

Anderson County Sheriff's Office
Sheriff - Chad McBride
Anderson, SC



Phone: (864) 260-4400
www.andersonsheriff.com

305 Camson Rd.
Anderson, SC 29625

Application for Employment
Long Form

General instructions: Type or print information. If a question is not applicable to you, print N/A in that area. Complete the application accurately and completely, including full contact information for past employers and personal references. Your application may be denied if adequate information is not provided.

NOTE: Intentionally misleading or deceptive answers may justify not hiring you, or may result in punitive action or dismissal if the inaccuracies are discovered after you are hired.

Minimum Requirements

1. You must be a United States Citizen and reside in South Carolina.
2. You must be at least 21 years of age to become a Deputy.
3. You must be in good physical condition. After an offer of employment, and periodically thereafter, Deputies must be able to perform satisfactorily in a job-duty related physical performance test. Job descriptions are available and should be obtained.
4. Weight must be proportionate to height.
5. Candidates for Deputy must possess a valid SC driver's license. There shall be no suspensions in the prior five years due to a DUI or leaving the scene of an accident.
6. You must have a State High School Diploma or State GED certificate.
7. You must have a satisfactory criminal history check.

Position Applying For:

Deputy ☐ Detention Officer ☐ Telecommunication Operator ☐ Clerical ☐
Other ☐ _____

If you are applying for more than one position, you must turn in an application for each position for which you are applying.

I have read and understand all of the above _____
Signature Date

Applications will be kept on file for one year. Due to the volume and expense of processing letters concerning your application status, only those candidates under serious consideration will receive further correspondence from this office. You are welcome to contact the Captain of the respective area in which you have an employment interest. Often Deputies are selected from the Reserve Officer Program. More information on this program can be obtained by talking with the Training Director. To understand the duties of an Anderson County Deputy, this office offers a Citizen Ride-Along-Program. Contact the Operations Captain for more information. The Anderson County Sheriff's Office is an Equal Opportunity Employer (EOE).

Return the completed application to the Director of Personnel, Anderson County Sheriff's Office.

Have you applied here before? Yes ☐ No ☐ If Yes, when?

Last Name		First Name		Middle Name	Race	Gender
Telephone Number		Social Security Number		Date of Birth	Email Address	
Aliases, nicknames, maiden name, or other changes in your name:				City or Town & State of your birth:		
Present Address: Number & Street				City or Town	State & Zip	
Height	Weight	Color of Eyes	Color of Hair	Scars or distinguishing Marks		

Information concerning spouse and/or former spouses		
Spouse Name/Maiden Name	City Where Married	When
Children and Dependents		
Name	Date of Birth	Address

Have you ever served in the armed forces? Yes ☐ No ☐

If yes, please attach a copy of discharge or separation papers.

If you are currently a member of a U.S. reserve, national, or state guard organization please complete the following:			
Grade and service number	Branch of Service	Active, Inactive, Standby	Unit Location

List All Your Social Media (Facebook, twitter, etc...):	List Your "Handle" or "User Name":

Are you now, or have you ever been, a member of any foreign or domestic organization or group of people which shows a policy of advocating the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of the Government of the United States by unconstitutional means? Yes ☐ No ☐

If Yes Explain:

Family & References

Please list family information. Name of mother, father, any sisters or brothers, foster parents, stepparents, guardian, parents-in-law, and any other person with whom you have lived.		
Relationship	Name	Present address if living

Provide all contact information for at least three references in each category; exclude family & employers.			
PERSONAL:			
Name	Address	Phone	Years Known
CO-WORKERS:			
Name	Address	Phone	Years Known

Have you ever been terminated from a job? Yes ☐ No ☐ If yes, please explain the circumstances:

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Please list *all jobs* you have held in the last *ten years*, starting with the most recent.

1. Month/Year to Month/Year	Name of Employer	Name of Supervisor	Phone
Position Held	Address	Salary	Full/Part Time
2. Month/Year to Month/Year	Name of Employer	Name of Supervisor	Phone
Position Held	Address	Salary	Full/Part Time
3. Month/Year to Month/Year	Name of Employer	Name of Supervisor	Phone
Position Held	Address	Salary	Full/Part Time
4. Month/Year to Month/Year	Name of Employer	Name of Supervisor	Phone
Position Held	Address	Salary	Full/Part Time
5. Month/Year to Month/Year	Name of Employer	Name of Supervisor	Phone
Position Held	Address	Salary	Full/Part Time
6. Month/Year to Month/Year	Name of Employer	Name of Supervisor	Phone
Position Held	Address	Salary	Full/Part Time

May we contact your current employer? Yes No If No, please explain why not:

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Driver's license number		
List all previous Driver's Licenses	Provide a certified driver history for each out-of-state license.	
State	D.L. Number	Month/Year to Month/Year

Are you currently taking any over-the-counter medication or prescription medication which can affect hand-eye coordination, driving skills, judgment, physical or psychological actions or reactions?		
Yes	No	If Yes Explain:

A history of illicit drug use does not necessarily preclude you from employment with this agency. List all illegal substances used, and/or any prescription medications obtained illegally.			
Drug	Date First Used	Date Last Used	Times Used

Are you a U.S. citizen? Yes No By birth or by naturalization

The following items must be returned with this application. Only applications with complete documentation will be considered. NOTE: *It is the applicant's responsibility to make copies prior to submission.*

- A copy of your driver's license
- A copy of your social security card
- A copy of your high school diploma or GED
- A copy of DD214 forms (for military personnel) showing character of service
- A copy of your birth certificate
- A copy of your marriage and/or divorce decree(s)
- A certified copy of your driver history for all out-of-state driver's licenses.

I hereby swear or affirm that there are no willful misrepresentations, falsifications, or omissions on this document. I am aware that should an investigation disclose such willful misrepresentations, falsifications, or omissions, my application will be rejected and I will be disqualified from applying for a fixed period of time for any position in the Anderson County Sheriff's Office. If, after my acceptance for employment, subsequent investigation should disclose omissions, falsifications, or misrepresentations, it will be just cause for dismissal.

Signature: _____

Date: _____

Sworn to and subscribed before me this day of 20

Notary Public Signature

My Commission Expires



ANDERSON COUNTY SHERIFF'S OFFICE

I, _____ permit my present and prior employers to divulge to this organization relevant personal information from the personnel file(s) they possess. I also authorize this organization to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of its choice. I authorize it to make an investigative report whereby information is obtained through personal interviews with neighbors, friends, and others with whom I am acquainted as well as from investigation of information available on social networking sites and the Internet.

I understand and acknowledge that information contained herein may be subject to disclosure under the South Carolina Freedom of Information Act.

I understand and agree that if I should admit to or divulge my involvement in any criminal offenses during the application process such may be reported to the proper jurisdictional authority for investigation and/or prosecution.

I release from liability, agree not to sue, and hold harmless, the Anderson County Sheriff's Office, Sheriff Chad McBride, his deputies, agents, assigns, and others similarly situated from any and all liability in any way with the processing of my application even if they should be negligent.

I understand and acknowledge that nothing contained herein creates a contract of employment, express or implied. If I am offered employment with the ACSO and accept same, I further understand and agree all employment with the ACSO is on an at-will basis; either the employee or the ACSO may terminate the employment relationship at any time for any reason. No statement, whether written or verbal, can alter the at-will nature of employment with the ACSO.

Signature of Applicant

Date

Sworn/affirmed to and subscribed before me on this _____ day of _____,

Personally known ☐ or Produced identification ☐ Type of Identification: _____

(Notary name)

Commission Expiration Date

(Notary signature)