



**Anderson County Sheriff's Office**  
**P.O. Box 5497**  
**Anderson, SC 29623**

**305 Camson Road**  
**Phone: (864) 260-4423**  
[www.andersonsheriff.com](http://www.andersonsheriff.com)

**Application for Employment**  
**Long Form**

General instructions: Type or print information. If a question is not applicable to you, print N/A in that area.  
Note: Intentionally misleading or deceptive answers may justify not hiring you, or may result in punitive action or dismissal if the inaccuracies are discovered after you are hired.

**Please return this form to the Director of Personnel, Anderson County Sheriff's Office.**

**Minimum Requirements**

1. You must be a United States Citizen and reside in South Carolina.
2. You must be at least 21 years of age to become a Deputy.
3. You must be in good physical condition. After an offer of employment, and periodically thereafter, Deputies must be able to perform satisfactorily in a job-duty related physical performance test. Job descriptions are available and should be obtained.
4. Weight must be proportionate to height.
5. Candidates for Deputy must possess a valid SC driver's license. There shall be no suspensions in the prior five years due to a DUI or leaving the scene of an accident.
6. You must have a State High School Diploma or State GED certificate. (Not required for School Crossing Guard applicants.)
7. You must have a satisfactory criminal history check.

I have read and understand all of the above \_\_\_\_\_  
Signature Date

I am applying for the position of: \_\_\_\_\_

Applications will be kept on file for one year. Due to the volume and expense of processing letters concerning your application status, only those candidates under serious consideration will receive further correspondence from this office. You are welcome to contact the Captain of the respective area in which you have an employment interest. Often Deputies are selected from the Reserve Officer Program. More information on this program can be obtained by talking with the Training Director. To understand the duties of an Anderson County Deputy, this office offers a Citizen Ride-Along-Program. Contact the Operations Captain for more information. The Anderson County Sheriff's Office is an Equal Opportunity Employer (EOE).

Have you applied here before? No  Yes  If so, when?

Telephone Number	Social Security	Date of Birth	
Last Name	First Name	Middle Name	
Aliases, nicknames, maiden name, or other changes in your name:		City or Town & State of your birth	
Present address : Number and Street		City or Town	State & Zip
E-mail address:			

Height	Weight	Color of Eyes	Color of Hair	Scars or distinguishing marks

Information concerning spouse and/or former spouses		
Spouse Name/Maiden Name	City Where Married	When
Children and Dependents		
Name	Date of Birth	Address

Have you ever served in the armed forces? No  Yes  If yes, please attach a copy of discharge or separation papers.

If you are currently a member of a U.S. reserve, national, or state guard organization please complete the following:			
Grade and service number	Branch of Service	Active, Inactive, Standby	Unit Location

Starting with elementary school through high school, list the following:		
School	Location	Dates Attended

List colleges and universities attended:		
School	Location	Dates Attended

Did you graduate college? No  Yes

List degrees earned, major and minor subjects, or other important information.

Please give information concerning other schools, training, or special qualifications and skills.

Can you type? No  Yes  Number of Words Per Minute:

List all arrests or convictions regardless of disposition. Include juvenile offenses and/or any disciplinary action in the military.			
Charge	Date	Agency	Disposition

If you have ever filed for bankruptcy, give details including date and court in which it was filed:

Are you now, or have you ever been, a member of any foreign or domestic organization or group of people which shows a policy of advocating the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of the Government of the United States by unconstitutional means? No  Yes  If Yes, Explain:

Please list family information. Name of mother, father, any sisters or brothers, foster parents, stepparents, guardian, parents-in-law, and any other person with whom you have lived.

Relationship	Name	Present address if living

Fill in the name of three references not including family or employers:

Name	Address	Phone	Years Known

Please list **all jobs** you have held in the last **ten years**, starting with the most recent. If you were fired from any job, please explain in detail on a separate sheet of paper.

1. Month/Year to Month/Year	Name of Employer	Name of Supervisor	Phone
Position Held	Address	Salary	Full/Part Time
2. Month/Year to Month/Year	Name of Employer	Name of Supervisor	Phone
Position Held	Address	Salary	Full/Part Time
3. Month/Year to Month/Year	Name of Employer	Name of Supervisor	Phone
Position Held	Address	Salary	Full/Part Time
4. Month/Year to Month/Year	Name of Employer	Name of Supervisor	Phone
Position Held	Address	Salary	Full/Part Time
5. Month/Year to Month/Year	Name of Employer	Name of Supervisor	Phone
Position Held	Address	Salary	Full/Part Time
6. Month/Year to Month/Year	Name of Employer	Name of Supervisor	Phone
Position Held	Address	Salary	Full/Part Time

Driver's license number:		
List all previous Drivers Licenses:		
State	D.L. Number	Month/Year to Month/Year

Are you currently taking any over-the-counter medication or prescription medication which can affect hand-eye coordination, driving skills, judgment, physical or psychological actions or reactions?	
No <input type="checkbox"/> Yes <input type="checkbox"/>	If Yes, Explain:

A history of illicit drug use does not necessarily preclude you from employment with this agency. List all illegal substances used, and/or any prescription medications obtained illegally:			
Drug	Date First Used	Date Last Used	Times Used

Are you a U.S. citizen? No  Yes  By birth  or by naturalization

The following items must be returned with this application. Failure to supply the following items will result in no further consideration of this application:

- A copy of your high school diploma or GED
- A copy of DD214 forms (for military personnel) showing character of service
- A copy of your birth certificate
- A copy of your marriage and/or divorce decree(s)

**I hereby swear or affirm that there are no willful misrepresentations, falsifications, or omissions on this document. I am aware that should an investigation disclose such willful misrepresentations, falsifications, or omissions, my application will be rejected and I will be disqualified from applying for a fixed period of time for any position in the Anderson County Sheriff's Office. If, after my acceptance for employment, subsequent investigation should disclose omissions, falsifications, or misrepresentations, it will be just cause for dismissal.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires



# OFFICE OF THE SHERIFF

## ANDERSON COUNTY SC

### JUDGMENT STATEMENT AFFIDAVIT

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_, do hereby certify that  
Zip

I have no judgments against me in the County of \_\_\_\_\_  
in which I reside, or any other County in South Carolina.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SWORN TO AND SUBSCRIBED TO BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC FOR SOUTH CAROLINA

My Commission Expires: \_\_\_\_\_



# OFFICE OF THE SHERIFF

## ANDERSON COUNTY SC

### WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize you to furnish the Anderson County Sheriff's Office any and all information that you have concerning me, including, but not limited to: **records of internal investigations, work record, information concerning my reputation, my medical records, my military service records and my financial status.** Information of a confidential or privileged nature may be included. Your reply will be used to assist in determining my qualifications and fitness for the position that I am seeking with the Anderson County Sheriff's Office.

I am aware of and understand my rights under Title 15, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that the Anderson County Sheriff's Office will use information furnished in conjunction with their employment procedures.

I further release you, your organization, and others from any liability or damage that may be caused from furnishing the information requested. I release from liability and hold harmless, the Anderson County Sheriff's Office, the Sheriff, his deputies, agents and assigns from any and all liability in any way associated with the processing of my application even if they be negligent.

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Applicant's Name (Printed)

Date of Birth

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Signature of Applicant

Date Signed

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SSN

Witness Signature