



SPARTANBURG COUNTY SHERIFF'S OFFICE

CHUCK WRIGHT, SHERIFF

March 24, 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 Sheriffs 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 Human Resources Department located on the upper floor of the County Administration Building, or they may be mailed to:

Spartanburg County Human Resources
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,

A handwritten signature in cursive script that reads "Chuck Wright".

Chuck Wright
SHERIFF



An Accredited Law Enforcement Agency

P.O. BOX 771 • SPARTANBURG, SOUTH CAROLINA 29304 • (864) 596-2540 • (864) 596-2646

SPARTANBURG COUNTY
EMPLOYMENT APPLICATION

Spartanburg County is an equal employment opportunity employer, and makes all employment decisions without regard to disability, handicap, race, color, religion, sex, veteran's status, national origin, citizenship or age. Opportunity for employment with Spartanburg County depends on qualification: and performance.

DATE _____

SOCIAL SECURITY NO.

Mr
Mrs
NAME: Miss

(LAST)

(FIRST)

(Middle or Maiden Name -
if used on any work or
school records)

ADDRESS _____

(STREET ADDRESS/ROUTE)

(P.O. BOX)

(APT. NUMBER)

(CITY/COUNTY)

(STATE)

(ZIP CODE)

TELEPHONE _____

(HOME PHONE)

(BUSINESS PHONE)

May we call you at work?
YES _____ NO _____

Are you 18 years of age or older? Yes No

Are you 21 years of age or older? Yes No

POSITION APPLIED FOR _____ SALARY EXPECTED _____

REFERRAL SOURCE. Advertisement Friend Other _____

DO YOU WANT TO WORK? Fulltime Parttime On Shifts _____

HAVE YOU EVER WORKED FOR SPARTANBURG COUNTY BEFORE? _____ IF YES, WHEN? _____

IF HIRED, ON WHAT DATE WILL YOU BE AVAILABLE TO START WORK? _____

HAVE YOU EVER BEEN BONDED? Yes No If so, for what job? _____

ARE YOU A VETERAN? Yes No If yes, what branch of military service? _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Year Completed				Name of Degree or Certifying	Major/Minor
Elementary			5	6	7	8		
High			1	2	3	4		
College			1	2	3	4		
Other (specify)								

CHECK (IF APPLICABLE) CERTIFICATION, LICENSING, APPRENTICESHIP, OR EXPERIENCE:

CLERICAL SKILLS: ADDING MACHINE CALCULATOR TYPING SPEED _____
 SHORTHAND SPEED _____ COMPUTER ACCOUNTING

COMPLETION OF SC CRIMINAL JUSTICE

VALID SC DRIVER'S LICENSE VALID COMMERCIAL DRIVER'S LICENSE (CDL) CDL License Class _____

JOURNEYMAN'S CERTIFICATION:

PLUMBING HVAC ELECTRICAL

CDL Endorsements:

 CDL Restrictions: _____

Describe any specialized skills or training that may be applicable to positions for which you are qualified:

OTHER LICENSE OR CERTIFICATIONS: _____

ARE YOU RELATED TO ANYONE EMPLOYED BY SPARTANBURG COUNTY?

NAME	RELATIONSHIP	DEPARTMENT

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME	ADDRESS	TELEPHONE NUMBER

Have you been convicted of a crime other than minor traffic violations?	YES <input type="checkbox"/> NO <input type="checkbox"/>	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.
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IF YES:	Charge(s)	Where Convicted	Date	Disposition or Current Status

PERSONAL REFERENCES (Not former employers or relatives)

Name and Occupation	Address	Phone Number

I hereby certify that the facts in this application are true and accurate and that any misrepresentation or omission of facts may result in my being disqualified or my being discharged. You are hereby authorized to make any investigation of my personal employment, financial or medical history or any other related matters considered necessary.

Date _____ Applicant's Signature _____

APPLICANT NOTICE OF DRUG ABUSE SCREENING

Spartanburg County has approved and administers an Alcohol and Drug Abuse Policy for all county employees and applicants. Compliance with this policy is a condition of employment.

Every offer of employment is conditioned upon the applicant successfully completing a post-offer medical examination which includes an urinalysis test to detect illegal substance use. If an applicant's initial urinalysis test is positive, a confirmation test will be conducted on the same specimen to rule out false-positives. If the confirmation test is positive, the applicant will be advised that he/she did not successfully complete the urinalysis test. A tampered specimen is regarded the same as a positive specimen. Before an applicant can be reconsidered for any position with Spartanburg County government, he/she must receive professional evaluation which may include a rehabilitation program at a facility approved by the county at the applicant's expense.

AT-WILL EMPLOYMENT DISCLAIMER

The contents of this application are not intended to create a contract between the county and any employee. Nothing in the application binds the county or any employee to any specific or definite period of employment, or to any specific procedures, policies, guidelines, ruin, or terms and conditions of employment. As an employee, you are completely free to leave the county at any time you choose, and the county has the same right to end the employment relationship.

I have read and/or been explained and I understand the above statement

Applicant's Signature

Personnel Director/Designee

Additional Comments:

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 a "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: _____

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 DRIVER'S 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

DETENTION

~~DIRECTOR~~
ALL COMMISSIONED OFFICERS

COMMUNICATIONS

DIRECTOR
ASSISTANT DIRECTOR
SHIFT SUPERVISORS
ASST. SHIFT SUPERVISORS
TRAINING COORDINATOR
TELECOMMUNICATORS
TELEPHONE OPERATORS

**SPARTANBURG COUNTY
COMMISSIONED PERSONNEL**

ANIMAL CONTROL OFFICER
LITTER ENFORCEMENT OFFICER
INVESTIGATORS (SOLICITOR)
VEHICLE MAINT. DIRECTOR/
LAW ENFORCEMENT OFFICER
AUTO SHOP MANAGER/LAW
ENFORCEMENT OFFICER
SECURITY GUARD

PRE-TRIAL DIVERSION

DIRECTOR
SECRETARY
COUNSELORS I, II, III

**ENVIRONMENTAL SERVICES/
ENGINEERING**

FOREMAN II
ALL MEO'S I - IV

**ENVIRONMENTAL SERVICES/
SOLID WASTE**

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

AUTHORITY TO RELEASE INFORMATION



To Whom It May Concern:

I HEREBY authorize any officer or other authorized representative of the Spartanburg County Sheriff's Office bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military service, educational history (including, but not limited to, academic achievement, attendance, athletic, personal history, and disciplinary records), medical history and condition, credit (including credit card and payment records), and law enforcement records (including, but not limited to, any record of charge, prosecution or conviction for criminal or civil offenses).

I HEREBY direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for official use of the Spartanburg County Sheriff's Office. Consent is granted for the Spartanburg County Sheriffs Office to furnish such information as is described above to third parties in the course of fulfilling its official responsibilities.

I HEREBY release you as the custodian of such records, and any school, college, university or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, retail business establishment, law enforcement agency, or other criminal justice agency including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my social security account number on a voluntary basis with the understanding such is not required by any statute or regulation. I have been advised that the Spartanburg County Sheriff's Office will utilize this number only to facilitate the location of employment, military, credit and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

SIGNED this _____ day of _____, 20 ____.

Full Name (Signature): _____
Include maiden and any other previously used names

Full Name (Typed/Printed): _____
Include maiden and any other previously used names

Social Security Number: _____-_____-_____

Date of Birth: ____/____/____ Race: _____ Sex: _____

Current Address: _____
Include street address and Post Office Box (if applicable)

_____ Phone (____) _____

Witness: _____

Name and Title: _____
Spartanburg County Sheriff's Office



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 Sheriff's 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 (V) 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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P.O. BOX 771 SPARTANBURG, SOUTH CAROLINA 29304 (864) 596-2540 (864) 596-2646



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

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:

- | | | | |
|----------------------------------|---|--|------------------------------------|
| <input type="checkbox"/> Deputy | <input type="checkbox"/> Telecommunicator | <input type="checkbox"/> Records Clerk | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Reserve | <input type="checkbox"/> Other | <input type="checkbox"/> Full-time | <input type="checkbox"/> 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

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			
	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 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 it doesn't apply)



South Carolina Department of Motor Vehicles

MV-70
(Rev. 2/06)

Request for Driver Information

PART 1

Part 1 must be completed before information listed on Parts 2 (single request) or 3 (multiple requests) will be released. Check the boxes of permissible uses that apply to you under Federal Law (18 USC, Chapter 123). Persons submitting this form to obtain someone else's record should read the Federal law before signing. See Part 3 of this form for how to find a copy of the law.

Under Federal Law, driver personal information may be obtained only for certain uses. The following is a short version of permissible uses:

- 1. For use by any government agency in carrying out its functions.
- 2. For a business to verify the accuracy of personal information previously provided to the business.
- 3. To use in any court proceeding, or investigation in anticipation of litigation.
- 4. For research and statistical purposes so long as the personal information is not published, redisclosed, or used to contact individuals. (Such requests are processed only in Blythewood DMV Headquarters. See special instructions on back of this form.)
- 5. For use by an insurer for claims investigations, rating and underwriting.
- 6. For use by an employer or their insurer to verify commercial driver license information.
- 7. For any other use by the driver or by written consent of the driver. (See "Consent" in Part 2.)

Under penalty of perjury, I state that I am entitled to receive and use this information as permitted under the Driver's Privacy Protection Act of 1994 (18 USC, Chapter 123 as amended). I further acknowledge that if I misuse this information or give it to someone who uses it for an unauthorized purpose, I may be subject to Federal criminal law as well as a civil lawsuit where the minimum award is \$5,000.00.

Spartanburg County Government

Print Name of Person/Business Requesting Information

Date

PO Box 5666, Spartanburg, SC 29304

Address of Person/Business Requesting Information

Terry Booker

Print Name of Person Receiving Information

Terry Booker
Signature of Person Receiving Information

PART 2 - To be used to obtain information on a single driver.

Name

DL/BP/ID # (if available)

Date of Birth

Information Requested: DMV License Check

CONSENT: (only needed if Box 7 of Part 1 is checked)

I, _____, give consent for the release of my personal information to
Print name of Driver
the person shown above.

Signature of Driver

Date

REQUIRED FEES FOR EACH SEPARATE DOCUMENT:

Copy of MVR	\$ 6.00
Copy of Ticket/Suspension Notices	\$ 6.00
Other related documents	\$ 6.00

MAIL TO:

Alternative Media
P.O. Box 1498
Blythewood, SC 29016-0035

Make check or money order payable to: S C Department of Motor Vehicles. (NO CASH ACCEPTED)

OFFICE USE ONLY

Identification presented by person receiving information	Office Code	Employee Processing Request	Date
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