



Anderson County Sheriff's Office
Sheriff - Chad McBride
Anderson, SC

Phone: (864) 260-4400
www.andersonsheriff.com

305 Camson Rd
Anderson, SC 29625

Application for Citizens Academy

General Instructions:

Type or print information. If a question is not applicable to you, print N/A in that area.

Complete the application accurately and thoroughly .

Your application may be denied if adequate information is not provided.

NOTE: *Intentionally misleading or deceptive answers may justify not accepting you, or may result in punitive action or dismissal if the inaccuracies are discovered after you are selected.*

Minimum Requirements

1. You must be a United States Citizen.
2. Candidates for Citizens Academy must possess a valid driver's license. There shall be no suspensions in the prior five years due to a DUI or leaving the scene of an accident.
3. You must have a State High School Diploma or State GED certificate.
4. You must have a satisfactory criminal history check.

I have read and understand all of the above _____
Signature Date

Return this form to the Director of Personnel, Anderson County Sheriff's Office.

Last Name		First Name		Middle Name	Race	Gender
Telephone Number		Social Security Number		Date of Birth	Email Address	
Aliases, nicknames, maiden name, or other changes in your name:				City or Town & State of your birth:		
Present Address: Number & Street				City or Town		State & Zip
Height	Weight	Color of Eyes	Color of Hair	Scars or distinguishing Marks		

Information concerning spouse and/or former spouses		
Spouse Name/Maiden Name	City Where Married	When
Children and Dependents		
Name	Date of Birth	Address

List All Your Social Media (Facebook, twitter, etc...)	List Your "Handle" or "User Name"

List all arrests or convictions regardless of disposition. Include juvenile offenses and/or any disciplinary action in the military.			
Charge	Date	Agency	Disposition

Driver's license number:	
---------------------------------	--

List all previous Driver's License Provide a certified driver history for each out-of-state license.		
State	D.L. Number	Month/Year to Month/Year

Are you currently taking any over-the-counter medication or prescription medication which can affect hand-eye coordination, driving skills, judgment, physical or psychological actions or reactions?		
Yes	No	If Yes, Explain:

A history of illicit drug use does not necessarily preclude you from employment with this agency. List all illegal substances used, and/or any prescription medications obtained illegally.			
Drug	Date First Used	Date Last Used	Times Used

Are you now, or have you ever been, a member of any foreign or domestic organization or group of people which shows a policy of advocating the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of the Government of the United States by unconstitutional means?

Yes No

If Yes, Explain:

--

Are you a U.S. citizen? Yes No By birth or by naturalization?

The following items must be returned with this application:

A copy of your driver's license.

(Only applications with complete documentation will be considered.)

NOTE: *It is the Applicant's responsibility to make copies prior to submission.*

I hereby swear or affirm that there are no willful misrepresentations, falsifications, or omissions on this document. I am aware that should an investigation disclose such willful misrepresentations, falsifications, or omissions, my application will be rejected and I will be disqualified from applying for a fixed period of time for any programs in the Anderson County Sheriff's Office. If, after my acceptance for the program, subsequent investigation should disclose omissions, falsifications, or misrepresentations, it will be just cause for dismissal.

Signature

Date



ANDERSON COUNTY SHERIFF'S OFFICE

I, _____ permit/authorize this organization to make any investigation of my personal history through any information available on social networking sites and the Internet.

I understand and acknowledge that information contained herein may be subject to disclosure under the South Carolina Freedom of Information Act.

I understand and agree that if I should admit to or divulge my involvement in any criminal offenses during the application process such may be reported to the proper jurisdictional authority for investigation and/or prosecution.

I release from liability, agree not to sue, and hold harmless, the Anderson County Sheriff's Office, Sheriff Chad McBride, his deputies, agents, assigns, and others similarly situated from any and all liability in any way with the processing of my application even if they should be negligent.

Signature of Applicant

Date