

LANCASTER COUNTY SHERIFF'S OFFICE

Barry S. Faile, Sheriff

Application for Employment

Attention Applicant: Completing this packet is your first step towards joining the Lancaster County Sheriff's Office, a dynamic law enforcement agency dedicated to excellence in public service. In order to present the strongest, most accurate record of your qualifications and skills, please read this packet thoroughly and prepare it carefully. Neither this application, the attendant forms, or any of the language used herein implies or creates any type of employment contract between LCSO and the applicant/employee, nor do they create any contactual rights or entitlements.

No promises or assurances (whether written or oral) which are contrary to or inconsistant with this paragraph create any contract of employment. All LCSO employees have at least occasional access to law enforcement sensative information. As such they are subject to a thorough pre-emplyment background investigation, and must complete the entire application and sign where required.

Position for Which You Are Applying:						
Deputy Sheriff Det	tention Officer Administrative					
Other (specify)						
Personal/Contact Information						
NAMELast First Middle Suffix?						
ADDRESSNumber & Street City State	Zip Code					
HOME/DAY TELEPHONE	EVENING/ALTERNATE TELEPHONE					
SOCIAL SECURITY #	DRIVERS LICENSE # STATE					
EMAIL	DATE OF BIRTH					
DATE AVAILABLE TO START	CERTIFIED LAW ENFORCEMENT OFFICER?					
ANY RELATIVES EMPLOYED BY LCSO? (Please list names)						
MILITARY SERVICE: BRANCH	DATES DD214 AVAIL?					
Education (High School/College)						
School Name and Location Dates Attended	Certificate or Degree					

Family Information

Father							
Full Name (No Initials):		Nickname(s) or Alias:					
Living or Deceased:							
Address:		City:	State:				
Occupation:							
Employer's Name and Address:							
Military Service:							
Branch	Rank	Dates					
	Mother						
	1/20/2102						
Full Name (No Initials):		Nickname(s) or Alias:					
Living or Deceased:							
Address:		City:	State:				
Occupation:							
Employer's Name and Address:							
Military Service:							
Branch	Rank	Dates					
	Spouse (If applica	hle)					
	Spouse (II applied						
Full Name (No Initials):		Nickname(s) or Alias:					
Living or Deceased:							
Address:		City:	State:				
Occupation:							
Employer's Name and Address:							
Military Service:							
Branch	Rank	Dates					
	Brothers/Sister	·S					
Name:	Name:						
Name:	Name:						
Name:	Name:						

Work Experience & History

Describe your work experience in detail beginning with your most recent job (attach additional sheets if required). Include military service (indicate rank) and job related volunteer work, if applicable. Provide an explaination from any gaps in employment. **All information in this section must be complete. A resume may be attached, but not substituted for completing this section.**

Present or last employer		Title
Address		
Supervisor	Hours per week	Annual Salary
Months/Years of Employment: From	to	Total time employed
Reason for leaving		May we contact?
Job duties (provide details)		
Next most recent employer		Title
Address		
Supervisor		
Months/Years of Employment: From	-	•
Reason for leaving		May we contact?
Next most recent employer		Title
Address		Phone
Supervisor	Hours per week	Annual Salary
Months/Years of Employment: From	to	Total time employed
Reason for leaving		May we contact?
Job duties (provide details)		
Next most recent employer		Title
Address		Phone
Supervisor	Hours per week	Annual Salary
Months/Years of Employment: From	to	Total time employed
Reason for leaving		May we contact?
Job duties (provide details)		
Next most recent employer		Title
Address		Phone
Supervisor	Hours per week	Annual Salary
Months/Years of Employment: From	to	Total time employed
Reason for leaving		May we contact?
Job duties (provide details)		

Additional Skills, Qualifications, and Experiences Please list any other job-related skills, qualifications, or licenses which would benefit LCSO in the job for which you have applied (i.e, foriegn language fluency, instructor certifications, specific computer skills, etc.) **Background Information** ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? ☐ YES HAVE YOU EVER BEEN TERMINATED OR FORCED TO RESIGN FROM ANY JOB? ☐ YES ☐ NO HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? YES NO IF YES, LIST ALL CHARGES AND LOCATIONS (OMIT MINOR TRAFFIC VIOLATIONS)_____ Provide the names and contact information of three persons (EXCLUDE relatives and coworkers) who are familiar with your work and personal history: Occupation____ Name___ Occupation____ Address Occupation____ Address_ Phone If you will require any accommodation or assistance during pre-employment background investigation or interview process because of a disability, please describe: NOTICE OF OBTAINING CONSUMER REPORT (FCRA COMPLIANCE) In connection with your application of employment, the Lancaster County Sheriff's Office may obtain a consumer report (as defined by the Fair Credit Reporting Act) concerning you from a consumer reporting agency. This report will be used for the purposes of predicting your ability to maintain the finacial solvency required of LCSO employees due to their access to law enforcement sensative information. LCSO Representative Date I have read and understand the above disclosure and hereby authorize LCSO to obtain a consumer report. Applicant



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Applicant Waiver, Consent, and Certifications

Applicant Name:	Social Security Number:		
Telephone:			
This County is an equal employment opportunity employer. We adhere to color, religion, sex, national origin, age or disability. Your opportunity for en			
TO WHOM IT MAY CONCERN: I am applying for employment with the La investigate my academic, emplyment, and personal histories to evaluate suitable			
I hereby authorize any LCSO representative bearing this release (or a facsimil and hereby direct you to release such information as soon as practicable upon disclosure of, all records or any part thereof whether said records are public, p limited to) military service records, educational records, financial records, cre employment files (to incluse investigatory files), complaints, efficiency/personme).	the request of the bearer. I hereby authorize a review of, and full private, or confidential. This information may include (but is not dit reporting information, criminal history records, driving records,		
I hereby release you, your organization, and all others from liability or damage to include damages or remedies provided for by State or Federal law. Regardle organization (including it's officers, employees, and related personnel) from a to me or my heirs, family, and/or assigns.	ess of any agreement I may have made earlier, I hereby release your		
For and in consideration of the LCSO acceptance, review, and processing of employees or agents harmless from any claims liability associated with my ap not to emply me. I understand that if LCSO's pre-employment background inforwarded to the appropriate law enforcement authority.	plication for employment or in any way connected with a decision		
I understand my rights pursuant to \$5 USC 552A (Privacy Act of 1974) with a with the understanding that information furnished will be used by LCSOin con A photocopy or facsimile of this release shall be valid as an original thereof, e signature. This release and waiver shall remain valid and in force for a period Should any questions arise as to the validity of this release, you may contain	njunction with pre-employment screening procedures. even though the copy may not contain an original writing of my of 60 days from the date upon which I signed it.		
	LOSO D		
Applicant Signature	LCSO Representative		
PLEASE READ THE FOLLOWING STA	ATEMENTS AND SIGN BELOW		
Student Loans: SC State law (§59-111-50) prohibits employment with the State or its unless they can prove that satisfactory arrangements have been made for repayment. I coloan.			
Physical Examination: The LCSO hiring process may include a physical examination examination to me at no expense. The examination will include a test for drug dependent test.			
Terms of Employment: Neither this application, and attendant forms, or any of the lar between LCSO and the applicant/employee, nor do they create any contractual rights or contrary to or inconsistent with this paragraph create any contract of employment. If I may be terminated by either party with or without notice at any time, for any reason or any agreement for employment for any specified period of time, or make any agreement	entitlements. No promises or assurances (whether written or oral) which are am eventually employed, I understand that such employment is at-will and no reason. No one other than the Sheriff possesses any authority to enter into		
Veracity: I undersated that LCSO may verify the information I have provided within the affirm, agree, and understand all statements made within this application to be true and material ommision of information or data may result in exclusion from further considers that I understand any offer of employment to be conditional upon successful completion	accurate. I further understand that any misrepresentation, falsification, or ation, or (if hired) termination of employment. My signature also certifies		
Applicant Signature	LCSO Represe ntative Signature		



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Rejection Criteria for Applicants

AUTOMATIC DISQUALIFIERS FOR DEPUTY SHERIFF OR DETENTION CENTER OFFICER

The Lancaster County Sheriff's Office organizational values include Honor, Excellence, Accountability, Respect and Teamwork. In keeping with the spirit of our values, we try to maintain open communications with our applicants regarding our expectations and to facilitate their success in the selection process. If you are selected to be a Lancaster County Sheriff's Office Deputy or Lancaster County Detention Center Correctional Officer, this organization and the general public will be entrusting you with a very high level of authority. For this reason, we have given considerable thought to each step of our selection process and take great care to determine that we are hiring individuals who will be guardians of the trust granted to them. An applicant whose background includes any of the following listing of concerns would not be permitted to continue in the selection process. If you have concerns about your background and how we would evaluate those concerns, please speak to a Professional Development & Training staff member by calling 803-283-3388.

- Conviction of any felony or any crime involving moral turpitude (crimes contrary to justice, honesty, or good morals).
- Conviction of any crime which carries a six months jail sentence or more, excluding traffic violations which are discussed separately, or the South Carolina State Law equivalent within the last 5 years.
- Any conviction of domestic violence, including simple assault against a domestic partner, spouse, child or parent.
- · Conviction of any offense involving the unlawful use, sale, manufacture, production, or possession of a controlled substance.
- Has a criminal proceeding pending or is under investigation for a crime.
- Conviction of one D.U.I. within the previous 10 years or two D.U.I. convictions in a lifetime.
- Demonstrated history of financial irresponsibility. (Examples of areas of concern include unpaid collections or unsatisfactory
 judgments where no payment plan has been established. Bankruptcies will be evaluated based on the time frame, circumstances,
 other measures pursued, and restoration of credit. Student loans that are delinquent or in default are automatic disqualifiers. Please
 call the Personnel Staff to discuss your specific credit issues and concerns.
- · Any involvement in the sale of illegal drugs.
- Prior drug usage is evaluated for the extent of the use and how recent the use has been.
- Dishonorable discharge from any military service.
- Untruthfulness and/or intentional withholding of information on any application, interview, or paperwork associated with the
 position. Examples of intentional withholding of information would include deliberate inaccuracies or incomplete statements.
- Cheating on any examination or testing associated with the position.

Body Art Policy:

• All employees are prohibited from displaying any body art, tattoo(s), intentionally scarring (branding), mutilation, or dental ornamentation while on duty or representing the Sheriff's Office in any official capacity. This includes, but is not limited to objects inserted under skin, pierced, split or forked tongue, and/or stretched out holes in ears. In order to be eligible for employment under our policy, a candidate's body art must not be visible when wearing the Sheriff's Office standard issue short sleeve uniform.

Note:

This is not intended to be an exhaustive listing of background disqualifiers. Applicants who are successful in the initial testing will undergo a background investigation. Areas of concern will be evaluated on a case-by-case basis within the context of the full investigation/review. Examples of areas of concern may include, but are not limited to, the following: Reduction of charges as a result of a plea agreement or other form of sentencing disposition prior to a conviction in any of the aforementioned criminal and driving history categories.

Crimes committed as a juvenile, including undetected crime.

Patterns of reckless and/or irresponsible driving.

 $Less \ than \ honorable \ military \ discharge, erratic \ work \ record, or \ unfavorable \ employment \ references.$

• I have read the above criteria and certify by my signature that I meet the above requirements as listed.

 Applicant Signature		