

# Columbus County Sheriff's Office

817 Washington Street, Whiteville NC 28472

[www.columbuscountysheriff.com](http://www.columbuscountysheriff.com)

(910) 642-6551

## INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR COUNTY EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- APPLY FOR ONE JOB POSITION PER APPLICATION.
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).
- LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU LIST YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION. UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

THANK YOU FOR YOUR INTEREST IN COLUMBUS COUNTY SHERIFFS OFFICE. CCSO WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.



# APPLICATION FOR EMPLOYMENT

**COLUMBUS  
COUNTY SHERIFFS  
OFFICE**

Date of Application

Social Security No. . - -		Last Name		First Name		Middle Name	
Date of Birth	Address (Street number and name)			City		County	
State	Zip Code	Phone (Home or where you can be reached)		Email Address			

<b>Availability</b> Do you now work for Columbus County? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you related by blood or marriage to any person now working for Columbus County Sheriff's Office? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name, relationship to you.	If subject to Military Selective Service registration, certify compliance by initialing dotted line
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CHECK the types of work you will accept:  1. Permanent full-time  2. Permanent part-time

If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) \_\_\_\_\_

**Job Applied For :** Indicate below the specific title of the job for which you are applying. Please list no more than one on this application.

\_\_\_\_\_

**Referral Source:** Please indicate your referral source: \_\_\_\_\_

**Education**  
 Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

Schools	Name and Location	Dates Attended (mo/yr) From:	Grad? YES <input type="checkbox"/> NO <input type="checkbox"/>	Major/Minor Course Work	Type of Degree Received
High School				<del>X</del>	<del>X</del>
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>		

Special training programs and seminars you have completed in the last five years (list):

\_\_\_\_\_

If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:

\_\_\_\_\_

Current professional status: (List fields of work for which you have been registered)

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No. \_\_\_\_\_

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No. \_\_\_\_\_

Membership in professional, honorary, or technical societies (list):	<b>DO NOT COMPLETE THIS BLOCK</b> <b>TO BE COMPLETED BY BACKGROUND INVESTIGATOR</b> <b>DEGREES AND PROFESSIONAL CREDENTIALS</b> <input type="checkbox"/> Have been verified
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**Licenses and certifications (List, giving dates and sources of issuance):**

\_\_\_\_\_

Have you ever been charged or convicted of a crime other than a minor traffic violation (i.e. seatbelt ticket, speeding, registration violation)? (A charge or conviction does not mean you cannot be hired. The offense and how recently you were charged or convicted will be evaluated in relation to the job for which you are applying.) If yes list the charge(s) or conviction(s).

YES  NO

Have you ever applied to a criminal justice agency whether state, local or federal? If so list agency and date of application(s). Attach additional sheet if needed.

YES  NO

List counties you have resided in since the age of 18 and county you attended high school in. Indicate what year(s) you lived there. Attach additional sheet if necessary.

**WORK HISTORY** (include volunteer experience) List employers from the last **10 years**. Use additional sheets if necessary.

<b>Current or Last Employer:</b>		Address:	
Job Title:	Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving
Date Separated (mo/yr)	List major duties:		
Full Time    Years    Months			
Part Time    Years    Months			
If part time, number of hours worked per week:			
<b>Employer:</b>		Address:	
Job Title:	Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving
Date Separated (mo/yr)	List major duties:		
Full Time    Years    Months			
Part Time    Years    Months			
If part time, number of hours worked per week:			
<b>Employer:</b>		Address:	
Job Title:	Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving
Date Separated (mo/yr)	List major duties:		
Full Time    Years    Months			
Part Time    Years    Months			
If part time, number of hours worked per week:			

<b>Employer:</b>		Address:	
Job Title:	Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving
Date Separated (mo/yr)	List major duties:		
Full Time    Years    Months			
Part Time    Years    Months			
If part time, number of hours worked per week:			
<b>Personal References</b>	<b>Phone Number</b>	<b>Email Address</b>	<b>Physical Address</b>
<p>I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)</p>			
_____ Signature of Applicant <b>(Unsigned applications will not be considered)</b>		_____ Date	