



## *FLORENCE COUNTY SHERIFF'S OFFICE*

*Kenney Boone, Sheriff*

### **Florence County Sheriff's Office** **Application Packet Contents:**

- Information Sheet**
- Application Checklist**
- Application**
- Personal Information Release Waiver**
- Physical Fitness Standards**

## **Information Sheet for Applicants**

Your application packet contains an application and a summary of the physical requirements to be a Sheriff's Deputy. In an effort to make the application process for a position with this agency a smooth and easy process, we offer the following guidelines:

1. You will need to include a copy of the following information with your application:

- |                               |                                   |
|-------------------------------|-----------------------------------|
| *A. Driving History           | E. Any current LEO certification  |
| B. Birth Certificate          | F. A recent photograph            |
| C. High School Diploma        | G. Copy of Social Security card   |
| D. Three letters of reference | H. Copy of valid driver's license |

\* You may go by any Highway Department (DMV) location and get a copy of your South Carolina driving history. If you have, in the past ten years, had an out of state driver's license, you must contact the state's appropriate agency.

2. The packet must be returned to Katherine McCain at the Law Enforcement Complex in Effingham. Incomplete applications will NOT be considered for employment. Applications may be returned by mail to:

**Mrs. Katherine McCain  
Florence County Sheriff's Office  
6719 Friendfield Road  
Effingham, SC 29541**

3. Upon the satisfactory completion of the requirements listed above, you will be placed on an eligibility list for a period of one year. During that year, as vacancies occur, you may be called in to interview for various entry level positions. If you are interviewed but not hired, you will be placed back on that eligibility list.

4. Once you are given a conditional offer for employment, you will have to satisfactorily pass:

- |                             |                          |
|-----------------------------|--------------------------|
| A. Credit History           | D. Psychological Testing |
| B. Background Investigation | E. Medical Exam          |
| C. Drug Screen              |                          |

*If you have any questions or need help with this process, please contact Katherine McCain at (843) 665-2121 ext. 364*

## **Applicant Checklist:**

The following items **MUST** be returned to Katherine McCain at the Law Enforcement Complex in Effingham:

- Completed Application
- A copy of your social security card
- A copy of your birth certificate
- A *certified* copy from the SCDMV of your 10 year driving history (or any out of state driver's history if within the last ten years)
- A copy of your high school diploma
- Three letters of reference (non-family) which include:  
The author's name, address, telephone number, information on your relationship, and character
- Completed, signed and notarized waiver
- A recent photograph
- Any current Law Enforcement Officer Certifications

If you have any questions, please call Katherine McCain at (843) 665-2121 ext. 364

**Personal Inquiry Waiver**  
**Authority for Release of Information**

To: Concerned Person or Authorized Representative of  
any Organization, Institution or Repository of Records

I respectfully request and authorize you to furnish the Florence County Sheriff's Office any and all information that you may have concerning my work record, school record, reputation, financial status and military records. Please include any record of detainment, arrest, and conviction by any law enforcement agency including information of a confidential or privileged nature, and photocopies of same if requested. This information is to be used to assist the Sheriff's Office in determining my qualifications and fitness for the position I am seeking.

I hereby release to you, your organization or others from any liability or damage which may result from furnishing the information requested above.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

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

**AFFIDAVIT**

State of South Carolina  
County of Florence

PERSONALLY appeared before me the said, \_\_\_\_\_,  
who being duly sworn, states the he/she executed the above instrument of his own free  
will and accord, with full knowledge of the purpose therefore.

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

\_\_\_\_\_ My commission expires: \_\_\_\_\_  
Notary Public for South Carolina

## AUTHORIZATION:

I hereby authorize the Florence County Sheriff's Office to order a consumer credit report and verify other credit information. This authorization specifically consents to the credit bureau's release of any medical information that may be contained in the consumer report.

This authorization is given freshly and voluntarily and is given with my application for employment by the Florence County Sheriff's Office, and I understand the Florence County Sheriff's Office intends to secure a credit report. It is understood that a copy of this form will also serve as an authorization.

\_\_\_\_\_  
Signature of Applicant

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

Witness: \_\_\_\_\_

# 1.5 Mile Run

## Time for 1.5 Mile Run in Minutes and Seconds

Age Group		20-29	30-39	40-49	50-59
<b>POINTS</b>					
<b><u>SUPERIOR</u></b>	<b>6</b>				
<b>Male</b>		8:13 & Below	8:44 & Below	9:30 & Below	10:40 & Below
<b>Female</b>		10:47 & Below	11:49 & Below	12:51 & Below	14:20 & Below
<b><u>EXCELLENT</u></b>	<b>5</b>				
<b>Male</b>		8:14 -10:16	8:45-10:47	9:31-11:44	10:41-12:51
<b>Female</b>		10:48-12:51	11:50-13:43	12:52-14:31	14:21-15:57
<b><u>GOOD</u></b>	<b>4</b>				
<b>Male</b>		10:17-11:41	10:48-12:20	11:45-13:14	12:52-14:24
<b>Female</b>		12:52-14:24	13:44-15:08	14:32-15:57	15:58-16:58
<b><u>FAIR</u></b>	<b>3</b>				
<b>Male</b>		11:42-12:51	12:21-13:36	13:15-14:29	14:25-15:26
<b>Female</b>		14:25-15:56	15:09-15:57	15:58-16:58	16:59-17:54
<b><u>POOR</u></b>	<b>2</b>				
<b>Male</b>		12:52-14:13	13:37-14:52	14:30-15:41	15:27-16:43
<b>Female</b>		15:27-16:33	15:58-17:14	16:59-18:00	17:55-18:49
<b><u>VERY POOR</u></b>	<b>1</b>				
<b>Male</b>		14:14-17:48	14:53-18:00	15:42-18:51	16:44-19:36
<b>Female</b>		16:34-19:25	17:15-19:27	18:01-20:04	18:50-20:47

To obtain the score for the 1.5 mile run, locate the time within your age and sex bracket.

Applicants must have a minimum score of 10 points after all tests.

# Bench Press

## Percent of Body Weight Successfully Lifted

Age Group	POINTS	20-29	30-39	40-49	50-59
<b><u>SUPERIOR</u></b>	<b>6</b>				
<b>Male</b>		163% above	135% & above	120% & above	105% & above
<b>Female</b>		101% & above	82% & above	77% & above	68% & above
<b><u>EXCELLENT</u></b>	<b>5</b>				
<b>Male</b>		132%-162%	112%-134%	100%-119%	90%-104%
<b>Female</b>		80%-100%	70%-81%	62%-76%	55%-67%
<b><u>GOOD</u></b>	<b>4</b>				
<b>Male</b>		114%-131%	98%-111%	88%-99%	79%-89%
<b>Female</b>		70%-79%	60%-69%	54%-61%	48%-54%
<b><u>FAIR</u></b>	<b>3</b>				
<b>Male</b>		99%-113%	88%-97%	80%-87%	71%-78%
<b>Female</b>		59%-69%	53%-59%	50%-53%	44%-47%
<b><u>POOR</u></b>	<b>2</b>				
<b>Male</b>		88%-98%	78%-87%	72%-79%	63%-70%
<b>Female</b>		51%-58%	47%-52%	43%-49%	39%-43%
<b><u>VERY POOR</u></b>	<b>1</b>				
<b>Male</b>		72%-87%	65%-77%	59%-71%	53%-62%
<b>Female</b>		44%-50%	39%-46%	35%-42%	30%-38%

$$\text{Bench Press Weight Ratio} = \frac{\text{Weight Pushed in lbs.}}{\text{Body Weight in lbs.}}$$

To obtain the score, determine the percent of body weight successfully lifted and locate that percent within your age and sex bracket.

Applicants must have a minimum of 10 points after all tests.

# 1 Minute Sit-Ups

<b>Age Group</b>		<b>20-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>
<b>POINTS</b>					
<b><u>SUPERIOR</u></b>	<b>6</b>				
<b>Male</b>		55 & above	51 & above	47 & above	43 & above
<b>Female</b>		51 & above	42 & above	37 & above	30 & above
<b><u>EXCELLENT</u></b>	<b>5</b>				
<b>Male</b>		47-54	43-50	39-46	35-42
<b>Female</b>		44-50	35-41	39-36	24-29
<b><u>GOOD</u></b>	<b>4</b>				
<b>Male</b>		42-46	39-42	34-38	28-34
<b>Female</b>		38-43	29-34	24-28	20-23
<b><u>FAIR</u></b>	<b>3</b>				
<b>Male</b>		38-41	35-38	29-33	24-27
<b>Female</b>		32-37	25-28	20-23	14-19
<b><u>POOR</u></b>	<b>2</b>				
<b>Male</b>		33-37	30-34	24-28	19-23
<b>Female</b>		27-31	20-24	14-19	10-13
<b><u>VERY POOR</u></b>	<b>1</b>				
<b>Male</b>		27-32	23-29	17-23	12-18
<b>Female</b>		18-26	11-19	6-13	5-9

To obtain the score, count the number of bent leg sit-ups performed in 1 minute, then locate that number within your age and sex bracket.

Applicants must have a minimum score of 10 points after all tests.



# Flexibility

## Distance in Inches Attained on Sit Reach

To obtain the score locate the number of inches reached within your age and sex bracket.

Age Group		20-29	30-39	40-49	50-59
<b><u>SUPERIOR</u></b>	<b>6</b>				
<b>Male</b>		23 & above	22 & above	21.3 & above	20.5 & above
<b>Female</b>		24.5 & above	24 & above	22.8 & above	23.0 & above
<b><u>EXCELLENT</u></b>	<b>5</b>				
<b>Male</b>		20.5-22.9	19.5-21.9	18.5-21.2	17.5-20.4
<b>Female</b>		22.5-24.4	21.5-23.9	20.5-22.7	20.3-22.9
<b><u>GOOD</u></b>	<b>4</b>				
<b>Male</b>		18.5-20.4	17.5-19.4	16.3-18.4	15.5-17.4
<b>Female</b>		20.5-22.4	20.0-21.4	19.0-20.4	18.5-20.2
<b><u>FAIR</u></b>	<b>3</b>				
<b>Male</b>		16.5-18.4	15.5-17.4	14.3-16.2	13.3-15.4
<b>Female</b>		19.3-20.4	18.3-19.9	17.3-18.9	16.8-18.4
<b><u>POOR</u></b>	<b>2</b>				
<b>Male</b>		14.4-16.4	13.0-15.4	12.0-14.2	10.5-13.2
<b>Female</b>		17.0-19.2	16.5-18.2	15.0-17.2	14.8-16.7
<b><u>VERY POOR</u></b>	<b>1</b>				
<b>Male</b>		10.5-14.3	9.3-12.9	8.3-11.9	7.0-10.4
<b>Female</b>		14.1-16.9	12.0-16.4	10.5-14.9	12.3-14.7

**This test involves stretching out to touch the toes or beyond with extended arms from the sitting position using a yardstick, with 15 inches being at the toes. To obtain the score locate the number of inches reached within your age and sex bracket.**

**Applicants must have a minimum score of 10 points after all tests.**



# Florence County Employment Application

FLORENCE COUNTY  
Human Resources Department  
180 N. Irby Street, Room 605, MSC-S  
Florence, South Carolina 29501  
Phone (843) 665 – 3054  
Toll Free 1 - 800 - 523 – 3577  
[www.florenceco.org](http://www.florenceco.org)

## I. Personal Information

Name \_\_\_\_\_  
Last Suffix First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternate \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Position Applied For \_\_\_\_\_ Date \_\_\_\_\_

*For each position, you must complete a separate employment application. Print legibly in ink or type.*

Have you ever been employed by Florence County?  yes  no

If yes, provide the following information:

Job Title \_\_\_\_\_

Department \_\_\_\_\_

Supervisor \_\_\_\_\_

Dates of Employment From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have any relatives employed by Florence County?  yes  no

If yes, provide the following information:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Department \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Department \_\_\_\_\_

Have you ever been convicted of or plead guilty, or no contest to a crime other than a minor traffic violation?  yes  no

If yes, describe in full.

\_\_\_\_\_

*Failure to disclose all requested criminal record information on your application could result in refusal of employment or discharge if you have already been employed. The nature of any criminal record will be considered in relation to any jobs for which you are applying and will not necessarily keep you from being hired.*



# Florence County Employment Application

Have you ever been bonded?  yes  no

A bond is an insurance agreement for financial and other loss coverage.

## II. Employment History

If presently employed, explain why you are seeking employment with Florence County.

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A resume may be attached but cannot substitute completing this section.

Present or Latest Employer \_\_\_\_\_

Address \_\_\_\_\_

Type of Business \_\_\_\_\_

Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_

Job Title \_\_\_\_\_ Employment Status  full-time  part-time

Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Describe job responsibilities.

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Explain reason(s) for leaving.

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Supervisor \_\_\_\_\_

May we contact?  yes  no

Next Most Recent Employer \_\_\_\_\_

Address \_\_\_\_\_

Type of Business \_\_\_\_\_

Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_

Job Title \_\_\_\_\_ Employment Status  full-time  part-time

Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Describe job responsibilities.

---

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# Florence County Employment Application

Explain reason(s) for leaving.

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Supervisor \_\_\_\_\_

May we contact?  yes  no

Next Most Recent Employer \_\_\_\_\_

Address \_\_\_\_\_

Type of Business \_\_\_\_\_

Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_

Job Title \_\_\_\_\_ Employment Status  full-time  part-time

Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Describe job responsibilities.

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Explain reason(s) for leaving.

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Supervisor \_\_\_\_\_

May we contact?  yes  no

Employer \_\_\_\_\_

Address \_\_\_\_\_

Type of Business \_\_\_\_\_

Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_

Job Title \_\_\_\_\_ Employment Status  full-time  part-time

Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Describe job responsibilities.

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Explain reason(s) for leaving.

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Supervisor \_\_\_\_\_

May we contact?  yes  no



# Florence County Employment Application

### III. References

*Do not list relatives or previous supervisors.*

Name and Occupation	Address	Telephone

### IV. Educational Background

School	Name and Address of School	Course of Study	Graduate	Note Number of Years Completed and List Diploma/Degree/Certification
High School			<input type="checkbox"/> yes <input type="checkbox"/> no	
College			<input type="checkbox"/> yes <input type="checkbox"/> no	
Other			<input type="checkbox"/> yes <input type="checkbox"/> no	



# Florence County Employment Application

## V. Professional Certifications and Licenses

Attach current original certified 10-year driving record if required by job.

Attach copies of required certificates, licenses, other training, etc.

Check Applicable Licenses/Certifications	License and/or Certificate Number	Note Level and/or Type	State Issued	Expiration Date	Active or Inactive
Driver's License					
CDL License					
EMT					
Professional:					
Notary Public					

## VI. Military Service

Have you ever served in the Armed Forces?  yes  no

If yes, attach copy of DD214 Long Form.

## VII. Skills

Shorthand or Speedwriting speed \_\_\_\_\_

Typing Speed \_\_\_\_\_

Software used \_\_\_\_\_ MS Word \_\_\_\_\_ Excel \_\_\_\_\_ Other \_\_\_\_\_

Other Software Skills \_\_\_\_\_

Equipment used \_\_\_\_\_ Adding machine \_\_\_\_\_ Calculator \_\_\_\_\_ Computer \_\_\_\_\_ Other \_\_\_\_\_

Note any equipment, machines, or other skills related to the position.

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## VIII. Other Job Relevant Information

Exclude information that would reveal sex, race, religion, national origin, age, disability or similar distinctions.

Describe other accomplishments, associations, special qualifications or additional information related to the position.

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# Florence County Employment Application

Employment applications submitted without required documentation may be rejected or returned. It is understood and agreed that any misrepresentation or omission of material information by me on this application will be considered sufficient cause of cancellation of the application and/or separation from employment if I have been employed. Furthermore, I understand that all employees of Florence County are employed at-will and may quit or be terminated at any time and for any reason. I understand that no representative of the County has the authority to make any assurances to the contrary.

Florence County is an equal opportunity employer and is committed to providing equal opportunity in its personnel actions. No question on this application is used for the purpose of limiting or excluding an applicant's consideration for employment on a basis prohibited by applicable local, state or federal law.

Florence County endorses a drug-free workplace policy to help ensure the health, safety, and welfare of its employees and the public. I understand that I must successfully submit to a pre-employment drug screening as a condition for employment. I further agree that while employed by the County I will consent to drug and alcohol testing in accordance with the County policy. In addition to the drug screening test, I may be required to submit to a physical examination to determine my fitness for the work to be performed and to receive required immunizations.

I agree to and authorize the County to conduct a criminal background investigation and make any investigation of my personal employment, education and any other related matters as may be necessary in arriving at any employment decision. I also agree to and authorize the County to obtain information from credit bureaus as part of the application process for certain positions. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

I also understand that if I am hired, I will be required to provide proof of identify and legal authorization to work in the United States and that federal law requires me to complete an I-9 form in this regard. It is very important that all documents I provide to the County are legible and properly signed.

NOT A CONTRACT

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

NOT A CONTRACT



# Florence County Employment Application

## Hiring Department Questionnaire

**Check one of the options below and save this document:**

- Applicant selected for interview.
  - If interviewing, print the Employment Application. Have applicant sign and date the Employment Application (in ink).
  
- Applicant not selected for interview.
  - If not interviewing, check the applicable reason below:
    - Applicant does not meet minimum job qualifications.
    - Other applicants are better qualified.