



To: Sheriff's Office Applicants

Re: Application Process

In order to speed your application process, only submit your application after you have obtained all of the following information:

1. Complete an application of employment
2. Copy on ONE sheet of 8.5 x 11 paper:
 - a. Your birth certificate
 - b. Your driver's license
 - c. Your high school diploma, or highest degree earned
 - d. Your Social Security card with correct legal name
3. A notice of judgment from the Clerk of Court in the county which you reside stating that there are no outstanding civil judgments against you.
4. If you are a certified officer, send a copy of your SCCJA Basic Certification diploma. Do not send any other SCCJS diplomas or forms.
5. If you were a member of the United States Armed Forces, a completed DD214 form.
6. Credit report
7. Authorization to release information.

Note: We do not buy out Law Enforcement Contracts.

Mail all information to: Administrative Support Division
Pickens County Sheriff's Office
216 C. David Stone Road
Pickens, South Carolina 29671

You can obtain a copy of your birth certificate by sending your full name, date of birth, hospital name, city and county of hospital to: Office of Vital Records, 2600 Bull Street, Columbia, S. C. 29201, phone (803) 734-4830. The cost is \$8.00.

You can obtain a copy of your high school diploma or GED by sending your full name, name of school, year graduated and county of school to: S. C. Department of Education, 1429 Senate Street, Rutledge Building, Room 708, Columbia, S. C. 29201, phone (803) 734-8333 (HS Diploma) or (803) 734-8347 (GED). The cost is \$2.00.

You can obtain a credit report by sending a written request with your full name, present address, date of birth, Social Security number, a copy of a bill, and a copy of your driver's license or credit card to verify information, your spouse's name, and your signature to EXPERIAN, Post Office Box 9530, Allen, Texas 75013.



Pickens County Sheriff's Office
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Pickens, SC 29671



AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

Re: Application for Employment

Name: _____

DOB: _____

SS#: _____

I hereby authorize a representative of the Pickens County Sheriff's Office, bearing this release, or copy thereof, to obtain any information in your files pertaining to my reputation, police record, medical record, credit/financial record, school record, past and present employment record and military record including all information of a confidential or privileged nature, and Photostats of the same if requested.

In applying for employment with the Pickens County Sheriff's Office, I hereby waive my rights of access to the letters relating to police records, medical, credit, school, military, or employment history and letters of recommendation.

Applicant's Signature

Street Address:

City

State

Zip Code

Subscribed and sworn to before

me this _____ day of

_____, _____

Notary Public

My Commission expires: _____



Pickens County Sheriff's Office
216 C. David Stone Road
Pickens, SC 29671



APPLICATION FOR EMPLOYMENT

(please print or type)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or any other legally protected status.

Date of Application: _____

Position applied for: _____

Name: _____

(Last)

(First)

(Middle)

(Social Security Number)

Present Address: _____

(Street, Apt. #, or PO Box)

(City)

(County)

(State)

(Zip Code)

Phone #: _____ **Mobile:** _____ **E-Mail:** _____

May we call you at work? Yes _____ No _____ **Business Phone:** _____

Are you 18 years of age or older? Yes _____ No _____ **Are you a citizen of the United States?** Yes _____ No _____

Relatives employed by Pickens County? Yes _____ No _____

If yes, list Name(s), Relation and County Department:

Have you ever been employed by Pickens County? Yes _____ No _____ **What Year?** _____

On what date would you be available for work? _____

Have you ever been convicted, pled guilty or pled no contest to a crime other than a minor traffic violation?

Yes _____ No _____

Note: a "yes" answer to this question will not necessarily bar you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying are considered.

If Yes, (list Charge(s), Where convicted, Date, Disposition or Current Status)



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Were you in the United States Armed Forces? Yes _____ No _____

If yes, list Branch and Rank at discharge _____

Dates of Duty: From (Month, day, year) _____ To (Month, day, year) _____

EDUCATION:

Name of High School – Location	Highest Year Completed	Did You Graduate?	Degree/Diploma	Dates Attended:
				From: To:
GED:	Date:			
Name of College – Location	Highest Year Completed	Did You Graduate?	Degree/Diploma	Dates Attended:
				From: To:
Other – Location	Highest Year Completed	Did you Graduate?	Degree/Diploma	Dates Attended:
				From: To:
Trade or Vocational School – Location	Highest Year Completed	Did You Graduate?	Degree/Diploma	Dates Attended:
				From: To:

Do you possess a valid South Carolina Driver's License? Yes _____ No _____

Driver's License Number and State: _____

Are you currently registered or licensed for a profession in South Carolina? Yes _____ No _____

If Yes, (List Profession/Craft, License Number, and Expiration Date)

Do you type: Yes _____ No _____ If yes WPM _____ Do you take Shorthand? _____

List any equipment or machines with which you are proficient and other skills, qualifications, awards, training courses, etc., related to the position for which you are applying.



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WORK HISTORY

Begin with your present or most recent position. List all positions held, including military service, if any. Please answer all questions in this section in complete detail.

Name of Company _____ Type of Business _____
Address: _____
Starting Date _____ Job Title _____ Salary \$ _____ Per _____
Ending Date _____ Job Title _____ Salary\$ _____ Per _____
Reason for Leaving _____
Name and Title of Immediate Supervisor _____
May we contact this Employer? _____ Phone: _____
Description of Duties: _____

Name of Company _____ Type of Business _____
Address: _____
Starting Date _____ Job Title _____ Salary \$ _____ Per _____
Ending Date _____ Job Title _____ Salary\$ _____ Per _____
Reason for Leaving _____
Name and Title of Immediate Supervisor _____
May we contact this Employer? _____ Phone: _____
Description of Duties: _____

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Please list the Police Jurisdictions in which you have lived for the past ten (10) years.

List three references who are not relatives or previous supervisors:

Name	Address	Phone #
Name	Address	Phone #
Name	Address	Phone #

CERTIFICATION OF APPLICANT:

I affirm, agree and/or understand that all statements on this form are true and accurate; any misrepresentation or omission of facts may result in my being disqualified or my being discharged should I already be employed by any Pickens County Department; my background may be investigated, including a fingerprint check; I may be required to successfully pass a medical examination as a condition of employment; if I have requested herein that my present employer not be contacted, an offer of employment may be conditional upon acceptable information and verification from such employer prior to beginning work; copies of this form may be furnished to other Pickens County Department Heads. I understand that if hired I am employed at-will and may be discharged at any time, without notice:

Applicant's Signature

Date