



Office of the Sheriff

Moss Justice Center
1675 -2A York Highway
York, SC 29745-7430
Tel: (803) 628-3059 * Fax: (803) 628-3075

Bruce M. Bryant
Sheriff

York County Sheriff's Office Pre-Testing Questionnaire

Request Testing for Position(s) _____

Name: _____
Last First Middle

Address: _____
Street City State Zip code

Telephone Numbers: _____
Home Number Mobile/Beeper/Other E-mail Address

Social Security Number # _____ Are you a United States Citizen? _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? YES ___ NO ___

If yes, please provide dates(s) and details: _____

(If additional space is needed please attach additional sheets)

Drivers License Information: License # _____ State _____

Sex: Male ___ Female ___ Race: _____ Date of Birth: _____
(The above information is used to verify Criminal History and Driver's History records only)

Do you possess at least a High School Diploma or GED? _____ Diploma: ___ GED: ___

Please understand that this is a Pre-Testing Questionnaire and that it is not a York County Sheriff's Office Official Personal History Statement (Part I), which is required for employment. Your Questionnaire will be reviewed and a preliminary background conducted. If you meet pre-testing requirements you will be notified for testing and additional paperwork. **Please do not call concerning your questionnaire!** You must provide all information requested and return it to our Office. A notary must sign the waiver/release form and a physician must sign the medical release form for sworn deputy/officer positions. You must also provide your signature as requested.

I hereby certify that the above information is true and correct.

Signature: _____ Date: ___/___/___

York County Sheriff's Office is an Equal Opportunity Employer

Part II of Pre-Testing Questionnaire

Preliminary Criminal History and Drivers License Check Waiver/ Release

I, _____, authorize the York County Sheriff's Office to conduct a Criminal History Records Check and Drivers License Records check for the purpose of qualifying for pre-testing at the York County Sheriff's Office.

I, further hereby, release the York County Sheriff's Office, York, South Carolina and any of its agents or representatives and any persons so furnishing information from any liability for damages from the release of records, documents, and other information for the investigation made by the York County Sheriff's Office.

Signature Date

State of _____, County of _____

On this _____, day of _____, 200____
Whose name signed to the foregoing instrument, personally appeared before me, acknowledge the foregoing signature to be his/hers, and having been duly sworn by me, made oath that the statements made on the said instrument are true.

Signature of Notary My commission expires: _____

Testing Requirements and Standards

You must score at total TABE score of at least 77% and score at least 70% on a spelling test. You must also complete other written and or verbal test as required for further evaluation.

Sworn Deputies/Officers must complete and pass certain job related physical ability test. See the following page/attachment for requirements and details concerning test.

Process for Employment after Meeting Pre-Testing Requirements and Standards

- Complete and Submit Pre-Testing Questionnaire
- Complete York County Government Employment Application
- Complete Part I of York County Sheriff's Office Personal History Statement
- Evaluation of Testing Requirements and Standards (Review of Scores and etc.)
- Initial Structured Interview
- Extensive Background Investigation
- Possible Follow-up Interview
- Possible Conditional Offer Briefing with the Sheriff
- Complete Part II of York County Sheriff's Office Personal History Statement
- Polygraph Examination
- Psychological Examination (Sworn Deputies/Officers Only)
- Complete Medical Examination (Sworn Deputies/Officers Only)
- Drug Screening Test
- Final Interview with Sheriff and Extension to Hire

Part III of Pre-testing Questionnaire
(Part III is to only be completed for Sworn Deputy/Officer Positions)

Medical Release Form

Candidate: _____ SS # ____ - ____ - _____

****Physician Please Review and Fill Out Completely****

This candidate should be free of any medical conditions that would prevent him/her from performing the following activities to the peak of his/her abilities safely.

- 3 Minute Step Test
- 1.5 mile run & 300 Meter Sprint
- Sit-ups
- Bench press (1-rep.)
- Push-ups
- Vertical Jump
- Sit and Reach (Stretching to the toes and beyond)
- Job specific physical agility test (Academy Obstacle Course)
- Ability to tolerate exposure to current weather conditions

**** Blood Pressure and Heart Rate Will Be Checked Prior to any Physical Testing****

****Please Type or Print Legibly****

Examining Physician to Complete the Information Requested Below:

Physicians Name: _____ Phone # _____

Address: _____

I, _____, have examined _____
(Physician) (Patient/Candidate)

And find him/her to be _____ Medically/Physically ABLE to perform physical ability testing.

_____ Medically/Physically UNABLE to perform physical ability testing.

Comments: _____

The results of the candidate's physical examination are on file in the office at the above address. The candidate has been informed of the results, and notified of any follow-up treatment.

Physician's Signature: _____ Date: _____

**** The Candidate is Responsible for Billing of this Pre-Test Medical Release****
(Note: The York County Sheriff's Office will use staff Physician for Pre-Employment Physicals after conditional offers)