

**SPARTANBURG COUNTY SHERIFF'S OFFICE
POST OFFICE BOX 771
SPARTANBURG, SOUTH CAROLINA 29304-0771**

NOTICE: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate N/A (not applicable). Applications which are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application, and number to correspond with the question. Application must be accompanied by a Xerox copy of Diploma, Birth Certificate, Driver's License, and Photo. Also, Military Discharge and Form DD214.

CHECK POSITION APPLIED FOR:

- Deputy Telecommunicator Records Clerk Secretary
 Reserve Other Full-time Part-time

A. FULL NAME

Last: _____ First: _____ Middle: _____

TELEPHONE:

Residence: () _____ Business: () _____

B. LIST ALL OTHER NAMES YOU HAVE USED, INCLUDING NICKNAME: _____

If female, furnish maiden name. If you have ever used any surnames other than your true name during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place and court.

Date: _____ Place: _____ Court: _____

Date of Birth: _____ Place of Birth: _____

C. COMPLETE ADDRESS to which you wish mail or telegram sent (include zip code and telephone number, if different from attached application.)

ADDRESS / PHONE #: _____

D. LIST CHRONOLOGICAL ALL OF YOUR RESIDENCES in the past 18 years (including addresses while attending school if away from home and all military addresses including any off military base.)

FROM	TO	ADDRESS	CITY	STATE

E. HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH SPARTANBURG COUNTY SHERIFF'S OFFICE?

- Yes. If so, for what position and date _____
 No.

F. ARE YOU A REGISTERED VOTER OF SPARTANBURG COUNTY?

Yes No S.C. Voter Registration No.: _____

G. ARE YOU A LICENSED AUTOMOBILE OPERATOR? () Yes () No

State(s): _____ Driver's License: _____

H. ARE YOU A U.S. CITIZEN? () Yes () No

Naturalized () Derivative () Place of Birth: _____

Naturalization # _____ Place: _____ Court: _____

Explain derivative citizenship: _____

I. WERE YOU EVER DISMISSED FROM A SCHOOL, OR WAS ANY DISCIPLINARY ACTION INCLUDING SCHOLASTIC PROBATION EVER TAKEN AGAINST YOU DURING YOUR SCHOLASTIC CAREER?

() Yes () No School: _____ Date: _____

TYPE OF ACTION: _____

J. LIST AWARDS, HONORS, CITATIONS, POSITIONS held in school organizations, athletic endeavors and any other special recognition you received while attending school.

K. LIST ANY SPECIAL ABILITIES, INTERESTS, SPORTS OR HOBBIES, with degree of proficiency.

L. INDICATE YOUR PROFICIENCY IN EACH PHASE OF FOREIGN LANGUAGE listed as "slight", "good", "fluent".

Name of Language	Speak	Understand	Read	Write

M. ARE YOU A MEMBER OF THE BAR? () Yes () No

Date(s): _____ State(s): _____

N. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN from any employment or position you have held?

() Yes () No

If yes, explain: Employer's Name: _____ Date: _____

O. ARE YOU NOW OR HAVE YOU EVERY BEEN EMPLOYED BY AN AGENCY OR FEDERAL, STATE OR LOCAL GOVERNMENT? (Include part-time employment) () Yes () No

From: _____ To: _____ Agency: _____ Location: _____

MILITARY RECORD

P. ARE YOU REGISTERED FOR SELECTIVE SERVICE? () Yes () No

Selective Service

No: _____

LOCAL BOARD NO.: _____ CITY: _____ STATE: _____

a) What is your current classification? _____

- b) Have you received any notice indicating you may be called into the Armed Forces in the near future?
 Yes No If so, give approximate date: _____
- c) If classified I-Y (Registrant qualified for Military Service only in time of war or national emergency) or 4-F (Registrant not qualified for any military service), furnish reasons. _____
- d) Have you ever served on Active Duty in the Armed Forces of the United States? Yes No
 Highest Rank attained: _____
- e) Branch of military service: _____ Serial #: _____
- f) Dates of Active Duty (Month/Day/Year): From: _____ To: _____
- g) Type of Discharge and basis for discharge: _____
- h) Member of Reserves? Yes No Ready Standby
 Service Branch: (Present) _____ (Former) _____
 If you attend drills, meetings or camps, give name of unit and location:
 Unit: _____ Location: _____
- i) Was any type of disciplinary action taken against you in the service?
 Yes No If yes, nature of action: _____
- j) Have you ever served in the Armed Forces of a Foreign Country?
 Yes No If yes, specify countries/date(s): _____

COURT RECORD

Q. HAVE YOU EVER BEEN CONVICTED of any violation other than a minor traffic violation?

Yes No

List all such matters even if not formally charged, or no court appearance or found not guilty or matter settled by payment of fine or forfeiture of collateral.

DATE	PLACE	CHARGE	FINAL DISPOSITION	DETAILS

a) Have you ever been a plaintiff or defendant in a court action, including divorce?

Yes No If yes, give date, place, court, names of parties involved, nature of action and final disposition:

R. ARE YOU NOW AN ACTIVE MEMBER OF THE COMMUNIST PARTY, U.S.A., OR ANY COMMUNIST OR FASCIST ORGANIZATION? Yes No

S.

RELATIVES

(This information must be completed. Add additional page if necessary.)

NAME	RELATIONSHIP	DOB	PLACE OF BIRTH	ADDRESS & PHONE NUMBER
	Mother			
	Father			
	Brother			
	Brother			
	Sister			
	Sister			
	Spouse			
	Children			
	Children			

GIVE REASON FOR REQUESTING EMPLOYMENT WITH THE SPARTANBURG COUNTY SHERIFF'S OFFICE.

I UNDERSTAND THAT ALL APPOINTMENTS are probationary for a period of one year, during which I must demonstrate my fitness for continued employment by the Spartanburg County Sheriff's Office.

I FURTHER UNDERSTAND that any appointment tendered will be contingent upon the result of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal by the Spartanburg County Sheriff's Office.

I AGREE TO THOSE CONDITIONS and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT: _____ **DATE:** _____
(Do not use nickname)

PRINT FULL NAME

IMPERATIVE: ALL QUESTIONS MUST BE ANSWERED (or N/A, if not applicable)