



Application For Employment

Blackville Police Department
5997 N. Lartigue Street
Blackville, S.C. 29817
(803) 284-2333 or (803) 284-3444
Fax: (803) 284-3243

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, sexual orientation or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)	Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

BLACKVILLE POLICE DEPARTMENT

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

NOTES _____

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

5. CREDIT RECORD

Have your credit record ever been considered unsatisfactory or have you ever been refused credit?

Yes No If yes, give dates, places, creditors and explanation.

Date	Creditor	City & State	Amount	Explanation

6. RELATIVES/FRIENDS EMPLOYED BY GOVERNMENT

List complete names of any close friends (including in-laws) who are employed in federal, state, or local law enforcement.

Complete Name	Agency Where Employed	City & State	Relationship

7. SOCIAL REFERENCES

List three social acquaintances in your age group, list complete information

NOTE: Do not duplicate any individuals listed as references on City application.

****Telephone Number Monday-Friday 8 A.M. to 5 P.M.****

Complete Name	City & State	Area Code & Phone Number	Length of Acquaintance

8. RELATIVES

List complete information concerning relatives. If you have been married more than once, list information concerning each former spouse. If you or your spouse has stepparents, legal guardians or others with whom you lived other than your parents, list the information on Page 4, Sec. (8c). If you are engaged to be married in the near future, complete information should be included about your future spouse and future in-laws as well.

a.	Complete Name	City & State	Area Code & Telephone Number
Father:			
Mother:			
Father In-law:			
Mother In-law:			

b.	Complete Name	City & State	Address (If different from applicant)	Date of Birth
Spouse:				
Child:				
Child:				
Child:				

Other Relatives/ Legal Guardians with whom you have resided for an extended time.

c.	Complete Name	Area Code & Telephone Number	Relationship

9. NARRATIVE

In the space provided, please explain why you want to work for the Blackville Police Department. Also, include any skills or expertise that you will bring with you.

10. DOCUMENTS

in order to be considered for employment, the following documents **MUST** accompany this completed form:

- 1) Legible copy of Birth Certificate.
- 2) Legible copy of High School Diploma or G.E.D.
- 3) If licensed in South Carolina, a Certified (10) ten year Driver's License History.
- 4) For Out of State Driver's, a Certified Driver's License History with an official signature affixed for a minimum of (5) five years. If record is not immediately available, attach proof of application for same, such as a copy of the completed form or written letter of request to the State's DMV.

11. ACKNOWLEDGEMENT OF INFORMATION BY APPLICANT

I understand that all appointments are probationary for a period of six month, during which time I must demonstrate my fitness for continued employment with the Town of Blackville. I further understand any appointment tender me will be contingent upon withholding information or making false statements on this document will be the basis for dismissal by the Town of Blackville. I agree to these conditions, and I hereby certify that all statement that were made by me on this document are true complete to the best of my knowledge.

Full Legal Signature of Applicant (no nicknames)

Date

In making and filing this document with the Blackville Police Department, I authorize all persons, firms, officers, corporations, associations, organizations and institutions to furnish to the Blackville Police Department or any of their authorized representatives all relevant documents, records or other information and opinions that are requested for this background investigation.

Full Legal Signature of Applicant (no nicknames)

Date



Blackville Police Department

BACKGROUND INVESTIGATION INFORMATION

5997 N. Lartigue Street
Blackville, S.C. 29817

Date: _____

NOTE: Information should be typewritten or clearly printed in ink. All questions must be answered; if not indicate N/A. Incomplete or illegible forms will not be considered. If needed for more complete answers or to furnish additional information, attach sheets the same size as this form and number answers to correspond with question.

Position Applied for: Police Officer Police Secretary
 Other (Specify) _____

1. PERSONAL HISTORY

Name in Full: _____
Last First Middle

If applicable, list maiden name or name(s) used other than above, including nicknames:

_____ Last First Middle

Date of Birth: _____ Social Security Number: _____

Place of Birth: _____

Are you a U. S. citizen? Yes No

If Naturalized citizen # _____ Place: _____

Court: _____

Marital Status: Single Married (date) _____ Separated Divorced

List ALL states where you are or have been licensed to drive:

State: _____ Number: _____

State: _____ Number: _____

State: _____ Number: _____

State: _____ Number: _____

State: _____ Number: _____

2. PREVIOUS RESIDENCES

List Chronologically ALL residences in the past 10 years, including addresses while attending school and all military addresses, both on and off military base.

Date		Street Address (include apartment number)	City	State
From	To			

3. MILITARY RECORD

a. Are you registered for Selective Service? Yes No

Selective Service Number: _____ Local Board: _____

b. Have you ever served on active duty in the Armed Forces of the United States? Yes No

1) Branch of Military Service: _____

2) Highest Rank Achieved: _____

3) Date of Active Duty: From: _____ To: _____

4) Type of Discharge: _____

5) Was any type of disciplinary action taken against you in the service? Yes No

Nature _____

c. Are you a member of the Reserves or National Guard? Yes No

Ready Standby Service Branch: _____

4. COURT RECORD

a. If you were ever arrested or charged with any violation, list below, even if there were no formal charges, no court appearance, found not guilty or other disposition.

Date	Place	Charge	Final Disposition	Details

b. List ALL traffic citations except parking tickets.

Date	Place	Charge	Final Disposition	Details

c. List any court action where you have ever been a plaintiff or defendant, including divorces.

Date	Place	Charge	Final Disposition	Details

Additional Information

BLACKVILLE POLICE DEPARTMENT

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Wordperfect	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES NO

References

1.	_____ () _____
	(Name) Phone #
	_____ (Address)
2.	_____ () _____
	(Name) Phone #
	_____ (Address)
3.	_____ () _____
	(Name) Phone #
	_____ (Address)

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Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NOTES:

NAME: _____

POSITION: _____

DATE: _____



Blackville Police Department

5997 N. Lartigue Street
Blackville, S.C. 29817

PERSONAL AND CONFIDENTIAL

DATE: _____

REFERENCE: _____

SOC. SEC. NO: _____

CUR. ADDRESS: _____

PREV. ADDRESS: _____

To:

Dear Sir or Madam:

As a Law Enforcement Agency of South Carolina we have an obligation to exercise extreme care in selection of personnel. The information requested on the reverse side of this letter is vital for the evaluation of this applicant. Below is the applicant's statement permitting you to release the requested information.

A preaddressed and prepaid envelope is enclosed for you reply.

Sincerely,

STATEMENT OF RELEASE

This release is executed with my full knowledge and understanding that the information is for official use by the Blackville Police Department and that the information will be fully safeguarded against unauthorized disclosure, and confidentiality.

This release constitutes my consent and authorization for you to furnish to the Blackville Police Department answers to posed questions regarding the undersigned.

I hereby release the furnishing organization, its employees, agents and officers from any and all liability for damages of whatever kind or nature which may at anytime result to me on account of compliance, or any attempt to comply with this authorization. Reply of provider will not be given or shown to applicant.

Applicant's Legal Signature

Notary

Sworn to and subscribe before me this ____ day of _____ 20__

Notary Public of South Carolina

My Commission expires _____

1. Name according to your records _____
 2. Aliases and/or Nicknames _____
 3. Verify Social Security Number given on reverse side _____
 4. Are you aware of any criminal or arrest records ___ Yes ___ No
 5. Does your records show applicant has been convicted of any violation of the law? If yes please give details. _____

 6. Was Applicant employed by your Company or Agency? _____
 7. When? From _____ to _____
 8. HONEST ___ GOOD ___ BAD ___ QUESTIONABLE ___ UNKNOWN
 9. CHARACTER ___ GOOD ___ BAD ___ QUESTIONABLE ___ UNKNOWN
 10. CREDIT ___ GOOD ___ BAD ___ QUESTIONABLE ___ UNKNOWN
 11. EMPLOYMENT RECORD ___ GOOD ___ BAD ___ QUESTIONABLE ___ UNKNOWN
 12. ATTENDANCE RECORD ___ GOOD ___ BAD ___ QUESTIONABLE ___ UNKNOWN
 13. WORK ATTITUDE ___ GOOD ___ BAD ___ QUESTIONABLE ___ UNKNOWN
 14. HABITS ___ GOOD ___ BAD ___ QUESTIONABLE ___ UNKNOWN
- If Bad Explain _____

15. SAFETY RECORD ___ GOOD ___ BAD ___ QUESTIONABLE ___ UNKNOWN
 16. Was he or she ever injury on the job? ___ Yes ___ No If Yes How? _____

 17. What type Injury? _____

 18. Did he or she draw Workmen's Compensation? _____
 19. Would you rehire this applicant ___ Yes ___ No ___

COMMENTS: _____

Signature/Title of person filling out