







**Military Service**      Yes \_\_\_\_\_ No \_\_\_\_\_

Branch \_\_\_\_\_

Total Years \_\_\_\_\_ Highest grade \_\_\_\_\_

Month/Year Entered Service \_\_\_\_\_

Month/Year Left Service \_\_\_\_\_

a. What is the date and location of your last discharge?

\_\_\_\_\_

b. Did you receive any disciplinary action against you while you were in the military?

Yes

No

If yes, list all charges and punishments you received:

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

c. Were you ever the subject of any criminal investigation?

Yes

No

If yes, state nature of investigation and conclusion:

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

d. What type discharge did you receive?

\_\_\_\_\_

e. If still in the military what is the date you would be available to be hired?

---

f. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation

---

---

**Personal History**

a. In the back of this form is a statement of the essential functions of the Beaufort County Sheriff's Office Deputies. Read the functions of the position, sign bottom of page and answer the following:

1. After training, could you perform the essential functions of the job of Deputy Sheriff?      Yes                      No

If no, explain \_\_\_\_\_

---

---

2. Are you willing to work on week-ends, holidays, and your days off if the Department needs are such?      Yes      No

3. Are you willing to work shift work?                      Yes      No

4. Are you willing to work in any section of the Department you may be assigned?                      Yes                      No

5. Are you aware the Sheriff is an at will employer, which means you can be terminated at any time, for any reason, and you have no grievance procedures.      Yes      No

6. Knowing this do you wish to continue with the application process?      Yes                      No

**SUBSTANCE ABUSE**

Have you ever tried, experimented with, used, tasted, or possessed any of the following drugs or illegal substances?

If yes explain if no indicate by each substance.

<u>Substance</u>	<u>Number of times</u>	<u>Period of time</u>	<u>Last time(month year)</u>
Marijuana	_____	_____	_____
Hashish	_____	_____	_____
Cocaine	_____	_____	_____
Crack	_____	_____	_____
PCP	_____	_____	_____
Heroin	_____	_____	_____
LSD	_____	_____	_____
Mushrooms	_____	_____	_____
Ice	_____	_____	_____
Crystal Meth	_____	_____	_____
Kat	_____	_____	_____
Amphetamine	_____	_____	_____
Barbiturate	_____	_____	_____
Steroids	_____	_____	_____
Morphine	_____	_____	_____
Ecstasy	_____	_____	_____
Nerve Medicine	_____	_____	_____
Pep Pills	_____	_____	_____
Sleeping Pills	_____	_____	_____
Any drug not listed above	_____	_____	_____

Have you ever inhaled any substance(s) such as glue, paint thinner, amyl nitrate, "rush" etc for getting high? Yes No

If yes describe substance, number times used, last time used by month and year.

---

---

---

---

---

Have you ever used any drug not listed? Yes No

If yes describe substance, number times used, last time used by month and year.

---

---

---

---

---

Have you ever taken any medication not specifically prescribed for you? Yes No

If yes describe medication, number times used, last time used by month and year.

---

---

---

---

---

Have you ever sold, held, or passed any illegal drugs or substances? Yes No

If yes describe drug and circumstances including number of times and dates by month and year.

---

---

---

---

---

---

Have you ever been present during or participated in any way in any illegal drug transaction?      Yes      No

If yes describe events and dates. \_\_\_\_\_

---

---

---

---

Have you ever been with someone else who bought, or possessed any illegal drugs or substances?      Yes      No

If yes explain circumstances and dates of occurrence. \_\_\_\_\_

---

---

---

---

Do you drink alcoholic beverages?      Yes      No

If yes, how often and how much? \_\_\_\_\_

---

---

Do you use any form of tobacco?      Yes      No

List form (s) \_\_\_\_\_

Have you any racial, ethnic, religious, sexual or other prejudices that will affect your performance? Yes      No

If yes explain in full. \_\_\_\_\_

---

---

---

---

Have you ever been warned, counseled, or otherwise spoken to about comments you made regarding someone's race, gender, religion, nationality or sexual preference?      Yes      No

If yes explain in full. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever sexually harassed another employee? Yes No

If yes explain in full. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been named or been party to a sexual harassment lawsuit? Yes No

If yes explain in full. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you lived in South Carolina? \_\_\_\_\_

What brought you here, or if you do not live here or why do you wish to move to South Carolina?

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

Have you ever used your position for personal gain? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever resigned from a job while under investigation or resigned in lieu of being fired for any reason?    Yes    No

If yes, explain in full. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever intentionally violated an employers rules but not been caught?            Yes            No

If yes, explain in full. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any system or plan for stealing from any employer?            Yes            No

If yes, explain in full. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your spouse or domestic partner ever called the police on you for any reason?            Yes            No

If yes, explain in full including dates and reason.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your spouse or domestic partner ever accused you of battery or any other crime to any person or the police?      Yes      No

If yes, explain in full. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have the police ever been called to your house for any reason?  
Yes              No

If yes, explain in full. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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?              Yes              No

If yes, explain in full. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are a current or former law enforcement officer, were you ever the subject of an internal affairs investigation.      Yes      No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_







g. Are you now working any regular or part-time job that you did not list on your application?            Yes            No

If yes, list type job and employer \_\_\_\_\_

---

---

h. Have you ever received a written reprimand from an employer for being late for work?        Yes        No

If yes, explain \_\_\_\_\_

---

---

i. Have you ever had obvious conflicts with fellow employees or employers in the past?            Yes            No

If yes, explain \_\_\_\_\_

---

---

j. Have you ever given confidential information from your job to any unauthorized people?            Yes            No

If yes, explain \_\_\_\_\_

---

---

k. Are you now or have you ever been a member of any police agency, or auxiliary police agency?        Yes        No

If yes, list agency, position held, dates employed, reason for leaving, and supervisors name and rank:

---

---

---

---

---





**Employment History**

List all present and past employment. Begin with most recent.

**CORRECT ADDRESSES AND TELEPHONE NUMBERS MUST BE PROVIDED OR YOUR APPLICATION WILL NOT BE PROCESSED.**

1. Employment dates from \_\_\_\_\_ to \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
    Street or P.O. Box                      City                      State                      Zip  
Job Duties \_\_\_\_\_ Telephone # \_\_\_\_\_  
Job Title \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

2. Employment dates from \_\_\_\_\_ to \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
    Street or P.O. Box                      City                      State                      Zip  
Job Duties \_\_\_\_\_ Telephone # \_\_\_\_\_  
Job Title \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

3. Employment dates from \_\_\_\_\_ to \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
    Street or P.O. Box                      City                      State                      Zip  
Job Duties \_\_\_\_\_ Telephone # \_\_\_\_\_  
Job Title \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Supervisor(s) Name and Title \_\_\_\_\_

4. Employment dates from \_\_\_\_\_ to \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
                    Street or P.O. Box                      City                      State                      Zip  
Job Duties \_\_\_\_\_ Telephone # \_\_\_\_\_  
Job Title \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Supervisor(s) Name and Title \_\_\_\_\_

5. Employment dates from \_\_\_\_\_ to \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
                    Street or P.O. Box                      City                      State                      Zip  
Job Duties \_\_\_\_\_ Telephone # \_\_\_\_\_  
Job Title \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Supervisor(s) Name and Title \_\_\_\_\_

6. Employment dates from \_\_\_\_\_ to \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
                    Street or P.O. Box                      City                      State                      Zip  
Job Duties \_\_\_\_\_ Telephone # \_\_\_\_\_  
Job Title \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Supervisor(s) Name and Title \_\_\_\_\_



2. List any College Degrees you have and name of college:

---

---

---

---

3. List any courses that you have taken that would be particularly useful to the Sheriff's Office:

---

---

4. List training, skill, and experience you feel would benefit the Sheriff's Office:

---

---

---

---

---

5. Have you ever been suspended, expelled, or dismissed from high school or college?                      Yes                      No

If yes, explain \_\_\_\_\_

---

---

---

6. Are you in default of any student loan?                      Yes                      No

If yes, explain \_\_\_\_\_

---

---

1. Are you attempting to conceal any information about your background?            Yes                            No

2. Did you falsify any information on your application or this questionnaire?        Yes                            No

MUST BE NOTORIZED

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 \_\_\_\_\_, 19\_\_\_\_\_

\_\_\_\_\_  
Full Signature of Applicant

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

## **Deputy Sheriff**

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. Must have ability to safely operate vehicle both by 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. Apprehends, arrest, and detains criminal suspects and law violators when necessary; follows proper procedures when making arrest. 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. Prepares court folders for court cases, serves as witness in court, 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 which is relevant to investigations or daily activities. Must have sufficient speaking ability to communicate effectively in person, over a telephone, and on a radio. Serves warrants, summonses, subpoenas, civil and other official papers. Provides traffic escorts as public service. Makes crime prevention presentations to civic and public groups, 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. Must have ability to read and write reports. Must be able to investigate traffic accidents and complete required forms. Maintains weapons, equipment, and vehicle in functional and presentable condition. Must have strength, coordination, and visual ability to effectively shoot a handgun and shotgun. Accounts for and transports evidence coming into custody. Answers questions asked by the general public, works with juveniles and adults in related matters; refers them to persons of agencies where they can obtain further assistance as required. Works in stressful, high risk situations. Must be able to handle stress, noise, crowds, fights, gunfire, and disciplinary action without emotional interference. Attends required periodic training sessions and seminars; 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 centered around life or death situations; decisions are based on the safest procedures to be followed to ensure safety to individuals involved and fellow officers/members of rescue team.

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



