

# Forest Acres Police Department

### APPLICATION FOR EMPLOYMENT

# AN EQUAL OPPORTUNITY EMPLOYER INSTRUCTIONS FOR COMPLETING APPLICATION

**NOTICE:** Please read and follow these instructions precisely. Your ability to complete this document as requested will be evaluated and used as one basis for employment decisions. Any unanswered, incomplete, or omitted questions may result in rejection of your application.

- 1. **PRINT** all answers in black ink using your own handwriting.
- 2. Answer every question. If one does not apply to you, write N/A next to the number.
- 3. If the space provided to answer questions is insufficient, use a separate sheet of 8 ½" X 11" paper and indicate each answer with the number of the question to which it refers.
- 4. The application will be used as an investigative aid by the Forest Acres Police Department. Answer every question accurately and completely. Do not make exaggerated, false, or misleading statements as they may cause your rejection or dismissal.
- 5. The following items **MUST** accompany the application:
  - a. Photostat copy of high school diploma;
  - Photostat copy of college diploma and/or transcript if claiming higher education;
  - c. Photostat copy of your Social Security Card;
  - d. Photostat copy of your Drivers License;
  - e. Original (certified) 10 year Drivers Record Check, (can be obtained from the Highway Department).
- 6. Be sure to sign the Authorization and Release portion of the application and have it Notarized prior to submission to the department.
- 7. The police department does not give status reports on applications. If you need to change an address or telephone number, please submit all changes in writing to the following address: Forest Acres Police Department

Application Coordinator 5205 N. Trenholm Road Forest Acres, SC 29206

### **ELIGIBILITY REQUIREMENTS**

The Forest Acres Police Department has established the following requirements for <u>all police officer</u> candidates:

- 1. All candidates must be 21 years of age.
- 2. All candidates must have a driving record that is free from any Driving Under the Influence convictions for a period of five years immediately prior to making application.
- 3. All candidates must be at least a high school graduate or have a GED equivalent.
- 4. All candidates must be free of any convictions for any crime carrying a sentence of one (1) year or more, or any crime of moral turpitude, or domestic violence, or under a restraining order.
- 5. All candidates must be able to perform necessary job duties, (i.e.) running, jumping, firearms training, driving, hand to hand combat, non-lethal weapons training and report writing.

### APPLICANT INFORMATION

- A thorough background investigation, including information as to your character, general reputation,
  personal characteristics and lifestyle will be part of the screening process. This information is solely for
  the purpose of evaluating your qualifications for employment with the Forest Acres Police Department
  and shall remain the property of the department. By submitting this application, you are authorizing this
  department to contact any and all available sources for the purpose of obtaining information as to your
  qualifications for employment.
- 2. Should an investigation disclose misrepresentations, falsifications, or omissions, your application will be rejected and you will be disqualified from applying in the future for any position with the Forest Acres Police Department; or if after your acceptance for employment, subsequent investigations should disclose omissions, misrepresentations, or falsifications, it will be just cause for your immediate dismissal.
- 3. If hired, you must successfully complete a period of training and serve in an initial trial status for six (6) months, prior to becoming eligible for permanent status.
- 4. The City of Forest Acres may conduct drug and/or alcohol testing and sampling, and/or a polygraph examination. If employed, you would be required to submit and agree to drug and/or alcohol testing and sampling.
- 5. The City of Forest Acres has established employment policies and procedures. If hired, it would be your responsibility to read, understand, and abide by the contents of those policies and procedures. The policies and procedures established by the City, and as amended in the future, do not create a contract of employment for any term. In the event you are employed, no contractual relationship exists between you and the City.

6.	If an applicant is eligible for a specific job, they <b>may</b> be offered a job. However, any offer is
	conditional upon the applicant successfully completing a medical/psychological exam, drug screen,
	and background investigation.

Date

Signature

AP	PLICATION FOR:(Po	osition) D	ATE OF APPL	ICATION	V:
1.	Last Name	First			Middle
2.	LIST ALL OTHER NAMES YOU WHICH THEY WERE USED ALC		INCLUDE CIRC	UMSTAN	CES UNDER
3.	CURRENT ADDRESS				
	Number & Street	City	County	State	Zip
4.	PERMANENT ADDRESS (IF DIF	FERENT FROM AE	OVE)		
	Number & Street	City	County	State	Zip
<ul><li>5.</li><li>6.</li></ul>	HOME PHONE () Area Code SOCIAL SECURITY #				
7.	DATE OF BIRTH (mo/dd/yr)				
8.	HEIGHT WE ft./in.	IGHTlbs.			
9.	HOW LONG HAVE YOU LIVED	IN THE FOREST A	CRES AREA?		
10.	HOW LONG HAVE YOU LIVED	IN SOUTH CAROL	INA?		
11.	CURRENT MARITAL STATUS: SINGLE MA	(CIRCLE ONE) RRIED	SEPARATED		DIVORCED
12.	NAME OF SPOUSE OR EX-SPOU	JSE:			

13. LIST **ALL WORK EXPERIENCE,** STARTING WITH MOST RECENT JOB. LIST MILITARY EXPERIENCE IN PROPER SEQUENCE. DO NOT OMIT ANY PERIODS OF EMPLOYMENT. USE ADDITIONAL SHEETS OF PAPER IF NECESSARY.

١.	EMPLOYER:			POSITION HELD
	ADDRESS:	Number & Stree		SUPERVISOR:
		Number & Stree	et	
				PHONE
	City	State	Zip	
	DATES:	TO	SALARY:	HOURS PER WEEK:
	DUTIES:			
	REASON FOR	LEAVING:		
	EMPLOYER:			POSITION HELD:
	ADDRESS:			SUPERVISOR:
		Number & Stree	et	
				PHONE #
	City	y State	Zıp	
	DATES:	TO	SALARY:	HOURS PER WEEK:
	DUTIES:			
	REASON FOR	LEAVING:		

C.	EMPLOYER:			POSITION HELD:
	ADDRESS:_			SUPERVISOR:
		Number & Street		PHONE #
	City	y State	Zip	PHONE #
	DATES:	TO	_ SALARY:	HOURS PER WEEK:
	DUTIES:			
	REASON FO	R LEAVING:		
D.	EMPLOYER:			POSITION HELD:
	ADDRESS:			SUPERVISOR:
		Number & Street		
	<del></del>			E#
	Ci	ity State	Zip	
	DATES:	TO	_ SALARY:	HOURS PER WEEK:
	DUTIES:			
	REASON FO	R LEAVING:		
E.	EMPLOYER:			POSITION HELD:
	ADDRESS:			SUPERVISOR:
		Number & Street		
				PHONE #
	C	City State	Zip	
	DATES:	TO	_ SALARY:	HOURS PER WEEK:
	DUTIES:			

14.	Have you ever been asked to resign from a job? (Circle one) YES NO  If yes, explain:					
15.	Have you ever quit a job in order to avoid being fired for any reason? (Circle one) YES NO  If yes, explain:					
16.	Have you failed to list any employment because you felt you could not get a favorable recommendation? (Circle one) YES NO					
17.	Have any of your past employers ever suspended you, or relieved you from duties because you violated policies/procedures or rules? (Circle one) YES NO  If yes, explain:					
18.	Are you currently serving in the National Guard or Military Reserves? (Circle one) YES NO  If yes, what branch or service:  Location of unit:					
	Rating/MOS:Grade/Rank:					
19.	Have you ever served as a member of the active military? (Circle one) YES NO  If yes, what Branch of Service:					
	Type of discharge:Date of discharge:					
	Rating/MOSFinal Grade/Rank:					
20.	Were you ever court martialed, tried on charges, or the subject of a Summary Court, Desk Court, Captain's Mast, Company Punishment, Article 15 UCMJ, Non-Judicial Punishment, or any other disciplinary action while a member of a military service? (Circle one) YES NO					
	If yes, explain:					

21.	List all high schools	s you have attended (Attach a co	py of diploma or GED). Start with most recent.			
	A) School	Dates A	ttended			
	School Address	<del></del>	Graduated?			
	B) School	Dates A	ttended			
	School Address		Graduated?			
	C) School	Dates Attended				
	School Address		Graduated?			
	List all colleges and h the most recent.	universities you have attended.	(Attach a copy of degree or transcript). Start			
	A.) School		Dates Attended			
	School Address					
	Major	Credit Hours_	Degree Earned			
	B) School		Dates Attended			
	School Address					
	Major	Credit Hours_	Degree Earned			
	C.) School		Dates Attended			
	School Address					
	Major	Credit Hours	Degree Earned			
23.	List all other school	s attended (Vocational, Business	s, Trade, Military). Start with most recent.			
	A) School		Dates Attended			
	School Address					
	Course of Study					
	B) School		Dates Attended			
	School Address					
	Course of Study					
24.	Can you type?	If yes, how many v	words per minute?			

List any honors, awards, scholarships, etc.:
Has your credit record ever been considered unsatisfactory, or have you ever been refused credit? cle one) YES NO If yes, give dates, name of creditors and circumstances:
Tirk all daltes that are assumed a root day
A) Name of Creditor Account Number
Number of payments currently past due Amount of each payment
B) Name of Creditor Account Number
Number of payments currently past due Amount of each payment
C) Name of Creditor Account Number
Number of payments currently past due Amount of each payment
Have you ever filed for bankruptcy? (Circle one) YES NO
If yes, explain:
Have you ever had anything repossessed? (Circle one) YES NO  If yes, explain:

A) Name	Relationship	Phone #
Address		
B) Name	Relationship	Phone #
Address		
C) Name	Relationship	Phone #
Address		
D) Name	Relationship	Phone #
Address		
E) Name	Relationship	Phone #
Address		
F) Name	Relationship	Phone #
Address		
G) Name	Relationship	Phone #
Address		
H) Name	Relationship	Phone #
Address		
I) Name	Relationship	Phone #
Address		
J) Name	Relationship	Phone #
	Relationship	
L) Name	Relationship	Phone #

with an organization, as	f the family members listed sociation, group, or moven leny other persons their rig <b>NO</b> If yes	nent that show policies	advocating, or app	roving of acts
backwards).	y all previous places of res		gin with present ad	dress and work
11.) 11.00.000	Number & Street	City	State	Zip
Dates: From	To_			
B.) Address				
	Number & Street	City	State	Zip
Dates: From	To			
C) Address				
	Number & Street	City	State	Zip
Dates: From	To			
D) Address_				
	Number & Street	City	State	Zip
Dates: From	To			
34. List every state in	which you have been issue	ed a driver's license and	the license numbe	r:
A) State		Number		
B) State		Number		
C) State		Number		

35.	5. List all traffic tickets which have been issued to you.		
	A)	Approximate Date:	Charge:
		Jurisdiction/Court/Disposition:	
	B)	Approximate Date:	Charge:
		Jurisdiction/Court/Disposition:	
	C)	Approximate Date:	Charge:
		Jurisdiction/Court/Disposition:	
	D)	Approximate Date:	Charge:
		Jurisdiction/Court/Disposition:	
	E)	Approximate Date:	Charge:
		Jurisdiction/Court/Disposition:	
		*Use addition	al pages if necessary.
36.	Has	s your driving privilege ever been suspended,	canceled or revoked? (Circle one) YES NO
		If yes, explain:	
37	7. O	other than any traffic offense listed above, have (circle one) YES NO  If yes, explain in detail, and include the characteristics.	rge/s, location of the court, and the disposition:
		** A conviction does not automatically m Consideration will be given as to the offer	ean you cannot be appointed or hired. nse and the relationship to the position for which

you are applying\*\*

38. I	Have you ever <b>used</b>	l, sold, or experiment	ed with any	illegal drug	? (Circle one) YES NO
	If yes, explain	and give dates:			
У	years. These individ	duals should not be rela	ated to you,	and should	e known you well for at least three not be former employers. All person ity, and other qualities.
	A) Name:		<del></del>		Years Known
	Address:	Number & Street	City	State	Phone (H)(W)
	B) Name:				Years Known
	Address:	Number & Street	City	State	Phone (H)
	C) Nama				(W)Years Known
		Number & Street	City	State	(W)
	Please list any addi cation.	tional information abo	out yourself	you feel ma	y be helpful to us in considering your

AUTHORIZATION AND RELEASE
Application Of:
Name of Applicant
To whom it may concern:
I,
Signature of Applicant
State of County of
I hereby certify that on this date personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, comeswho says that he/she executed the above instrument of his/her own free will and accord, with knowledge of purpose therefore.  Sworn and subscribed in my presence this day of,  Month Year
Notary Public  My commission expires:  CHARTERED 1935