



Personnel Department

P.O. Box 419

Bennettsville SC 29512

Application for Employment

Personal Data

Print Name: Last: _____ First: _____ MI: _____

DOB: ____/____/____ Social Security: ____ - ____ - ____ Phone: () _____

Address: _____
Street or Post office Box City State Zip Code

What position are you applying for? _____

Do you have a valid South Carolina Driver's License? _____

Drivers License No. _____ State _____ Expiration Date _____

Do you have a CDL License? _____ If yes, number _____

Are you a citizen of the United States? _____

Have you worked for the County of Marlboro? _____ If yes, when? _____

What position? _____

Do you have any relatives employed by the County of Marlboro? _____

If yes, give

Name _____ Relationship _____ Department _____

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Education

What specific academic, technical, or professional education have you had that relates to the job you are applying for? _____

Circle last grade completed 1 2 3 4 5 6 7 8 9 10 11 12 / GED / College

<u>Name and Location of School</u>	<u>Dates Attended</u>	<u>Graduated</u>	<u>Degree</u>	<u>Major</u>
_____	_____	yes / no	yes / no	_____
_____	_____	yes / no	yes / no	_____
_____	_____	yes / no	yes / no	_____

Office Skills/Equipment

Example (Transcription, 10 key calculator) _____

Computer Skills _____

Equipment you can operate

Truck / Dump Truck _____ Yes _____ No Back Hoes _____ Yes _____ No

Other _____

Work Requirements

- A. Minimum Salary _____ hourly / weekly / monthly / yearly
- B. Do you have transportation to and from work? _____ Yes _____ No
- C. What hours are you available for work? From _____ To _____
- D. If necessary, will you work shift? _____ Yes _____ No
- E. If necessary, will you work overtime? _____ Yes _____ No
- F. Have you ever been denied bonding? _____ Yes _____ No If yes, give details

G. Have you ever been convicted of or pled guilty or no contest to any crime other than a minor traffic violation? _____

(Conviction of a crime will not absolute bar to employment)

Employment History

- A. Are you currently employed? _____ Yes _____ No
- B. Have you ever been discharged or forced to resign from any position? _____ Yes _____ No If yes, please explain

- _____

- C. Read carefully before completing the remainder of this section. It is important that this section be completed in detail if your experience is to be fairly evaluated.
 - 1. Give specific information about the nature and responsibilities of each position you have held. Use a separate block for each position, even if it is with the same employer.
 - 2. List all employment including military service, part time, and self-employment. Include all periods of unemployment except those during which you were full time student at an academic or technical institution.
 - 3. A resume may not be substituted for this section. However, a resume may be attached upon full completion of this application.
 - 4. Start with most recent position and work back to first position you held.
 - 5. If space is too limited for listing all employment record, you may use additional sheet of paper following the same format used below. Sign your name and attach to this application.

1. Current or Most Recent Position

Company Name _____ Phone _____

Position Title _____

Address _____

May we contact? ____ Yes ____ No Supervisor's Name _____

Dates employed in this position: From _____ / _____ To _____ / _____

Name on employment records if different from present name: _____

Description of specific duties: _____

Reason for leaving _____

2. Next Most Recent Position

Company Name _____ Phone _____

Position Title _____

Address _____

May we contact? ____ Yes ____ No Supervisor's Name _____

Dates employed in this position: From _____ / _____ To _____ / _____

Name on employment records if different from present name: _____

Description of specific duties: _____

Reason for leaving _____

3. Next Most Recent Position

Company Name _____ Phone _____

Position Title _____

Address _____

May we contact? ____ Yes ____ No Supervisor's Name _____

Dates employed in this position: From _____ / _____ To _____ / _____

Name on employment records if different from present name: _____

Description of specific duties: _____

Reason for leaving _____

Please read the following statements carefully and sign

The County of Marlboro is an Equal Opportunity Employer and as such will recruit and hire employees without regard to race, religion, color, political affiliation, physical disability, national origin, sex or age except when physical condition is a Bonafede occupational qualification.

This application must be filled out in detail. Failure to complete all sections, or to sign this form may result in being returned for completion, causing delay or possible disqualification.

This application will remain active to six (6) months from the date submitted.

I understand and agree that acceptance of this application in no way obligates the County of Marlboro to employ me of that there are any positions available.

As an applicant for employment with the County of Marlboro, I have furnished information for use in determining my qualifications for employment. I hereby authorize the County of Marlboro to conduct a thorough background investigation to further support the statements contained herein.

I hereby release the County of Marlboro, current and past employers and references named herein, from liability or damage resulting from providing information requested.

If I request herein that my present employer not be contacted, an offer of employment will be conditioned upon acceptable information and verification from such employer prior to beginning work.

I understand, if and after a job offer is made, I must submit to a physical examination (County paid) and to answer truthfully such questions as the County may deem necessary.

I understand and agree that if employed, I shall have the right to terminate my employment at any time, with or without notice and with or without cause and the County shall have the same right.

If employed, I agree to abide by all present and subsequently issued personnel policies and rules of the County.

I, (print name) _____ hereby affirm that all statements made herein are true and correct to the best of my knowledge and understand that any misrepresentation may result in my being disqualified from further consideration of being terminated should I already be employed by the County of Marlboro. My signature conveys that I have read, understand and agree to all statements listed above.

Signature _____ Date _____



Marlboro County Sheriff's Office

Interim Sheriff Larry McNeil
Justice Complex 239 Throop Street
P.O. Box 577 Bennettsville SC 29512
Ph. 843-479-5605 Fax 843-479-2851

Records Check Release Form

I, _____, give Marlboro County Sheriff's Office of Bennettsville, SC my permission to run my driving record and conduct a criminal background check using my name and personal references. I understand the information given and received will be kept confidential.

Print
Full Name _____

Maiden Name (if applicable) _____

Other Former Names (list all that apply) _____

Date of Birth _____

Social Security # _____

Driver's License# _____

Issuing State _____

Signature

Date



SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY



RELEASE AND AUTHORIZATION

ITEM I - RELEASE

I, the undersigned Officer, hereby freely, knowingly and voluntarily request permission to enter and participate in the police pistol, practical problems and/or driving range training programs to be conducted with the SC Criminal Justice Academy ("hereinafter referred to as the "Academy") located at 5400 Broad River Road, Columbia, South Carolina.

FURTHER, upon entering and participating in such activities and/or programs, I do so fully realizing and understanding the nature and purpose-policies, rules and regulations of the Academy, and I do hereby release the Academy, the State of South Carolina, and all employees and /or agents of said Academy, agencies and/or departments from liability from any and all acts or omissions that may cause direct or indirect injury to my person or property.

FURTHER, I freely and voluntarily (without duress and coercion, direct or indirect), with full and complete knowledge of all of the above facts and possible consequences, give this Release and assume any and all risks and liabilities which may be incurred by and in my participation in any and all activities directly or indirectly related to and in the course of the above programs and/or activities.

ITEM II - AUTHORIZATION TO RELEASE INFORMATION

I, the undersigned Officer, hereby authorize the Law Enforcement Training Advisory Council and the Academy to release any information in its files pertaining to my certification, recertification, decertification, accreditation, maintenance of accreditation, withdrawal of, including but not limited to, academic achievement, attendance, physical fitness, personal history and disciplinary records to any South Carolina Law Enforcement Agency by which I may be employed or to its authorized representatives.

I hereby release the Law Enforcement Training Advisory Council and the Academy including its Chairman, Executive Director, members, employees, and agents, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs or assigns, because of compliance with this Authorization to Release Information, or any attempt to comply with it.

Dated: _____

Signed in the Presence of:

Witness Signature

Officers Signature

Academy ID #

Current Home Address

County

Phone Number

Social Security Number



HONOR SYSTEM
 prescribing the
ORGANIZATION, RULES AND PROCEDURES
 for the
STUDENT HONOR SYSTEM
SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY



SECTION I – The Student Honor System

THE SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY STUDENT MANUAL AND HONOR CODE: These documents prescribe the organization, rules and procedures for the honor system of the South Carolina Criminal Justice Academy and shall be known, referred to, and cited as The South Carolina Criminal Justice Academy Honor System.

SECTION II – The Student Honor Code

1. **THE HONOR CODE:** The Honor Code of, by, and for the South Carolina Criminal Justice Academy. The code states that a student does not lie, cheat, or steal, nor tolerate those who do. The code is the heart of the honor system and its purpose is to maintain honor and integrity within the law enforcement profession.
2. **LYING:** Making a false official statement. An official statement is defined as a statement, written or oral, made to a squad leader, class leader, or staff member of the South Carolina Criminal Justice Academy. Quibbling is the use of ambiguous or vague language to evade a point at issue. Quibbling will be considered and treated as a false official statement. The use of any document, on or off campus, to misrepresent one's identity or status to gain a benefit that one would not have received without the misrepresentation will be considered and treated as a false official statement.
3. **CHEATING:** Receiving or giving aid on a test or examination. Test or examination includes any work performed for which a grade is received. Plagiarism is a violation of the honor code. Plagiarism is the act of using someone else's words or ideas as your own without giving proper credit to the source. Do not use notes/note cards from prior students. Do not make copies of other students' notes. The use of any unauthorized outside sources for study materials, study guides or to generate study questions is prohibited and a violation of the Honor Code. Unauthorized outside sources include but are not limited to any web based study site, or smart phone apps. If there is any question about authorization please ask the Basic Training Coordinator. *STUDENTS ARE EXPECTED TO DO THEIR OWN WORK.*
4. **STEALING:** Taking without authority personal, government or Academy property.
5. **TOLERATION:** Failure to report a case of lying, cheating, or stealing as defined above to the proper authorities.
6. **Persons Subject to the Honor Code:** All students attending South Carolina Criminal Justice Academy classes or training programs are subject to the honor code at all times except when the student is furloughed for the weekend. While the honor system is not in effect during the weekend, candidates are still expected to abide by the honor code.
7. **Ignorance No Defense:** Ignorance of the provisions of the honor code shall NOT be accepted as a defense by the Administration.

Student's Signature: _____ Date: _____

Print Name: _____ Academy ID# _____

Witness' Signature: _____ Date: _____

Marlboro County Detention Center
Hiring Questionnaire

Please answer the following questions truthfully then sign and date below.

Print Name: Last: _____ First: _____ MI: _____

Will you be willing to come in on your days off if needed? _____

Can you work first and second shift? _____

Can you work over when necessary? _____

Are you a team player? _____

Do you have any problems following rules and regulations? _____

Do you have any problem following instructions from your supervisors? _____

Is there anything that would hinder you from reporting to work on time? _____

Do you have any problems doing any bending, stooping, climbing stairs or lifting 50 pounds or less? _____

Do you have any medical conditions that may get in the way of you coming to work? _____ if yes please

Explain _____

Note: If you are found getting involved with an inmate personally or intimately, or caught bringing in contraband, you will be terminated and face criminal charges.

Signature: _____

Date: _____

Sincerely,



M. Travis Bragg, Warden



Hire Attestation for Law Enforcement Certification



By signing below, as the applicant for certification, I attest that I am aware of the minimum standards for employment as a law enforcement officer, that I meet or exceed each of those requirements, that the information provided on my application to the Academy and all other information submitted by me, both oral and written throughout the employment process, is thorough, complete, and accurate to the best of my knowledge.

I further attest, if previously certified out of state, I have never had a Law Enforcement Certification revoked or denied for any reason in any other state.

If I am issued a firearm, I attest that I am lawfully allowed to carry a firearm.

I further understand and agree that any omission, falsification or misrepresentation of any fact or portion of such information can be the sole basis for termination of my employment and/or denial, suspension, or revocation of my certification at any time. I specifically acknowledge that my continued employment and certification are contingent on maintaining the minimum standards for employment as a law enforcement officer.

Printed Name of Candidate

Signature of Candidate

Candidates Academy ID #

Today's Date

Witness Signature

Please submit the following items with your application:

Copy of High School Diploma or transcript

Copy of Birth Certificate

Copy of Social Security Card

Copy of Driver's License (front and back)

Copy of Covid-19 Vaccination Card