



# Aiken County Sheriff's Office Application for Employment

Aiken County Sheriff's Office  
420 Hampton Ave NE  
Aiken, SC 29801  
(803) 642-1768

## Employment Application Information

We appreciate your interest in employment with the Aiken County Sheriff's Office. All applicants must complete an Aiken County Sheriff's Office application. Please complete the application accurately and completely, especially information concerning past employers and references (giving FULL addresses, telephone numbers, etc.). The selection process generally takes a minimum of eight weeks. Questions may be directed to our Administrative Division: (803) 642-1768 or Road Division: (803) 642-1754 or Detention Center Division: (803) 643-1935.

The Sheriff's Office accepts applications on a continual basis. Completed applications may be turned in at the front desk of the Sheriff's Office or Detention Center, Monday through Friday, between 8:30 a.m. and 4:00 p.m. or completed applications may also be emailed to the Sheriff's Office at the following address:

[sheriffjobs@aikencountysc.gov](mailto:sheriffjobs@aikencountysc.gov)

## Minimum Requirements

All applicants must meet the following minimum requirements to be considered for employment. Additional requirements for the positions of Deputy and Detention Officer are outlined below:

- Must have a high school diploma or general equivalency diploma – GED
- Must have a clear criminal history
- Must be a United States citizen
- Driving record must not show disregard for the law
- Credit history must show sound financial management, with the ability to keep accounts paid up-to-date
- Results of all pre-employment tests and interviews must meet standards
- Past employment record must be satisfactory
- Must pass a Drug Test
- Must pass a Polygraph Exam
- Must pass a Psychological Fitness Assessment (Deputy position's only)
- Medical examination results must show that you are capable of performing all of the essential functions of the job for which you are applying, with reasonable accommodation

Additional Requirements Patrol Deputy	Additional Requirements Detention Officer	Additional Requirements Dispatcher
Must be at least 21 years old Must be a South Carolina Resident Must live within 20 miles of Aiken County Possess a valid South Carolina driver's license	Must be at least 21 years old Possess a valid driver's license	Must be at least 21 years old Possess a valid driver's license

## Required Documents

The following documents are required in order for your application to be processed:

- Copy of birth certificate
- Copy of social security card
- Copy of high school diploma or general equivalency diploma – GED
- Copy of valid South Carolina driver's license
- Provide a copy of your driving record from every state (other than South Carolina) you have been licensed to drive in within the past 10 years
- If military veteran, provide copy of DD-214
- Copies of other documents which may be applicable to employment to include certifications, training documents, diplomas, etc.



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## Benefits Information Starting Salaries

<b>Deputy Sheriff</b> \$43,730 - \$47,898	<b>Detention Officer</b> \$37,479 - \$41,646	<b>Dispatcher</b> \$37,479 - \$41,646
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*The Sheriff can adjust the above starting salaries for individuals with higher qualifications (certified officers and college degree).*

### WORK SCHEDULES

Uniform Patrol Deputy: 12 hour shift: (6:00 a.m. - 6:00 p.m., 6:00 p.m. - 6:00 a.m.) 14 day rotation  
Detention Officer: 12 hour shift: (7:00 a.m. - 7:00 p.m., 7:00 p.m. - 7:00 a.m.); 28 day rotation  
Dispatcher: 12 hour shift: (6:00 a.m. - 6:00 p.m., 6:00 p.m. - 6:00 a.m.); 14 day rotation Administrative:  
40 hour work week Monday - Friday

### ANNUAL LEAVE

Five years or less: 10 days per year  
Six to nine years: 12 days per year  
10-14 years: 15 days per year  
15 years or more: 20 days per year

### SICK LEAVE

12 days per year, not to exceed 90 days or 720 hours; and not to exceed 756 hours for 171-shift cycle Officers.

### HEALTH AND DENTAL INSURANCE

ACSO provides medical and dental insurance to employees through a county-funded employee health care plan. Basic coverage is provided at a minimal cost to employees. Employees who wish to cover members of their family may do so through payroll deductions.

Standard plan listed below, other plans available.

- Employee Only
- Employee and Children
- Employee and Spouse
- Employee and Family

### LIFE INSURANCE

ACSO provides life insurance for employees. Basic coverage is provided at no cost. Additional coverage for employees or dependents is available and can be paid for through payroll deduction.

### TYPES OF RETIREMENT SYSTEMS

Full-time employees participate in the South Carolina Retirement System or the South Carolina Police Officer's Retirement System.

### WORKER'S COMPENSATION

The Sheriff's Office operates under and is subject to the Workers' Compensation Act of South Carolina.

### OVERTIME

Employees eligible for overtime are paid at a rate of one and one-half (1 ½) times their regular rate of pay for time worked. Overtime is calculated for any hours worked over 86 in a two week pay period for non-exempt, sworn personnel and any hours worked over 80 in a two week pay period for non-exempt, non-sworn personnel. Overtime may be calculated as compensatory time due to budget restraints.



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**RETURN TO:** Aiken County Sheriff's Office - 420 Hampton Ave., NE Aiken, SC or Email to sheriffjobs@aikencountysc.gov

Position applied for:  Deputy  Detention Officer  Dispatcher  Administrative

Date available to start work: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Last First Middle Initial

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

Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Are you age 18 or Older?  Yes  No DOB: \_\_\_\_\_

Are you a US Citizen?  Yes  No If no, list documents which demonstrate your right to work in the U.S.: \_\_\_\_\_

Do you have a valid Driver's License?  Yes  No State: \_\_\_\_\_ # \_\_\_\_\_

Have you ever worked for Aiken County Government?  Yes  No If yes, Dept.: \_\_\_\_\_

List any equipment, machines, or other skills, qualifications or certifications related to the position for which you are applying:  
\_\_\_\_\_

Have you ever been convicted of or plead guilty or no contest to any crime, other than minor traffic offenses?  Yes  No  
If yes, describe in full:  
\_\_\_\_\_

**Notice: Failure to disclose all requested criminal record information on your application will 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.

**EMPLOYMENT RECORD:** List present or last employer first. (To document additional employment, please record on plain paper and attach to employment application. Attach resume if desired.)

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_ Employment Dates: \_\_\_\_\_ / \_\_\_\_\_  
From To

Address: \_\_\_\_\_  
No. Street City State Zip Code

Position: \_\_\_\_\_ Salary: \_\_\_\_\_ May we contact?  Yes  No

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor: \_\_\_\_\_



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Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_ Employment Dates: \_\_\_\_\_  
From To

Address: \_\_\_\_\_  
No. Street City State Zip Code

Position: \_\_\_\_\_ Salary: \_\_\_\_\_ May we contact?  Yes  No

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_ Employment Dates: \_\_\_\_\_  
From To

Address: \_\_\_\_\_  
No. Street City State Zip Code

Position: \_\_\_\_\_ Salary: \_\_\_\_\_ May we contact?  Yes  No

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor: \_\_\_\_\_

### EDUCATION:

Name/Address of School Major/Minor Graduated  
High School: \_\_\_\_\_  Yes  No

If you did not graduate from high school, have you passed the General Educational Development test?  Yes  No

If yes, when and where did you complete your GED?

School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Technical Education: \_\_\_\_\_  Yes  No

College: \_\_\_\_\_  Yes  No

### MILITARY SERVICE

Were you in the Armed Forces?  Yes  No

Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_ Type of Discharge \_\_\_\_\_ Highest Rank / Grade: \_\_\_\_\_

Have you ever been subject to court martial or disciplinary action to include non-judicial punishment such as Article 15 or Captain's Mast while serving in the military?  Yes  No Explain: \_\_\_\_\_

List three references who are not relatives or former employers:

Name Address Phone #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Aiken County Sheriff's Office is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender except where gender is a bona fide occupational qualification, sexual orientation, marital status, disability or handicap. Further, Aiken County Sheriff's offers equal opportunity to veterans of any status, including veterans of the Vietnam Era.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Aiken County Sheriff's Office to hire me. If hired, I will fully adhere to the policies, rules and regulations of employment. Further, I understand that either Aiken County or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Aiken County Sheriff's Office has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Aiken County Sheriff's Office true and complete information on this application. No requested information has been concealed. I authorize Aiken County Sheriff's Office to contact references provided for employment reference checks and to conduct background checks as needed for employment. I hereby release Aiken County Sheriff's Office from any/all liability of whatever kind and nature, which, at any time, could result from obtaining and having an employment decision based on such information.

If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I understand that successfully passing a physical examination and a drug test is required for employment.

THIS APPLICATION IS ONLY VALID FOR 60 CALENDAR DAYS FROM THE DATE SIGNED.

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



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## PRE-EMPLOYMENT INFORMATION FORM

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, creed, religion, ancestry, age, gender except where gender is a bona fide occupational qualification, sexual orientation, marital status, disability or veterans of any status. To help us comply with Federal/State equal employment opportunity, record keeping, reporting and other legal requirements, please answer the questions below. This Pre-Employment Information will be kept in a **Confidential File** separate from the attached application for employment.

### PLEASE PRINT

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Position applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Sex:  Male  Female

Race/Ethnic Group:  White  Black  Hispanic  Other

Veteran:  Yes  No

How did you hear about the agency?

Advertisement Job Service

Employment Agency

County Employee Name: \_\_\_\_\_

Career Fair Location: Other Specify: \_\_\_\_\_



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## AIKEN COUNTY CONSENT *FOR RELEASE OF INFORMATION*

To Whom It May Concern:

As an employee of Aiken County Sheriff's Office or an applicant for a position with Aiken County Sheriff's Office, I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the investigation of my past and present work, character, education, military and police records to ascertain any and all information, which may be pertinent to my employment qualifications.

The release in any manner of any and all information by you is authorized whether such information is of record or not, and I do hereby release all persons, firms, agencies or companies, whomsoever, from any damages resulting from furnishing such information.

Employee/Candidate's Name: \_\_\_\_\_

Maiden Name (If applicable): \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

Signature: \_\_\_\_\_

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