



LANCASTER COUNTY SHERIFF'S OFFICE

Barry S. Faile, Sheriff

Application for Employment

Attention Applicant: Completing this packet is your first step towards joining the Lancaster County Sheriff's Office, a dynamic law enforcement agency dedicated to excellence in public service. In order to present the strongest, most accurate record of your qualifications and skills, please read this packet thoroughly and prepare it carefully. Neither this application, the attendant forms, or any of the language used herein implies or creates any type of employment contract between LCSO and the applicant/employee, nor do they create any contractual rights or entitlements. **No promises or assurances (whether written or oral) which are contrary to or inconsistent with this paragraph create any contract of employment.** All LCSO employees have at least occasional access to law enforcement sensitive information. As such they are subject to a thorough pre-employment background investigation, and must complete the entire application and sign where required.

Position for Which You Are Applying:

- Deputy Sheriff Detention Officer Administrative
- Other (specify) _____

Personal/Contact Information

NAME _____
Last First Middle Suffix?

ADDRESS _____
Number & Street City State Zip Code

HOME/DAY TELEPHONE _____ EVENING/ALTERNATE TELEPHONE _____

SOCIAL SECURITY # _____ DRIVERS LICENSE # _____ STATE _____

EMAIL _____ DATE OF BIRTH _____

DATE AVAILABLE TO START _____ CERTIFIED LAW ENFORCEMENT OFFICER? _____

ANY RELATIVES EMPLOYED BY LCSO? (Please list names) _____

MILITARY SERVICE: BRANCH _____ DATES _____ TO _____ DD214 AVAIL? _____

Education (High School/College)

School Name and Location	Dates Attended	Certificate or Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Information

Father

Full Name (No Initials): _____ Nickname(s) or Alias: _____

Living or Deceased: _____

Address: _____ City: _____ State: _____

Occupation: _____

Employer's Name and Address: _____

Military Service: _____
Branch Rank Dates

Mother

Full Name (No Initials): _____ Nickname(s) or Alias: _____

Living or Deceased: _____

Address: _____ City: _____ State: _____

Occupation: _____

Employer's Name and Address: _____

Military Service: _____
Branch Rank Dates

Spouse (If applicable)

Full Name (No Initials): _____ Nickname(s) or Alias: _____

Living or Deceased: _____

Address: _____ City: _____ State: _____

Occupation: _____

Employer's Name and Address: _____

Military Service: _____
Branch Rank Dates

Brothers/Sisters

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Work Experience & History

Describe your work experience in detail beginning with your most recent job (attach additional sheets if required). Include military service (indicate rank) and job related volunteer work, if applicable. Provide an explanation from any gaps in employment. **All information in this section must be complete. A resume may be attached, but not substituted for completing this section.**

Present or last employer _____ Title _____
Address _____ Phone _____
Supervisor _____ Hours per week _____ Annual Salary _____
Months/Years of Employment: From _____ to _____ Total time employed _____
Reason for leaving _____ May we contact? _____
Job duties (provide details) _____

Next most recent employer _____ Title _____
Address _____ Phone _____
Supervisor _____ Hours per week _____ Annual Salary _____
Months/Years of Employment: From _____ to _____ Total time employed _____
Reason for leaving _____ May we contact? _____
Job duties (provide details) _____

Next most recent employer _____ Title _____
Address _____ Phone _____
Supervisor _____ Hours per week _____ Annual Salary _____
Months/Years of Employment: From _____ to _____ Total time employed _____
Reason for leaving _____ May we contact? _____
Job duties (provide details) _____

Next most recent employer _____ Title _____
Address _____ Phone _____
Supervisor _____ Hours per week _____ Annual Salary _____
Months/Years of Employment: From _____ to _____ Total time employed _____
Reason for leaving _____ May we contact? _____
Job duties (provide details) _____

Next most recent employer _____ Title _____
Address _____ Phone _____
Supervisor _____ Hours per week _____ Annual Salary _____
Months/Years of Employment: From _____ to _____ Total time employed _____
Reason for leaving _____ May we contact? _____
Job duties (provide details) _____

Additional Skills, Qualifications, and Experiences

Please list any other job-related skills, qualifications, or licenses which would benefit LCSO in the job for which you have applied (i.e, foreign language fluency, instructor certifications, specific computer skills, etc.)

Background Information

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

HAVE YOU EVER BEEN TERMINATED OR FORCED TO RESIGN FROM ANY JOB? YES NO

IF YES, EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? YES NO

IF YES, LIST ALL CHARGES AND LOCATIONS (OMIT MINOR TRAFFIC VIOLATIONS) _____

Provide the names and contact information of three persons (EXCLUDE relatives and coworkers) who are familiar with your work and personal history:

Name _____ Occupation _____

Address _____ Phone _____

Name _____ Occupation _____

Address _____ Phone _____

Name _____ Occupation _____

Address _____ Phone _____

If you will require any accommodation or assistance during pre-employment background investigation or interview process because of a disability, please describe:

NOTICE OF OBTAINING CONSUMER REPORT (FCRA COMPLIANCE)

In connection with your application of employment, the Lancaster County Sheriff's Office may obtain a consumer report (as defined by the Fair Credit Reporting Act) concerning you from a consumer reporting agency. This report will be used for the purposes of predicting your ability to maintain the financial solvency required of LCSO employees due to their access to law enforcement sensitive information.

LCSO Representative

Date

I have read and understand the above disclosure and hereby authorize LCSO to obtain a consumer report.

Applicant

Date



LANCASTER COUNTY SHERIFF'S OFFICE

Barry S. Faile, Sheriff

Applicant Waiver, Consent, and Certifications

Applicant Name: _____ Social Security Number: _____

Telephone: _____ Date: _____

This County is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, age or disability. Your opportunity for employment with this County depends solely on your qualifications.

TO WHOM IT MAY CONCERN: I am applying for employment with the Lancaster County Sheriff's Office. LCSO must thoroughly investigate my academic, employment, and personal histories to evaluate suitability for employment.

I hereby authorize any LCSO representative bearing this release (or a facsimile thereof) to obtain any information regarding me in your files, and hereby direct you to release such information as soon as practicable upon the request of the bearer. I hereby authorize a review of, and full disclosure of, all records or any part thereof whether said records are public, private, or confidential. This information may include (but is not limited to) military service records, educational records, financial records, credit reporting information, criminal history records, driving records, employment files (to include investigatory files), complaints, efficiency/personnel evaluations, and/or complaints/grievances filed by or against me).

I hereby release you, your organization, and all others from liability or damages which may result from providing the information requested, to include damages or remedies provided for by State or Federal law. Regardless of any agreement I may have made earlier, I hereby release your organization (including it's officers, employees, and related personnel) from all liability for damages of whatever kind which may result in regard to me or my heirs, family, and/or assigns.

For and in consideration of the LCSO acceptance, review, and processing of my application materials, I agree to hold LCSO and all of its employees or agents harmless from any claims liability associated with my application for employment or in any way connected with a decision not to employ me. I understand that if LCSO's pre-employment background investigation reveals criminal activity, that information will be forwarded to the appropriate law enforcement authority.

I understand my rights pursuant to §5 USC 552A (Privacy Act of 1974) with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by LCSO in conjunction with pre-employment screening procedures. A photocopy or facsimile of this release shall be valid as an original thereof, even though the copy may not contain an original writing of my signature. This release and waiver shall remain valid and in force for a period of 60 days from the date upon which I signed it.

Should any questions arise as to the validity of this release, you may contact me at the telephone number listed at the top of this form.

Applicant Signature

LCSO Representative

PLEASE READ THE FOLLOWING STATEMENTS AND SIGN BELOW

Student Loans: SC State law (§59-111-50) prohibits employment with the State or its political subdivisions to persons who have defaulted on certain student loans, unless they can prove that satisfactory arrangements have been made for repayment. I certify by my signature below that I am not currently in default on a student loan.

Physical Examination: The LCSO hiring process may include a physical examination. If required, a physician provided by Lancaster County will provide the examination to me at no expense. The examination will include a test for drug dependency or use, and by my signature below, I consent to such an examination and test.

Terms of Employment: Neither this application, and attendant forms, or any of the language used herein implies or creates any type of employment contract between LCSO and the applicant/employee, nor do they create any contractual rights or entitlements. *No promises or assurances (whether written or oral) which are contrary to or inconsistent with this paragraph create any contract of employment.* If I am eventually employed, I understand that such employment is at-will and may be terminated by either party with or without notice at any time, for any reason or no reason. No one other than the Sheriff possesses any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing.

Veracity: I understand that LCSO may verify the information I have provided within this application and/or in personal interviews. By my signature below, I affirm, agree, and understand all statements made within this application to be true and accurate. I further understand that any misrepresentation, falsification, or material omission of information or data may result in exclusion from further consideration, or (if hired) termination of employment. My signature also certifies that I understand any offer of employment to be conditional upon successful completion of the LCSO pre-employment background investigation.

Applicant Signature

LCSO Representative Signature