



# Jasper County Sheriff's Office

Chris Malphrus | Sheriff

12008 N. Jacob Smart Blvd. | PO Box 986 | Ridgeland, SC 29936

Phone: (843) 726-7777 | Fax: (843) 726-7778

Dear Applicant,

We appreciate your interest in a position within the Jasper County Sheriff's Office. As a candidate to become a law enforcement officer with the agency, you must meet the following basic requirements:

- Be at least 21 years of age
- Be a high school graduate or have a GED equivalent
- Possess a valid South Carolina Driver's License or be eligible to obtain one.
- No convictions for any criminal offenses that is a felony; or any criminal offenses that carry a sentence of one (1) or more; or, any criminal offenses that involve moral turpitude.  
*\*Forfeiture of a bond, a guilty plea, or a plea of nolo contendere is considered the equivalent of a conviction.*
- Be of good moral character (as determined by background investigation).

Based on the information provided on the application, we will interview the most qualified applicants. Please provide items listed below for your application to be processed. You may include other documentation that you feel will improve your application.

- Birth Certificate
- Social Security Card
- High School Diploma or GED Certificate, College Transcript – if claiming college credits.
- DD-214, if applicable
- South Carolina Driver's License
- Driving History (Required if licensed outside of South Carolina in the last five (5) years.
- Recent credit history report.

If you have any questions, please call the Jasper County Sheriff's Office at (843) 726-7777.

Respectfully,

A handwritten signature in black ink that reads "Chris Malphrus".

Chris Malphrus  
Sheriff



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## AUTHORIZATION FOR RELEASE OF INFORMATION

This certifies that the application completed by me and all entries and information contained therein are true and complete. Failure to answer any part fully and truthfully may subject me to immediate dismissal.

I hereby authorize my former employers and/or references to furnish any information concerning my personal character, habits, or employment record, and I hereby release all such persons from any liability or damages on account of having furnished this information. I further authorize my former employers to release any positive drug test results or alcohol tests greater than 0.04, or any refusals to be tested. I also agree to furnish such additional information and complete such examinations as may be required by the Jasper County Sheriff's Office.

It is agreed and understood that this application for employment in no way obligates the Jasper County Sheriff's Office to employ me. I also understand and agree that if hired, my first six months of employment shall be on a probationary basis, and the probationary period does not end until the Department Head submits a personnel action request. I further understand that during the probationary period, the Jasper County Sheriff's Office may terminate my employment without any recourse on my part.

I hereby authorize the Jasper County Sheriff's Office to investigate the information contained in my employment application and to do all that is necessary to verify the accuracy of the information. I further authorize any past or present employer, any law enforcement agency, or any school or personal reference to release to the Jasper County Sheriff's Office, any and all information contained in my work record, police record, school record, and personal references.

I hereby release any past or present employers, any law enforcement agency, any schools, personal references and any and all of their employees from any liability in furnishing such information to the Jasper County Sheriff's Office.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE JASPER COUNTY SHERIFF'S OFFICE TO FURNISH THE ABOVE-MENTIONED INFORMATION.

Printed Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

By signing below, I acknowledge that I have read and understand the statement above.

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

**State of South Carolina**  
**Employment Application**

**Jasper County Sheriff's Office**

12008 N Jacob Smart Blvd. | PO Box 986

Ridgeland, SC 29936

(843) 726-7777 | jcsco.net



Equal access to programs, services and employment opportunities is available to all persons without regard to race, color, sex (including pregnancy, sexual orientation and gender identity), religion, national origin, disability, age, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the American with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Telephone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Academy Number (if applicable): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

What is the best time to reach you by phone? \_\_\_\_\_

May we contact you at work?  Yes  No

If yes, what number should we call and when?

AM  
PM

Have you submitted an application here before?  Yes  No

If yes, give the application date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before?  Yes  No

If yes, give dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Is this application a request for reemployment following an extended military leave of absence from this company?

Yes  No

*If yes, additional information may be requested.*

Are you lawfully authorized to work in the United States?

Yes  No

Date available for work: \_\_\_\_\_

What is your desired salary range or hourly rate of pay?

\$ \_\_\_\_\_ per \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  
 Seasonal  Temporary

Will you relocate if the job requires it?  Yes  No

Will you travel if the job requires it?  Yes  No

If they have been explained to you, are you able to meet the attendance requirements of the position you are applying for?

N/A  Yes  No

Will you work overtime if the job requires it?  Yes  No

*If no, please explain why:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying for (with or without reasonable accommodations)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later state to the extent permitted by law.

Yes  No  Need more information to respond

A driver's license number is required if driving may be required in the job for which you are applying for.

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been bonded? .....  Yes  No

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime? .....  Yes  No

Note: Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as the date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into consideration. You are not obligated to disclose expunged charges.

If yes, please provide date(s) and details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever entered into an agreement with any former employer or other party (such as noncompetition agreement) that might, in any way, restrict your ability to work for our agency?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

Please start with your most recent employer, and provide the following information:

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Starting Job Title: \_\_\_\_\_ Final Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

May we contact your supervisor for reference?  Yes  No  Later

Supervisor Contact Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
From (dd/mm/yy) To (dd/mm/yy)

Starting Compensation: \$ \_\_\_\_\_ per \_\_\_\_\_

Final Compensation: \$ \_\_\_\_\_ per \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities: \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What did you like least about your position? \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Starting Job Title: \_\_\_\_\_ Final Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

May we contact your supervisor for reference?  Yes  No  Later

Supervisor Contact Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
From (dd/mm/yy) To (dd/mm/yy)

Starting Compensation: \$ \_\_\_\_\_ per \_\_\_\_\_

Final Compensation: \$ \_\_\_\_\_ per \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities: \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What did you like least about your position? \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Starting Job Title: \_\_\_\_\_ Final Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

May we contact your supervisor for reference?  Yes  No  Later

Supervisor Contact Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
From (dd/mm/yy) To (dd/mm/yy)

Starting Compensation: \$ \_\_\_\_\_ per \_\_\_\_\_

Final Compensation: \$ \_\_\_\_\_ per \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities: \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What did you like least about your position? \_\_\_\_\_

## EMPLOYMENT HISTORY

Explain any gap(s) in your employment, other than those due to personal illness, injury, or disability: \_\_\_\_\_

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If not addressed on the previous page, have you ever been terminated or asked to resign from a job? \_\_\_\_\_  Yes  No

If yes, please explain: \_\_\_\_\_

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## SKILLS & QUALIFICATIONS

Summarize any special training, skills, languages, licenses, and/or certificates; and your level of experience, that may assist you in performing the position for which you are applying for:

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## EDUCATIONAL BACKGROUND

Starting with your most recent school attended, provide the following information.

School (include City and State)	# of Years Completed	Completed (Degree/ GED/ Certification)	GPA	Major/Minor
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School (include City and State)	# of Years Completed	Completed (Degree/ GED/ Certification)	GPA	Major/Minor
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School (include City and State)	# of Years Completed	Completed (Degree/ GED/ Certification)	GPA	Major/Minor
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School (include City and State)	# of Years Completed	Completed (Degree/ GED/ Certification)	GPA	Major/Minor
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## REFERENCES

List names and telephone numbers of three business/work references who are NOT related to you, and are NOT previous supervisors. If not applicable, list three school or personal references who are NOT related to you.

Name	Title	Relationship	Telephone Number	E-Mail	# of Years Known
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Name	Title	Relationship	Telephone Number	E-Mail	# of Years Known
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Name	Title	Relationship	Telephone Number	E-Mail	# of Years Known
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## RELATED INFORMATION

When answering these questions, please exclude any information that would reveal race, color, sex (including pregnancy, sexual orientation, and gender identity), religion, national origin, disability, age, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong? \_\_\_\_\_

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List special accomplishments, publications, awards, etc. \_\_\_\_\_

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List any relevant volunteer work. \_\_\_\_\_

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Is there any other job-related information you want us to know about you? \_\_\_\_\_

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## APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions, and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process, and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment, and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform services requested by the employer.

**This agency does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her race, color, sex (including pregnancy, sexual orientation and gender identity), religion, national origin, disability, age, genetic information, or any other protected status under applicable federal, state, or local law.**

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

### DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date Signed: \_\_\_\_\_