



SPARTANBURG COUNTY SHERIFF'S OFFICE

CHUCK WRIGHT, SHERIFF

June 21, 2005

Dear Sheriff's 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 Sheriff's 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, as 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.

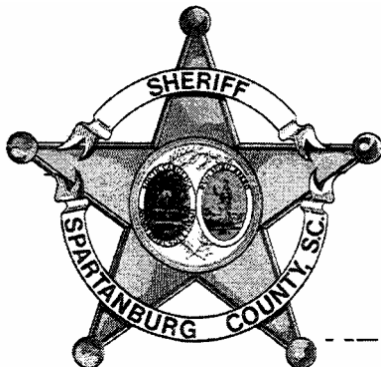
Sincerely,

Chuck Wright
SHERIFF



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

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 (✓) 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 with
Spartanburg County Sheriffs Office _____

_____ Friend/Family Employed with
Spartanburg 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 _____



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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 COUNTY'S 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, 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.



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MEMORANDUM FOR: Sheriffs Office Applicants

FROM: Captain Mark Barry

DATE: 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

PRINT NAME: _____

DATE: _____

SIGNATURE: _____

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 MO/YR.	TO MO/YR.	STREET ADDRESS	CITY	STATE
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3. 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 _____

Have you ever applied for employment as a law enforcement officer? _____

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

4. 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. _____

6. _____

Have you ever been charged with or arrested for any criminal violation? _____ If so, list all such matters even if you made no court appearance.

Date	Place & Department	Charge	Court	Disposition	Details

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	Name/Relationship	Charge	Court	Disposition	Details

5. EDUCATION

Name of School	Location	From To	Course of Study	Degree/Diploma
Elementary School				
Junior High School				
High School				
University or College				
University or College				
Graduate School				
Other				

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 and Address of Employer: _____

Name of Immediate Supervisor: _____

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: _____

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: _____

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

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Exact Title of Your Position: _____ Describe Your Duties: _____

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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: _____

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: _____

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: _____

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: _____

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 _____

8. MILITARY RECORD

Have you ever served in a military or navel organization of the United States? Yes _____ No _____

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 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: _____

9. 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 along with loan number. _____

List all debts, balances, and 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: _____

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: _____

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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: _____

Have you ever been in or petitioned for bankruptcy? _____ Yes _____ No If so, give
particulars, including court date. _____

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 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: _____
Date of Birth: _____ Occupation: _____ Employer: _____
Home Phone#: _____ Work Phone #: _____

Brother: _____ 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: _____
Date of Birth: _____ Occupation: _____ Employer: _____
Home Phone#: _____ Work Phone #: _____

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

Father-In-Law: _____ Address: _____
Date of Birth: _____ Occupation: _____ Employer: _____
Home Phone#: _____ Work Phone #: _____

Mother-In-Law: _____ Address: _____
Date of Birth: _____ Occupation: _____ Employer: _____
Home Phone#: _____ Work Phone #: _____

LIST OTHER RELATIVE WITH WHOM YOU HAVE RESIDED FOR AN EXTENDED TIME:

NAME: _____ Address: _____
Date of Birth: _____ Occupation: _____ Employer: _____
Home Phone#: _____ Work Phone #: _____

NAME: _____ Address: _____
Date of Birth: _____ Occupation: _____ Employer: _____
Home Phone#: _____ Work Phone #: _____

NAME: _____ Address: _____
Date of Birth: _____ Occupation: _____ Employer: _____
Home Phone#: _____ Work Phone #: _____

12. ORGANIZATION MEMBERSHIP(S)

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

Organization: _____ Address: _____

Date of Membership: _____ Positions Held: _____

Organization: _____ Address: _____

Date of Membership: _____ Positions Held: _____

Organization: _____ Address: _____

Date of Membership: _____ Positions 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: _____

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: _____

Name: _____ Relation: _____ Occupation: _____

Employing Agency: _____ Location: _____

14. 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 extra 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, what were the circumstances? _____

How taken? _____ How many times used? _____ Dates of usage: _____

*How you ever used any illegal drugs including but not limited to opiates, pills, heroin, cocaine, crack, LSD, etc.?

_____ Yes _____ No If so, give name of drug and circumstances surrounding use: _____

How taken? _____ How many times used? _____ Dates of usage: _____

*Have you ever used prescription drugs other than under the supervision of, or as prescribed by a physician?

_____ Yes _____ No If yes, 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? _____

If so, give agency name and date of application: _____

Since the age of eighteen (18) have you ever been involved in any type of sexual activity with a minor (anyone sixteen (16) years of age or younger)? _____ Yes _____ No If so, explain the circumstances:

In the past ten (10) years have you ever stolen from a person or business? _____ Yes _____ No

If yes, give details and dollar value of the theft(s): _____

In the past ten (10) years have you ever embezzled from a person or business? _____ Yes _____ No

If yes, give the details and dollar value: _____

Have you ever committed any crimes that you were not charged with? _____ Yes _____ No

If yes, give the details: _____

Can you operate a motor vehicle? _____ Yes _____ No

Was your driver's license ever suspended or revoked? _____ Yes _____ No

If yes, give state and reason: _____

Are you capable of using deadly force, if necessary, to protect your life or that of another? _____

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

BRIEFLY EXPLAIN YOUR REASONS FOR APPLYING FOR THIS POSITION: _____

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY APPLICANTS WHO ARE FORMER OR CURRENT POLICE OFFICERS OR DETENTION / CORRECTIONS OFFICERS.

Have you ever accepted a payoff in any form? _____ Yes _____ No

If yes, explain: _____

Have you ever stolen anything from a crime scene? _____ Yes _____ No

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? _____ Yes _____ 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 _____ No

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 Sheriffs 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 #: _____

Examiner: _____

Date: _____

Time In: _____

Location: _____

Time Out: _____

DO NOT WRITE ABOVE THIS LINE

APPLICANT NAME: _____
Last First Middle

RESIDENCE: _____
Street City State Zip

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

EDUCATION: _____ SOCIAL SECURITY # _____

POSITION APPLIED FOR: _____

INSTRUCTIONS

ENTER YOUR ANSWERS TO THE QUESTIONS ON THE FOLLOWING PAGES. IF A QUESTION DOES NOT APPLY, ENTER N/A (NOT APPLICABLE). READ EACH QUESTION THOROUGHLY BEFORE ANSWERING. IF YOU HAVE QUESTIONS, THE POLYGRAPH EXAMINER WILL REVIEW THE BOOKLET WITH YOU PRIOR TO THE POLYGRAPH EXAMINATION.

WARNING

THIS BOOKLET IS THE PROPERTY OF THE SPARTANBURG COUNTY SHERIFF'S OFFICE
NO PORTION OF THE COMPLETED BOOKLET IS TO BE DUPLICATED



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:

16. Did you ever lie on any official document? YES () NO ()
If YES, explain: _____

17. What is the most serious undetected crime you were ever involved in? YES () NO ()
If YES, explain: _____

**XI. QUESTIONS FOR APPLICANTS WHO ARE OR HAVE
EVER BEEN POLICE OFFICERS**

1. Why did you leave your last department? _____

2. Will your last employer give you a good recommendation? YES () NO ()

3. In what field do you have experience? _____

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? YES () NO ()

If YES, explain: _____

19. Have you ever stolen any item or money from anyone you arrested? YES () NO ()

If YES, explain: _____

FOR POLYGRAPH EXAMINER USE ONLY

NOTES:
