



## 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.

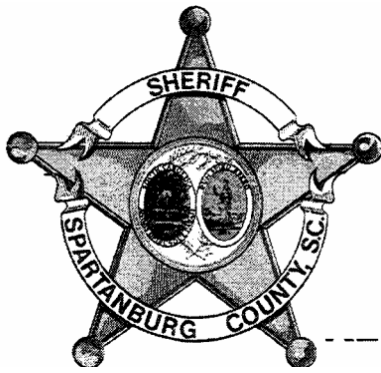
Sincerely,

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  
LAW 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:

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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				

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**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

\*\*\*\*\*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

\*\*\*\*\*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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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 #: \_\_\_\_\_

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**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 #: \_\_\_\_\_

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**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.

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Date

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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.

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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.

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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: \_\_\_\_\_

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

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**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:

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4. Did you ever receive any reprimands, suspensions, commendations, etc.? YES ( ) NO ( )  
If YES, explain: \_\_\_\_\_

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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:

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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:

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