

SPARTANBURG COUNTY SHERIFF'S OFFICE

CHUCK WRIGHT, SHERIFF

June 21, 2005

Dear Sheriffs Office Applicant:

The Spartanburg County Sheriff's Office offers outstanding opportunities for highly motivated individuals seeking a career in law enforcement.

Entry level officers are appointed as Deputy I, Uniform Patrol, at a starting salary of **\$26,403** per year. On rare occasions, officers with previous law enforcement experience and specialized skills can be hired at a higher grade level.

Competition to become a Spartanburg County Sheriffs Deputy is extremely keen. The selection process is vigorous and only the most highly qualified applicants are offered appointments.

Upon receipt of a completed application, each candidate for Deputy Sheriff is advised of the status of his or her application package. It is imperative that all instructions are complied with, us only complete applications will be evaluated.

Applications for full-time positions should be returned to the Spartanburg County Personnel Office located on the upper floor of the County Administration Building, or they may be mailed to:

Spartanburg County Personnel Department P.O. Box 5666 Spartanburg, SC 29304

Applications are also available for Reserve Deputy Sheriff positions. These may be obtained directly from the Sheriff's Office.

The Sheriff's Office is an equal opportunity employer.

Sincerely,

Chuck Wright SHERIFF





SPARTANBURG COUNTY SHERIFF'S OFFICE

CHUCK WRIGHT, SHERIFF

RECRUITING SOURCE ANALYSIS FORM

Applicants:

Please show the source of the information that you received concerning your application to the Spartanburg County Sheriffs Office. Turn this in along with your application. This will aid in the development of our recruiting program. Thank you for your assistance.

Place a check (\checkmark) next to the source and write the name in the space provided.

College Career Fair (name of college)
College Career Services (name of college)
Friend/Family Employed withSpartanburg County Sheriffs Office
Friend/Family Employed withSpartanburg County
Internet Web Site
Magazine Advertisement
Military Career Fair (name of fair)
Military Career Services (name of base)
Newspaper Advertisement (name of paper)
Other (please specify)
Other Career Fair
Spartanburg County Sheriffs Office Recruiter



An Accredited Law Enforcement Agency P.O. BOX 771 - SPARTANBURG, SOUTH CAROLINA 29304 - (864) 596-2540 - (864) 596-2646

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 COUNTYS ALCOHOL AND DRUG ABUSE POLICY, EMPLOYEES IN -SENSITIVE JOBS- WILL BE SUBJECT TO RANDOM TESTING. SENSITIVE JOBS INCLUDE: SAFETY-SENSITIVIE JOBS, EMPLOYEES ASSIGNED TO DRUG INTERDICTION DUTIES, AND EMPLOYEES WHO CARRY FIREARMS, AND HEAVY EQUIPMENT OPERATORS REQUIRED TO POSSESS A COMMERCIAL DRIVERS LICENSE. THE COUNTY WILL MAINTAIN A LIST OF SUCH JOBS AND WILL NOTIFY EMPLOYEES WHO HOLD SUCH POSITIONS. THESE ARE LAW ENFORCEMENT OFFICIALS IN THE SHERIFF'S OFFICE, DETENTION FACILITY, DEPARTMENTS WHERE EMPLOYEES ARE COMMISSIONED TO CARRY FIREARMS, AND HEAVY EQUIPMENT OPERATORS REQUIRED TO POSSESS A COMMERCIAL DRIVER'S LICENSE.

SPARTANBURG COUNTY AND/OR THE SPARTANBURG COUNTY SHERIFF RESERVES ITS/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 TESTS 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'S OFFICE

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

SPARTANBURG COUNTY

COMMISSIONED PERSONNEL ANIMAL CONTROL OFFICER L17TER ENFORCEMENT OFFICER INVESTIGATORS (SOLICITOR) VEHICLE MAINT. DIRECTOR/ LAW ENFORCEMENT OFFICER AUTO SHOP MANAGER/LAW ENFORCEMENT OFFICER SECURITY GUARD DETENTION FACILITY DIRECTOR ALL COMMISSIONED OFFICERS PRE-TRIAL DIVERSION DIRECTOR SECRETARY COUNSELORS I, II, III ENVIRONMENTAL SERVICES/ SOLID WASTE ALL MEO'S I - IV

COMMUNICATIONS

DIRECTOR ASSISTANT DIRECTOR SHIFT SUPERVISORS ASST. SHIFT SUPERVISORS TRAINING COORDINATOR TELECOM MUNICATORS TELEPHONE OPERATORS **ENVIRONMENTAL SERVICES/ ENGINEERING** FOREMAN II ALL MEO'S I - IV **ROAD MAINTENANCE** FOREMAN II ALL MEO'S I -IV

HEAVY EQUIPMENT OPERATORS INCLUDING THOSE REQUIRED TO POSSESS COMMERCIAL DRIVER'S 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

With your application package, We require the following documentation:

- Certified Copy of Birth Certificate
- Copy of High School Diploma and/or College Degree (Official transcripts from each educational institution)
- Current Original Certified 10 Year South Carolina Driving Record
- Current Original Certified 10 Year Out of State Driving Record-(if applicable)
- 3/4 Full Length Current Photograph
- Military DD214 (if applicable)
- Copy of S.C. Driver's License
- Copy of Social Security Card

Your application package will be accepted without all documents, but all documentation must be provided before background investigation can be completed.



An Accredited Law Enforcement Agency P.O. BOX 771 - SPARTANBURG, SOUTH CAROLINA 29304 - (864) 596-2540 o (864) 596-2646

Sheriffs Office Applicants
Captain Mark Barry
February 20, 1997

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 Sheriffs 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 must immediately notify his Division Captain, who will notify the Sheriff.

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

🗆 Yes

🗆 No

DATE: _____

PRINT NAME:_____

SIGNATURE: _____

	SPARTANBURG COUNTY S PERSONAL HISTORY		
	SPARTANBURG, SOUTH	CAROLINA 29304	
DATE:	POSITION APPLIED FOR		
**************************************	***************************************	******	******
applicable, indicate by writing to verification. Incorrect statem complete answers, attach she	ed or clearly printed in black ink. All N/A (Not Applicable) in the provided hents may bar or remove you from er et(s) of the same size as this form ar	space. All statements in your q nployment. If space provided is d number answers to correspo	uestionnaire are subject not sufficient for nd with questions.
**************************************	***************************************	***************************************	*******
1. PERSONAL HISTORY			
Name in Full:Last	First	Middle	
	or name(s) used other than above,		
Current Address:			
Home Phone#:	Work Pho	ne#:	
Date of Birth:	Place of Birth:	Are you a US citizen	?
*If Naturalized citizen:	Place:	Court:	
Social Security #:	Drivers License	#State	:
Other State(s) Where Licer	nsed Within The Last Ten Years:		
State:DL#	State:	DL#:	
MARITAL STATUS: (Check al	l that apply)		
Single		Widowed	
Married (giv	e spouse's full name)		
Separated (give spouse's full name)		
Divorced (g	ve former spouse's full name)		
Engaged to be	e Married (fiancée's full name)		

2. 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		TO						
MO/YR.	*****	MO/YR.	STREE	T ADI	DRESS		Y STATE	
******	************	*******	********	********	******	*******	*****	
• • • • •								
	ILABILITY OF		mplovmer	nt with the S	nartanhura Cou	intv Sheri	ff's Office?	
		nployed as a la						
11 SO, WH								
Have yo	u ever applied	for employmer	nt as a law	enforceme	nt officer?			
If appoin	ited. do vou ur	derstand that v	/ou must l	oe available	for assignment	wheneve	r your services are n	eeded?
4. cou	JRT RECORD							
Has	a restraining o	order or order o	f protectic	n ever been	issued against	you?		
lf so,	, give details: _							
Have yo	u ever been ch	narged with any	/ traffic vic	plation?	If so, list	all such r	natters even if no cou	urt appearance,
found no	ot guilty, or mat	tter settled by p	ayment o	f fine or forfe	eiture of collate	al.		
*******	*****	*****	********	*****	*****	*****	*****	
Date	Place	& Department		Charge	Court & P	lace	Disposition	
1								
2								
3								
5								
6								

		ested for any crimi	inal violation?	lf so	, list all such matters even
	court appearance.	*****	*****	*****	****
	lace & Department	Charge	Court	Disposition	Details
	ber of your immediate f ich matters even if no c				
			_		
Date N	ame/Relationship	Charge	Court	Disposition	Details
5. EDUCATION					
Name of School	Location Fi	rom To	Course of S		ee/Diploma
Elementary Scho	ol				
lunior High Scho	***************************************	******	*****	*******	****
-	*****				
High School		****	*****	****	****
*****	*******	******	*****	******	*****
Iniversity or Coll	ege				
Jniversity or Coll	••••••••••••••••••••••••••••••••••••••	******	*****	*****	****
******	******	******	*****	*****	****
Graduate School					
Dther	*******************************	******	*************	**************	****
*****	****	*****	*****	*****	****

6. SPECIAL SKILLS

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

7. EMPLOYMENT HISTORY

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

Name of Immediate Supe	ervisor:					
Exact Title of Your Positi	on:			_ Describe Yo	our Duties:	
Dates Employed	to		_ Starting Salary \$	per End	ling Salary \$	per
Average Number of Hours	Per Week: _		_ Reason for Leaving _			
Were You Terminated?		_Yes	No Did Y	ou Resign?	Yes	No
*Name and Address of Er	nployer:					
Name of Immediate Supe	ervisor:					
Exact Title of Your Positi	on:			_ Describe Yo	our Duties:	
Dates Employed	to		_ Starting Salary \$	per End	ling Salary \$	per
Average Number of Hours	s Per Week: _		_ Reason for Leaving _			
\mathbf{x}		N/				Na
Were You Terminated?	*****	Y es	No Did Y	ou Resign? _	Yes *Name and Address	of Employer:
***************************************	******	*******	************************************	************	*Name and Address	of Employer: _
***********************************	ervisor:	******	************************************	***************************************	*Name and Address	of Employer: _
Name of Immediate Sup	ervisor: on:	********	***************************************	 Describe Yc	*Name and Address	of Employer: _
Name of Immediate Superative Superative Structure Struct	ervisor: on: to	*******	Starting Salary \$	Describe Yo	*Name and Address bur Duties:	of Employer: _
Name of Immediate Super Exact Title of Your Positi Dates Employed Average Number of Hours Were You Terminated?	ervisor: on: to s Per Week: _	_Yes_	Starting Salary \$ Reason for Leaving _ No Did Y	Describe Yo Der Enc per Enc	*Name and Address bur Duties: ling Salary \$	of Employer: _
Name of Immediate Sup Exact Title of Your Positi Dates Employed Average Number of Hours	ervisor: on: to s Per Week: _	_Yes_	Starting Salary \$ Reason for Leaving _ No Did Y	Describe Yo Der Enc per Enc	*Name and Address bur Duties: ling Salary \$	of Employer: _
Name of Immediate Super Exact Title of Your Positi Dates Employed Average Number of Hours Were You Terminated?	ervisor: on: to s Per Week: mployer:	Yes	Starting Salary \$ Reason for Leaving _ No Did Y	Describe Yo per End ou Resign?	*Name and Address bur Duties: ling Salary \$ Yes	of Employer: _
Name of Immediate Super Exact Title of Your Positi Dates Employed Average Number of Hours Were You Terminated? *Name and Address of Er	ervisor: on: to s Per Week: nployer: ervisor:	Yes	Starting Salary \$ Reason for Leaving _ No Did Y	Describe Yo	*Name and Address bur Duties: ling Salary \$ Yes	of Employer: per No
Name of Immediate Super Exact Title of Your Positi Dates Employed Average Number of Hours Were You Terminated? *Name and Address of Er Name of Immediate Super	ervisor: on: to s Per Week: nployer: ervisor: on:	Yes	_ Starting Salary \$ _ Reason for Leaving _ No Did Y	Describe Yo	*Name and Address bur Duties: ling Salary \$ Yes bur Duties:	of Employer: per No
Name of Immediate Super Exact Title of Your Positi Dates Employed Average Number of Hours Were You Terminated? *Name and Address of Er Name of Immediate Super Exact Title of Your Positi	ervisor: on: to s Per Week: nployer: ervisor: on: to	Yes	Starting Salary \$ Reason for Leaving No Did Y	Describe Yo per End per End Describe Yo per End	*Name and Address bur Duties: ding Salary \$ bur Duties: bur Duties:	of Employer: per No

*Name and Address of En	nployer:					
Name of Immediate Supe	ervisor:					
Exact Title of Your Positi			Describ	e Your Duties:		
Dates Employed	to		_ Starting Salary \$	per	Ending Salary \$	per
Average Number of Hours	Per Week:		_ Reason for Leaving	g		
Were You Terminated?		Yes _	No Dic	d You Resigr	n?Yes	No
*Name and Address of En						
Name of Immediate Supe	ervisor:					
Exact Title of Your Positi	on:			Describ	e Your Duties:	
Dates Employed	to		Starting Salary \$	per	Ending Salary \$	per
Average Number of Hours				•		
						No
Were You Terminated? _	*******	******	***********************	**********	******Name and Address of	of Employer:
Exact Title of Your Positi	on:			Describ	e Your Duties:	
Dates Employed	to		_ Starting Salary \$	per	Ending Salary \$	per
Average Number of Hours	Per Week:		_ Reason for Leaving	g		
Were You Terminated?						No
*Name and Address of En	nployer:					
Name of Immediate Supe	ervisor:					
Exact Title of Your Positi	on:			Describ	e Your Duties:	
Dates Employed	to		_ Starting Salary \$	per	Ending Salary \$	per
Average Number of Hours	Per Week:		_ Reason for Leaving	g		
Were You Terminated?						No
*Name and Address of En	nployer:					
Name of Immediate Supe	ervisor:					
Exact Title of Your Positi	on:			Describ	e Your Duties:	
Dates Employed	to		_ Starting Salary \$	per	Ending Salary \$	per
Average Number of Hours	Per Week:		_ Reason for Leaving	g		
Were You Terminated? _		Yes _	No Dic	d You Resigr	n? Yes	No

8. MILITARY RECORD

Have you ever served in a	military or navel organization of the Unite	d States? YesNo
Give Branch of Service:	Service #	Highest Rank Attained
Date Entered:	Date Discharged	Type of Discharge
Date of Active Duty	to Basis for Discharge:	
Was any type of disciplina	ry action taken against you in the service?	Be sure to include non-judicial
punishment(s)	Yes <u>No</u> Details:	
Are you an active member	of a Reserve or National Guard Unit?	YesNo
Give name of unit/branch	and location:	
Are you registered for Sele	ective Service?Yes	No Current Classification:
Selective Service #:	Location:	Date of Expiration:
Has your credit record ev YesN Do you have an outstandin number List all debts, balances, an	d date of last payment:	you ever been refused credit? litors and circumstances. _ No If so, provide details along with loan
Terms of Loan \$	per mo. Date of Last Payment:	
Terms of Loan \$	Account #: per mo. Date of Last Payment:	
	per mo. Date of Last Payment:	
	Account #: per mo. Date of Last Payment:	Account Balance:
		Account Balance:

FINANCIAL STATUS CONTINUED:

Creditor:	Account #:	Account Balance:	
Terms of Loan \$	per mo. Date of Last Payment:		
Creditor:	Account #:	Account Balance:	
Terms of Loan \$	per mo. Date of Last Payment:		
Creditor:	Account #:	Account Balance:	
Terms of Loan \$	per mo. Date of Last Payment:		
Creditor:	Account #:	Account Balance:	
Terms of Loan \$	per mo. Date of Last Payment:		
Creditor:	Account #:	Account Balance:	
Terms of Loan \$	per mo. Date of Last Payment:		
Creditor:	Account #:	Account Balance:	
Terms of Loan \$	per mo. Date of Last Payment:		
Creditor:	Account #:	Account Balance:	
Terms of Loan \$	per mo. Date of Last Payment:		
Creditor:	Account #:	Account Balance:	
Terms of Loan \$	per mo. Date of Last Payment:		
Creditor:	Account #:	Account Balance:	
Terms of Loan \$	per mo. Date of Last Payment:		
Creditor:	Account #:	Account Balance:	
Terms of Loan \$	per mo. Date of Last Payment:		
Creditor:	Account #:	Account Balance:	
Terms of Loan \$	per mo. Date of Last Payment:		
ve you ever been in or petit	ioned for bankruptcy?	Yes	No If so, give
ticulars, including court dat	e		

OBTAIN A CERTIFIED STATEMENT FROM THE CLERK OF COURT SHOWING THERE ARE NO JUDGMENTS AGAINST YOU AND ATTACH TO THIS DOCUMENT.

10. 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, preferably within the last five years. If retired, give their former occupation.

Complete Name:		Home Address:
Occupation:		Business Name / Address:
Years Acquainted:	Home Phone#:	Work Phone#:
Complete Name:		Home Address:
Occupation:		Business Name / Address:
Years Acquainted:	Home Phone#:	Work Phone#:
Complete Name:		Home Address:
Occupation:		Business Name / Address:
Years Acquainted:	Home Phone#:	Work Phone#:
******	*****	*****
Give Three Social Acquaintances in	n Your Own Age Group.	
Complete Name:		Home Address:
Occupation:		Business Name / Address:
Years Acquainted:	Home Phone#:	Work Phone#:
Complete Name:		Home Address:
Occupation:		Business Name / Address:
Years Acquainted:	Home Phone#:	Work Phone#:
Complete Name:		Home Address:
Occupation:		Business Name / Address:
Years Acquainted:	Home Phone#:	Work Phone#:

11. 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 step-parents, legal guardians, or others with whom you lived 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:		Employer:	
Home Phone#:		_ Work Phone #:		
Mother:	Address:			
Date of Birth:	Occupation:		Employer:	
Home Phone#:		Work Phone #:		
Spouse:	Address:			
Date of Birth:	Occupation:		Employer:	
Home Phone#:		Work Phone #:		
Child:	Address:			
Date of Birth:	Occupation:		Employer:	
Home Phone#:		Work Phone #:		
Child:	Address:			
Date of Birth:	Occupation:		Employer:	
Home Phone#:		Work Phone #:		
Child:	Address:			
Date of Birth:	Occupation:		Employer:	
Home Phone#:		_ Work Phone #:		
Child:	Address:			
Date of Birth:	Occupation:		Employer:	
Home Phone#:		_Work Phone #:		

Brother:	Address:			
Date of Birth:	Occupation:		Employer:	
Home Phone#:		Work Phone #:		
Brother:	Address:			
Date of Birth:	Occupation:		Employer:	
Home Phone#:		Work Phone #:		
Brother:	Address:			
			Employer:	
Home Phone#:		Work Phone #:		
Brother:	Address:			
			Employer:	
Home Phone#:		Work Phone #:		
Sister:	Address:			
Date of Birth:	Occupation:		Employer:	
Home Phone#:		Work Phone #:		
Sister:	Address:			
Date of Birth:	Occupation:		Employer:	
Home Phone#:		Work Phone #:		
Sister:	Address:			
Date of Birth:	Occupation:		Employer:	
Home Phone#:		Work Phone #:		
Sister:	Address:			
			Employer:	
Home Phone#:		Work Phone #:		

Father-In-Law:	Address:		
Date of Birth:	Occupation:		Employer:
Home Phone#:		_ Work Phone #:	
Mother-In-Law:	Address:		
			Employer:
Home Phone#:		Work Phone #:	
			FOR AN EXTENDED TIME:
NAME:	Address:		
Date of Birth:	Occupation:		Employer:
Home Phone#:		Work Phone #:	
NAME:	Address:		
			Employer:
NAME:	Address:		
Date of Birth:	Occupation:		Employer:
12. ORGANIZATION MEME			
List all clubs, societies or orga	nizations of which	you are or have be	en a member.
Organization:	Add	ress:	
Date of Membership:	Posi	tions Held:	
Organization:	Add	ress:	
Date of Membership:	Posi	tions Held:	
Organization:	Add	ress:	
Date of Membership:	Posi	tions Held:	

13. RELATIVES / FRIENDS EMPLOYED BY GOVERNMENTAL AGENCY

List the complete names of any of your close relatives (including in-laws) who are employed by law enforcement agency, fire department, or any other government 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:	
		Occupation: Location:	
		red by State or local law enforcement	
Employing Agency:		Location:	
Name:	Relation:	Occupation:	
Employing Agency:		Location:	
Name:	Relation:	Occupation:	
Employing Agency:		Location:	
Name:	Relation:	Occupation:	
Employing Agency:		Location:	
		Occupation:	
Employing Agency:			

14. PERSONAL DECLARATIONS

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, what were the circumstances?			
How taken? How many times	s used?	Dates of usage:	
*How you ever used any illegal drugs including	but not limited to opi	ates, pills, heroin, cocaine, crack, L	SD, etc.?
YesNo If so	o, give name of drug a	nd circumstances surrounding use:	
How taken?How many times	s used?	Dates of usage:	
Have you ever been the plaintiff or defendant if If so, provide details:	/ law enforcement or on:	criminal justice agency?	(anyone
In the past ten (10) years have you ever stolen f If yes, give details and dollar value of the theft(
In the past ten (10) years have you ever embez. If yes, give the details and dollar value:	ľ		

Have you ever committed any crimes that you were not charged wit	h?	Yes	No
If yes, give the details:			
Can you operate a motor vehicle? YesNo			
Was your driver's license ever suspended or revoked?	Yes	<u>N</u> o	
If yes, give state and reason:			
Are you capable of using deadly force, if necessary, to protect your	life or that of another	ther?	
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 autop	sies?	Yes	No
BRIEFLY EXPLAIN YOUR REASONS FOR APPLYING FOR THI	S POSITION:		
THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY AP POLICE OFFICERS OR DETENTION / CORRECTIONS OFFICERS		O ARE FORM	ER OR CURREN
Have you ever accepted a payoff in any form?Yes	No		
If yes, explain:			
Have you ever stolen anything from a crime scene?Y	Vec N		
· · · · · · · · · · · · · · · · · · ·		0	
If yes, explain:			
Have you ever stolen anything while on duty? Yes _	No		
If yes, explain:			
Have you ever used unnecessary force while on duty? Y	es	No	
If yes, explain:			
Have you ever engaged in sexual activity while on duty?	Yes	No	
If yes, explain:			
Have you ever deliberately falsified an official report?	Yes	No	
If yes, explain:			

Have you ever tampered with evidence in any way to make a case better? Yes	No
If yes, explain:	
Have you ever planted evidence on a person you were arresting? Yes	No
If yes, explain:	
Have you ever been the subject of any investigation regarding any departmental policies?	Yes <u>No</u>
If yes, explain:	

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 Sheriffs 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 Sheriffs 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.

Date

Legal Signature of Applicant

Polygraph examinations are utilized by **the Spartanburg County Sheriff's Office as part of the** employee selection process. Refusing to submit to a polygraph examination when asked will terminate any further action regarding your application.

Complete all questions and give detailed explanations where necessary. The questions to be used during the polygraph examination will be taken from the questions in this booklet and the answers you provided. Actual questions to be used in the polygraph examination will be reviewed with the applicant prior to the examination.

I understand that a polygraph examination will be used as part of the selection process, and I will be asked to submit to a polygraph examination based on the questions and answers contained in this booklet.

Legal Signature of Applicant

I understand that by refusing to submit to the above mentioned polygraph examination any further action on my application will be terminated.

Legal Signature of Applicant



SPARTANBURG COUNTY SHERIFF'S OFFICE

CHUCK WRIGHT, SHERIFF

AUTHORIZATION TO RELEASE INFORMATION

This is to certify that I, ______ am an applicant for the position of ______ with the Spartanburg County Sheriff's Office and that I do

hereby authorize the release of any and all information to the Spartanburg County Sheriff's Office or the Spartanburg County Department of Human Resources that they may request, from whomever they deem necessary to make such a request, from any of my records or files.

Such information will include, but will not be limited to: hospital records, medical records, police records, arrest records, court records, police reports including juvenile records, police polygraph examination reports, credit records, background investigative material and reports, employment records, educational records and transcripts, etc, I also release all persons from liability which could result from furnishing said information to the Spartanburg County Sheriff's Office and direct the disclosure by third parties of materials requested to the Spartanburg County Sheriff's Office or the Spartanburg County Department of Human Resources.

Further, I authorize the Spartanburg County Sheriffs Office to copy or otherwise reproduce this original document, and to let such copied or otherwise reproduced copy act as the original instrument. The original copy is to be retained on file with the Spartanburg County Sheriff's Office.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

Date

Signature

Address



An Accredited Law Enforcement Agency P.O. BOX 771 - SPARTANBURG, SOUTH CAROLINA 29304 - (864) 596-2540 - (864) 596-2646



SPARTANBURG COUNTY SHERIFF'S OFFICE

CHUCK WRIGHT, SHERIFF

APPLICANT POLYGRAPH SCREENING

Case #:			Ex	aminer:	
Date:	e: Time In:				
Location:			Ti	me Out:	
	DO N	NOT WRITI	E ABOV	E THIS LINE	
APPLICANT NAME:					
RESIDENCE:	Street	City		State	Zip
PLACE OF BIRTH: _			D	ATE OF BIRTH:	
EDUCATION:	EDUCATION: SOCIAL SECURITY #				
POSITION APPLIED	FOR:				
		INST	RUCTIO	NS	
THE BOOKLET WITH	ENTER N/A (NOT IG. IF YOU HAV H YOU PRIOR TO	APPLICAE E QUESTIC THE POL	BLE). RI DNS, TH YGRAPI	EAD EACH QUESTIC E POLYGRAPH EXA I EXAMINATION.	ON THOROUGHLY MINER WILL REVIEW
<u>THIS BOOKLET IS THE PROPERTY OF THE</u> <u>SPARTANBURG COUNTY SHERIFF'S OFFICE</u> <u>NO PORTION OF THE COMPLETED BOOKLET IS TO BE DUPLICATED</u>					
	Λ.	Accredited		mont Agoncy	

An Accredited Law Enforcement Agency P.O. BOX 771 - SPARTANBURG, SOUTH CAROLINA 29304 - (864) 596-2540 - (864) 596-2646

I. APPLICATION

1.	Have you ever had a polygraph examination?	YES() NO()
2.	To the best of your knowledge, did you answer the questions on your application and questionnaire truthfully?	YES() NO()
3.	Did you intentionally omit any facts from any of these questionnaires that you feel might disqualify you from this position?	YES() NO()
4.	Have you ever, at any time used an alias?	YES() NO()
	II. PAST EMPLOYMENT	
1.	Did you intentionally omit any places of employment from your application that you feel would be detrimental to you?	YES() NO()
2.	Have you ever been terminated from employment for any reason	YES() NO()
	If YES, explain	
3.	Have you ever quit a job in lieu of being terminated?	YES() NO()

	FOR POLYGRAPH EXAMINER USE ONLY	
NOTES:		

4.	Have you ever been asked to resign form a job?	YES()	NO ()
5.	Are there any of your past employers that you feel would give you other than a good recommendation?	YES()	NO ()
6.	Have you ever stolen anything from a former employer?	YES()	NO ()
7.	Have you ever applied for a job with any other law enforcement agency?	YES()	NO ()
8.	Have you ever cheated an employer? (Unauthorized sick leave, padded expense accounts, etc)	YES()	NO ()
9.	Did you ever consume alcoholic beverages or use illegal drugs prior to reporting for work? If YES, explain:	YES()	
10	Did you ever consume alcoholic beverages or use illegal drugs while at work? If YES, explain:	YES()	NO()

FOR POLYGRAPH EXAMINER USE ONLY NOTES:			

1. Have you ever been reprimanded at work? If YES, explain:	YES() NO()
 2. Did you ever have any trouble, job disagreements, etc while working with others? If YES, explain: 	YES() NO()
3. Did you ever lie abut anything really important? If YES, explain:	YES() NO()
4. Did you ever tell a lie in order to stay out of serious trouble? If YES, explain:	YES() NO()

FOR POLYGRAPH EXAMINER USE ONLY NOTES:		

III. SECURITY

1.	Have you ever been a member of any group or organization which advocates violent dissent or the overthrow of this government?	YES()	NO ()
2.	Have you ever been a member of a group or organization that advocates violence, racism, or other illegal activities?	YES()	NO ()
3.	Have you ever been refused a security clearance or bond?	YES()	NO ()
4.	Have you ever been involved in any type of riot, illegal? demonstration or illegal strike?		
5.	Have you ever participated in the use or manufacture of explosive devices or	firebombs? YES ()	NO()

IV. ALCOHOL

1. Did you ever call in sick because of a "hangover"?	YES() NO()
2. Did you ever drink on the job when you were not supposed to?	YES() NO()
3. Have you ever been stopped for driving under the influence but not taken to jail?	YES() NO()
4. Did you ever operate a vehicle/boat while under the influence of alcohol/illegal drugs?	YES() NO()

FOR POLYGRAPH EXAMINER USE ONLY

NOTES:

V. DRUGS

1.	Have you ever used	d/tried marijuana	in any form?	YES() NO()
2.	. How many times have you used/tried marijuana?			
3.	 Did you ever illegally possess, purchase, sell, cultivate, manufacture, distribute marijuana or other illegal drugs? YES () NO () 			
(first time) (last time) (how many times)		(largest amount)		
4.	When were you last with someone while they were using marijuana?			

	FOR POLYGRAPH EXAMINER USE ONLY	
NOTES:		

5. Did you ever try or use any illegal drug(s) other than marijuana?

If YES, complete the following by circling the appropriate drug(s):

Cocaine	Crank	Crack	Hashish
Hash Oil	Thai stick	Heroin	Opium
Codeine	Morphine	Percodan	Speed
Amphetamine	Valium	PCP	Dilaudid
Barbiturate	Preludin	Methadone	Methaqualone
Quaaludes	Angel Dust	Mescaline	Peyote
LSD	MDA		-

Sniff: Glue, Paint, Acetone, Ecstasy, Greek Joint, Ice, Mushrooms, and others.

(fir	st time)	(last time)	(how many times)	(largest amount)		
6.	 Did you ever consume alcoholi while at work? If YES, explain: 		lic beverages or use illegal d	illegal drugs YES ()	NO ()	

FOR POLYGRAPH EXAMINER USE ONLY

NOTES:

7. Approximately how many friends or associates of yours use marijuana?
 If YES, explain:

8.	Did you ever, or do you now, possess or use drug related objects or paraphernalia?	YES()	NO ()
9.	Do you use any type Steroids?	YES()	NO()
10	Did you ever use someone else's prescription drug?	YES()	NO()
11	Did you ever forge or alter a drug prescription?	YES()	NO ()

VI. GAMBLING

1.	Do you gamble?			YES ()	NO()
2.	What is the extent of	your gambling hab	it?		
	NONE()	LIGHT ()	MEDIUM ()	HEAVY()	

3. What is the largest amount of money lost at a time?

FOR POLYGRAPH EXAMINER USE ONLY NOTES:	

4. Do you owe any gambling debts?	YES() NO()
5. Did you ever borrow money to pay a gambling debt?	YES() NO()
6. Did you ever steal money to pay a gambling debt?	YES() NO()

VII. MILITARY SERVICE

7.	Have you ever attempted to join the military?	YES ()	NO()
8.	Have you complied with the Draft Registration Law?	YES()	NO ()
9.	Did you receive an honorable separation form the service?	YES()	NO ()
10	While in the service did you ever receive any court-martial or any other form of disciplinary actions?	YES()	NO ()
11	. Were you ever the subject of any military investigations?	YES()	NO()
12	. How long were you in military service? From TO_		
13	. Did you ever receive military security clearance? If YES, explain:	YES ()	NO ()

	FOR POLYGRAPH EXAMINER USE ONLY		
NOTES:	NOTES:		

14. Were you ever denied military clearance? If YES, explain:	YES()	
15. Present rank/rank upon discharge		
16. Was your discharge under honorable circumstances?	YES()	NO ()
VIII. DRIVNG RECORD		
1. How many moving citations have you received since you started driving?		
A) How many in the past five years?B) How many in the past year?		
2. How many vehicle accidents have you been involved in as a driver?		
3. Have you ever been involved in an accident that you failed to report, either to the police or to the owner of the other property involved?	YES()	NO ()
4. Has your automobile insurance ever been refused or canceled?	YES()	NO ()
5. Do you now have the legally required insurance on your vehicle?	YES()	NO()

FOR POLYGRAPH EXAMINER USE ONLY

NOTES:

6.	Has your driver's license ever been suspended, revoked or placed on probation?	YES()	NO ()
7.	To your knowledge, are there any outstanding traffic warrants for you?	YES()	NO()
8.	Do you owe money to any court for settlements, judgments, fines or unpaid tickets? If YES, explain:	YES()	NO()

IX. CREDIT STATUS AND UPAID DEBTS

1. Do you feel that you now have a good credit rating?	YES() NO()
2. Do you now have any unpaid debts past due?	YES() NO()
3. Have you ever been sued, or to your knowledge, are you about to be sued?	YES() NO()
4. Have you ever filed bankruptcy?	YES() NO()
5. Have you ever had your wages attached?	YES() NO()

FOR POLYGRAPH EXAMINER USE ONLY NOTES:	

6.	Did you ever "skip out" on a debt?	YES ()	NO()
7.	Did you ever have an article repossessed?	YES()	NO()

X. CRIMINAL ACTIVITY

 Were you ever charged with a crime? If YES, explain: 	YES() NO()
2. Have you ever been arrested?	YES() NO()
 Are you on probation for violation of the law? If YES, explain: 	YES() NO()
 4. Were you ever on probation for violation of the law If YES, explain: 	
II YES, explain:	

	FOR POLYGRAPH EXAMINER USE ONLY
NOTES:	

Were you ever a prisoner in a jail or prison? If YES, explain:	YES() NO()
Has anyone ever taken a warrant out on you? If YES, explain:	YES() NO()
Have you ever been contacted by the police as a possible suspect for any kind of criminal investigation?	YES() NO()
Right now, are you wanted by any law enforcement agency anywhere?	YES() NO()
Have you ever been questioned by law enforcement authorities? If YES, explain:	YES() NO()
	Has anyone ever taken a warrant out on you? If YES, explain: Have you ever been contacted by the police as a possible suspect for any kind of criminal investigation? Right now, are you wanted by any law enforcement agency anywhere? Have you ever been questioned by law enforcement authorities?

FOR POLYGRAPH EXAMINER USE ONLY NOTES:	

10. Have you ever committed or participated in any of the following undetected crimes?If YES, Circle the appropriate item and write the incident date

ARSON	FISH AND GAME LAW VIOLATION
BURGLARY	CRIMINAL DAMAGE TO PROPERTY
SHIOPLIFTING	ILLEGAL USE OF CREDIT CARDS
ILLEGAL DRUGS	CHILD MOLESTATION
ASSAULT	RECEIVNG STOLEN PROPERTY
THEFT	ILLEGAL POSSESSION OF FIREARMS
GAMBLING	ILLEGAL WIRETAP
MURDER	CARRYING A CONCEALED WEAPON
VANDALISM	_ COMPUTER HACKING"
KIDNAPPING	TERRORISTIC THREATS
ESCAPE	PUBLIC DRUNKENESS
RAPE	ARMED ROBBERY
FORGERY	TRESPASSING
PERJURY	BRIBERY
INCEST	

11. Did you ever alter price tags in a store?

If YES, explain:

FOR POLYGRAPH EXAMINER USE ONLY
NOTES:

YES() NO()

12. Did you ever forge a check? If YES, explain:	YES() NO()
3. Have you ever had, or do you now have, any stolen money, goods or merchandise in your possession? If YES, explain:	YES() NO()
4. Were you ever in court as a defendant? If YES, explain:	YES() NO()
5. Did you ever lie under oath in court? If YES, explain:	YES() NO()
FOR POLYGRAPH EXAMINER USE C	

. Did you ever lie on any official document? If YES, explain:	YES() NO()
. What is the most serious undetected crime you were ever involved in? If YES, explain:	
XI. QUESTIONS FOR APPLICANTS WHO AI EVER BEEN POLICE OFFICERS	
Why did you leave your last department?	
Will your last employer give you a good recommendation?	YES() NO()
In what field do you have experience?	
	. What is the most serious undetected crime you were ever involved in? If YES, explain:

FOR POLYGRAPH EXAMINER USE ONLY
NOTES:

4. Did you ever receive any reprimands, suspensions, commendations, etc.? YES () NO () If YES, explain:______

5. Did you ever receive a gratuity?	YES() NO()
6. Did you ever solicit anything for overlooking a violation?	YES() NO()
7. Did you ever receive anything for overlooking a violation?	YES() NO()
8. Did you ever make a false report?	YES() NO()
9. Did you ever make a false entry on a log?	YES() NO()
10. Did you ever warn a person that they were the subject	
of a criminal investigation?	YES() NO()
11. Did you ever use your official position for your own personal gain?	YES() NO()
12. Did you ever mishandle any criminal evidence?	YES() NO()
13. Did you ever mishandle any prisoner's property?	YES() NO()
14. Did you ever perjure yourself in court?	YES() NO()

FOR POLYGRAPH EXAMINER USE ONLY

NOTES:

15. Did you ever cover up a felony crime committed by a fellow officer?	YES() NO()
16. Have you ever retained evidence for your own personal gain?	YES() NO()
17. Have you ever used illegal drugs while a law enforcement officer?	YES() NO()
18. Have you ever received payoffs from criminals? If YES, explain:	YES() NO()
19. Have you ever stolen any item or money from anyone you arrested? If YES, explain:	YES() NO()

FOR POLYGRAPH EXAMINER USE ONLY

NOTES:

20. Have you ever accepted a bribe? If YES, explain:	YES() NO()
21. Have you intentionally falsified any answers in this booklet? If YES, explain:	YES() NO()

FOR POLYGRAPH EXAMINER USE ONLY	
NOTES:	