(S):**

List all clubs, societies or organizations of which you are or have been a member of:

Organization: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Membership: \_\_\_\_\_ Position Held: \_\_\_\_\_

Organization: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Membership: \_\_\_\_\_ Position Held: \_\_\_\_\_

Organization: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Membership: \_\_\_\_\_ Position Held: \_\_\_\_\_

Organization: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Membership: \_\_\_\_\_ Position Held: \_\_\_\_\_

**RELATIVES / FRIENDS EMPLOYED BY GOVERNMENTAL AGENCY:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employing Agency: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employing Agency: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employing Agency: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employing Agency: \_\_\_\_\_ Location: \_\_\_\_\_

**List the names of any friend or acquaintances employed by State or Local law enforcement agency:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employing Agency: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employing Agency: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employing Agency: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employing Agency: \_\_\_\_\_ Location: \_\_\_\_\_



**PERSONAL DECLARATIONS:**

**In responding to the following questions be aware that the words drink or used mean “one time or more, including experimentation”. If any answer is yes, give full and complete details. Attach extras sheets if necessary.**

Do you or have you ever used alcohol?  YES  NO If so, to what extent? \_\_\_\_\_

Have you ever used marijuana or hashish?  YES  NO

If so, when last used (**Month & Year**)? \_\_\_\_\_

Have you ever used any illegal drug (including controlled substance not prescribed by a physician)?  
 YES  NO If so, give name of the drug, how often it was taken and the last time it was used: \_\_\_\_\_

Have you ever sold or furnished controlled substances or prescription drugs to anyone?  
 YES  NO If so, explain: \_\_\_\_\_

Are you now, or have you ever been addicted to drugs or alcohol?  YES  NO

Have you ever been the plaintiff or defendant in a court action?  YES  NO  
If so, provide details: \_\_\_\_\_

Have you ever been denied employment by any law enforcement or criminal justice agency?  
 YES  NO If so, provide details: \_\_\_\_\_

Are you capable of using deadly force, if necessary, to protect your life or that of another?  YES  NO

Are you willing and able to render emergency aid to trauma victims?  YES  NO

Are you willing and able to identify dead persons and witness autopsies?  YES  NO

## MEDICAL DECLARATION:

Do you have any physical limitations (**see list below**) that would prevent you from doing the job as a sworn law enforcement officer? (Class 1 or Detention). **Answering yes is not an immediate disqualification. A medical physical will be required.**

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain:

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\*\*Physical limitations include, but not limited to:

- Complete formation runs of various distances up to 3.0 miles in length in a 45 minute time period, without stopping (**Class 1 Law Enforcement Officer**)
- Participate in 90 minute long physical training sessions designed to increase strength and endurance (**Class 1 Law Enforcement Officer**)
- Tolerate exposure to extreme heat/cold/humidity/inclement weather as well as exposure to lead during firearms training (**Class 1 Law Enforcement Officer**)
- Climb, crawl, wrestle, jump, lift and drag heavy weights (**Class 1 Law Enforcement Officer/Class II Detention Officer**)
- Visually distinguish stationary silhouette targets on a firing range at distances of up to 75 yards (**Class 1 Law Enforcement Officer**)
- Safely operate a motor vehicle at various speeds, including very high speeds, and under varying conditions, including police lights and sirens activated (**Class 1 Law Enforcement Officer**)
- Tolerate loud noises (sudden and sustained) to include sirens, weapons firing and other percussions (**Class 1 Law Enforcement Officer/Class II Detention Officer**)
- Safely handle various types of weapons, including, but no limited to firearms, Tasers, OC spray (Pepper Spray), Impact Weapons (Asp, Baton, etc...) (**Class 1 Law Enforcement Officer/Class II Detention Officer**) This includes being able to independently hold and fire a firearm with either hand (fire one handed) and lying in prone position for part of firearms training (**Class 1 Law Enforcement Officer**)
- Tolerate the psychological stresses of law enforcement work, including working swing shifts, observing and assisting with traumatic incidents (deciding to discharge weapon in protection of self or others; responding to serious crimes in progress; responding to child abuse cases; death and dismemberment scenes; and other acts of extreme malice, etc...), work long hours without the possibility of relief (emergency situations, etc...), and high stress incidents (active shooter incidents, etc...) (**Class 1 Law Enforcement Officer/Class II Detention Officer**)

- Participate in physically rigorous defensive tactics training including, but not limited to: **(Class 1 Law Enforcement Officer/Class II Detention Officer)**
  - 1) Joint manipulation
  - 2) Handcuffing (hands extended behind back)
  - 3) Take down techniques (prone position flat on stomach)
  - 4) Kicks and strikes utilizing padded bags for protection
  - 5) Bending at the waist
  - 6) Kneel on knees (together and individually) unsupported
  - 7) Ground defense technique requiring 1 student to sit on the abdomen of another (suspect) student
- Complete a physically agility assessment course, including, but not limited to: running up and down stairs, jumping through an open window, and dragging a 170lbs dead weight dummy **(Class 1 Law Enforcement Officer)**
- Physical activity and engagements in scenario based training sessions **(Class 1 Law Enforcement Officer/Class II Detention Officer)**
- Tolerate exposure to various gas/chemical elements (Pepper Spray, OC Spray, Tear Gas, etc...) **(Class 1 Law Enforcement Officer/Class II Detention Officer)**
- Sit in a desk chair for up to four (4) hours at a time with intermittent ten (10) minute breaks **(Class 1 Law Enforcement Officer/Class II Detention Officer)**
- Sustain this level of functioning for 12-14 hours per day for at least 5 days per week **(Class 1 Law Enforcement Officer/Class II Detention Officer)**

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**Are there any incidents in your life, or details, not mentioned herein, which may influence this office’s evaluation of your suitability for employment?**

If so, explain:

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Identify any additional information you think should be considered in your application for the position you are seeking and / or any further explanation to answers to previous questions:

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Please provide the source of the information that you received information about our agency? This will aid in the development of our recruiting program. (Job/College/School career fair; name of job fair, College/University, Friend/Family member employed with the Sheriff's Office, Internet web search, Magazine, Newspaper, Social Media; Facebook, Indeed, LinkedIn, other (please specify), etc.)

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I understand that all appointments are probationary for a period of six months during which I must demonstrate my fitness for continued employment with the Spartanburg County Sheriff's Office. I further understand that any appointment tendered me will be contingent upon the results of a complete background investigation, and I am aware that willfully withholding information or making false statements on this document will be the basis for dismissal by the Spartanburg County Sheriff's Office. I agree to these conditions, and hereby certify that all statements that were made by me on this document are true and complete to the best of my knowledge.

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Date

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Signature of Applicant