

To: Sheriff's Office Applicants

Re: Application Process

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

Complete an application for employment

1. Copy on ONE sheet of 8.5 x 11 paper:
 - a. Your birth certificate
 - b. Your driver's license
 - c. Your high school diploma, or highest degree earned
 - d. Your social security card with correct legal name
2. If you are a certified officer, provide a copy of your SCCJA Basic Certification diploma. Do not send any other SCCJA diplomas or forms.
3. If you were a member of the U. S. Armed Forces, provide a completed DD214 form.
4. Authorization to Release Information Form

Résumés are accepted only with a complete application package. Submission of an application does not guarantee an interview or offer of employment with this agency.

Note: We do not buy out Law Enforcement Contracts.

Mail all information to: Cherokee County Sheriff's Office
312 East Frederick Street
Gaffney, SC 29340

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

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

If a conditional offer of employment is made, you will be required to provide the following additional information:

1. A certified copy of your driving record for the past 10 years.
2. A notice of judgment from the Clerk of Court in the county in which you reside stating that there are no outstanding civil judgments against you.
3. A sealed copy of your credit report from Experian, Equifax, or TransUnion.

Sheriffs Office Applicants

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 Cherokee County Sheriffs Office must complete and sign this memorandum and return it with your application. Additionally, should any officer's situation change in such a way as to fall within the guidelines of this act, he/she 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: _____

SIGNATURE: _____

DATE: _____ - _____ - _____

**CHEROKEE COUNTY SHERIFF'S OFFICE
312 EAST FREDERICK STREET
GAFFNEY, SC 29340**

APPLICATION FOR EMPLOYMENT

(Please Print)

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

DATE OF APPLICATION _____

Position Applied For: _____

Name: _____
(Last) (First) (Middle) (Social Security Number)

Present Address: _____
(Street, Apt. #, or P.O. Box) (City) (County) (State) (Zip Code)

Phone No. (Home) _____ (Business) _____

May we call you at work? Yes _____ No _____ Are you eligible to work in the United States? Yes _____ No _____

Are you 18 years of age or older? Yes _____ No _____

Relatives employed by Cherokee County? Yes _____ No _____

If yes, list name(s), relation, and county department

Have you ever been employed by Cherokee County? Yes _____ No _____ What year? _____

On what date would you be available for work? _____

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

Yes _____ No _____

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

If yes, list charge(s), where convicted, date, disposition or current status

Were you in the U. S. Armed Forces? Yes _____ No _____

If yes, list Branch and Rank at Discharge _____

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

EDUCATION:

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

Do you possess a valid S.C. Driver’s License? _____

Driver’s License Number and State _____

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

If yes, list profession/craft, license number, and expiration date

Do you type? _____ If Yes, WPM _____ Do you take Shorthand? _____

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

WORK HISTORY

Begin with your present or most recent position. List all positions held, including military service, if any. Copy and attach additional pages if needed. Please answer all questions in this section in complete detail. We may contact your previous employers.

1. Name of Company _____ Type of Business _____

Address _____

Starting Date: _____ Job Title _____ Salary: \$ _____ per _____

Ending Date: _____ Job Title _____ Salary: \$ _____ per _____

Reason for Leaving: _____

Name and Title of Immediate Supervisor _____

May we contact this Employer? _____ Phone: _____

Description of Duties: _____

2. Name of Company _____ Type of Business _____

Address _____

Starting Date: _____ Job Title _____ Salary: \$ _____ per _____

Ending Date: _____ Job Title _____ Salary: \$ _____ per _____

Reason for Leaving: _____

Name and Title of Immediate Supervisor _____

May we contact this Employer? _____ Phone: _____

Description of Duties: _____

3. Name of Company _____ Type of Business _____

Address _____

Starting Date: _____ Job Title _____ Salary: \$ _____ per _____

Ending Date: _____ Job Title _____ Salary: \$ _____ per _____

Reason for Leaving: _____

Name and Title of Immediate Supervisor _____

May we contact this Employer? _____ Phone: _____

Description of Duties: _____

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

List three references who are not relatives or previous supervisors that have known you for a minimum of three (3) years:

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

Please make any additional comments you feel may aid in the evaluation of this application:

CERTIFICATION OF APPLICANT

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

Applicant's Signature _____

Date _____