



PICKENS COUNTY SHERIFF'S OFFICE
216 LEC ROAD
PICKENS, SC 29671



APPLICATION FOR EMPLOYMENT
(Please Print)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or 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 Pickens County? Yes _____ No _____

If Yes, (List Name(s), Relation, and County Department) _____

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

On what date would you be available for work? _____

Have you 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 Exp. Date) _____

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

List any equipment or machines with which you are proficient & 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. Please answer all questions in this section in complete detail. We may call 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: _____

4. 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: _____

5. 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: _____

6. 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 last ten (10) years.

List three references who are not relatives or previous supervisors:

Name	Address	Phone #

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 Pickens 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 Pickens County Department Heads. I understand that if hired I am employed at-will and may be discharged at anytime, without notice.

Applicant's Signature _____ **Date** _____