

Sullivan's Island Police Department
Supplemental Application for Police Officer.

Please read and follow these instructions. Your ability to complete this document as requested will be evaluated and used as a basis for employment decisions. Any unanswered, incomplete, or omitted questions may result in rejection of your application. This document, when completed, will be used by the Sullivan's Island Police Department as an investigative aid. Retention of this personal data will remain in the confidential files of the personnel Selection Section.

Print in black or blue ink.

Answer all questions. If one does not apply to you, write N/A by the number.

If the space available is insufficient, use a separate sheet of 8 1/2 X 11 paper to complete.

Do not misstate or omit any pertinent information. Do not make exaggerated, false or misleading statements since they may cause your rejection for employment.

Each and every question has a purpose. Do not fail to answer each question completely, even if you think it is not important.

Minimum Requirements

You must be a United States citizen.

You must be at least 21 years of age.

You must have normal 20/20 vision without glasses, or no more than 20/60 in either eye, corrected to 20/20, normal color distinguishing capability and 140 degrees field of vision.

You must be in good physical condition.

Weight must be proportionate to height.

You must possess a valid South Carolina Driver's License and have the ability to operate a motor vehicle proficiently with no record during the previous five (5) years for suspension as a result of driving under the influence of alcoholic beverages or dangerous drugs, or leaving the scene of an accident.

You must have a State High School Diploma or State GED Certificate.

You must have a clear criminal record.

Have you read and do you understand all of the above?

Yes _____ No _____

Signature

Date

The Sullivan's Island Police Department does not discriminate on the basis of race, color, religion, sex, national origin, age or disability.

Last Name	First	Middle	Maiden
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Social Security Number _____

List all other names you have used. Include circumstances and dates when names were used.-

Current Address: _____

Number and Street	City/County	State	Zip Code
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Permanent Address: _____
(If different from above)

Telephone Number _____
(Home) _____ (Work)

Date of Birth _____ Place of Birth _____
Month/Day/Year

Weight _____ Height _____ Race _____ Sex _____ Marital Status _____

Name of Spouse (if applicable) _____

10. Chronologically list ALL previous places of residence since age 13. (Begin with present address).

From Month/Year	to Month/Year	Address	City	State
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11. Fill in below the names of three (3) persons not listed on the basic application.

A. Name _____ Home Phone _____
Home Address _____
Years Known _____ Name of Business _____
Business Address _____ Phone _____

B. Name _____ Home Phone _____
Home Address _____
Business, Occupation, or Profession _____
Years Known _____ Name of Business _____
Business Address _____ Phone _____

C. Name _____ Home Phone _____
Home Address _____
Business, Occupation, or Profession _____
Years Known _____ Name of Business _____
Business Address _____ Phone _____

2. Have you ever applied to or worked for any other law enforcement agency? YES NO
If yes, give the name of the agency and the dates of employment. _____

3. List all High Schools you have attended. (attach copy of High School Transcript)
School _____ Location _____ Dates Attended _____

4. List all Colleges or Universities attended. (attach copy of Transcript)
School _____ Location _____ Dates Attended _____

5. Have you ever served in a military organization of the United States? YES NO (If yes, attach copy of DD214 for each period of service)

6. BRANCH OF SERVICE _____ SERVICE NUMBER _____
DATES OF SERVICE _____
TYPE OF DISCHARGE? HONORABLE GENERAL DISHONORABLE
 UNDER HONORABLE CONDITIONS LESS THAN HONORABLE CONDITIONS
 OTHER

7. Were you ever court martialed, tried on charges, or the subject of a summary court, deck court, Captain's mast, company punishment, Article 15 UCMJ, or any other disciplinary action while a member of the armed forces? YES NO. If yes, explain: _____

8. Do you possess a valid Driver's License? YES NO. If yes, what state?
_____ Driver License Number _____
List all states in which you previously have been licensed to drive.
State _____ Driver's License Number _____ Year(s) _____

9. List all arrest and convictions:

Charge	Date	Agency	Final Disposition

20. Has your credit record (including your spouse) ever been considered unsatisfactory, or have you ever been refused credit? YES NO. If yes, give dates, places and names of creditors and circumstances:

1. Have you ever filed for bankruptcy? YES NO. If yes, give details, including date and court in which filed : _____

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or 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, by unconstitutional means? YES NO. If yes, explain : _____

3. Are you a U. S. Citizen? YES NO
By birth? YES NO. By Naturalization? YES NO.

THE FOLLOWING ITEMS ARE REQUIRED TO BE SENT WITH YOUR APPLICATION.

(Place a check by each item sent)

- A copy of high school transcript or State GED Certificate.
- A copy of SS214 Forms (applies to military personnel only).
- A copy of Birth Certificate.
- A copy of Marriage Certificate or Divorce Decree.
- A current full length photograph (attach to last page)

HEREBY SWEAR OR AFFIRM THAT THERE ARE NO WILLFUL MISREPRESENTATIONS OR OMISSIONS ON THIS DOCUMENT. I AM AWARE THAT SHOULD AN DISCLOSURE SHOW WILLFUL MISREPRESENTATIONS, FALSIFICATION OR OMISSIONS, MY APPLICATION WILL BE EJECTED AND I WILL BE DISQUALIFIED FROM APPLYING FOR A FIXED PERIOD OF TIME FOR ANY POSITION IN THE SERVICE OF THE SULLIVAN'S ISLAND POLICE DEPARTMENT. IF, AFTER MY ACCEPTANCE FOR EMPLOYMENT, SUBSEQUENT INVESTIGATION SHOULD DISCLOSE OMISSIONS, OR FALSIFICATIONS, IT WILL BE JUST CAUSE FOR IMMEDIATE DISMISSAL.

Signature: _____ Date: _____

Witnessed and subscribed before me on this _____ day of _____.
_____ My Commission expires: _____

Employment Experience

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:

SULLIVAN'S ISLAND POLICE DEPARTMENT

USE OF ILLEGAL DRUGS

In the space provided, if applicable, indicate when you first tried any of the drugs listed; when you last tried any of the drugs listed; or check "NEVER". In the column "How Used" describe how it was injected into your system; either taken orally, snorted into nose, tasted, injected with a needle, smoked, eaten, etc.

	<u>APPROXIMATE</u>				
	<u>Date First Used</u>	<u>Date Last Used</u>	<u>Number of Times Used</u>	<u>Never</u>	<u>How Used</u>
Peeyote	_____	_____	_____	_____	_____
Hashish	_____	_____	_____	_____	_____
PCP	_____	_____	_____	_____	_____
Angel Dust	_____	_____	_____	_____	_____
THC (Marijuana)	_____	_____	_____	_____	_____
STP	_____	_____	_____	_____	_____
LSD	_____	_____	_____	_____	_____
Mescaline	_____	_____	_____	_____	_____
Magic Mushrooms	_____	_____	_____	_____	_____
Psilocybin	_____	_____	_____	_____	_____
Heroin	_____	_____	_____	_____	_____
Cocaine	_____	_____	_____	_____	_____
Quaaludes	_____	_____	_____	_____	_____
Opium	_____	_____	_____	_____	_____
Speed	_____	_____	_____	_____	_____
Uppers	_____	_____	_____	_____	_____
Downers	_____	_____	_____	_____	_____
Rush	_____	_____	_____	_____	_____
Steroids (Type steroid)	_____	_____	_____	_____	_____
Others	_____	_____	_____	_____	_____

COUNTY OF CHARLESTON)
)
STATE OF SOUTH CAROLINA)

AFFIDAVIT

Personally appeared before me, _____, who first being sworn, deposes and says that (s)he has read the attached memo which explains the provisions of the Gun Control Act of 1968 and (s)he answers the following questions to the best of his/her knowledge and belief and further understands that furnishing false information may be grounds for adverse personnel action as well as prosecution for false swearing.

Have you been convicted of a misdemeanor crime of domestic violence within the meaning of the statute as defined in the memo pertaining to possession of firearms/ammunition? ____ yes ____ no ____
____ not certain (If uncertain, explain here or on attachment.)

Are you subject to a current restraining order issued by any court which restrains you from harassing, stalking, or threatening a past or present intimate partner or child of such intimate partner or person, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child and which includes a finding that you represent a credible threat to the physical safety of the person or by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against the person that would reasonably be expected to cause bodily harm, as defined in the memo pertaining to possession of firearms/ammunition? ____ yes ____ no ____ not certain.
(If uncertain, explain here or on attachment.)

WITNESSED, this ____ day of _____, 199__.

(Signature)

(Name)

Sworn to before me this ____ day of _____, 199__.

Notary Public for South Carolina

My commission expires on _____

ATTACH RECENT
PHOTOGRAPH
HERE

PHOTOGRAPH MUST BE
FULL LENGTH

Date of Photograph



Pre-Employment Inquiry Release

In connection with, and duration of my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. This information will, in whole or in part, be obtained from Acxiom Information Security Services (AISS), 6111 Oak Tree Blvd, 4th floor, Independence, OH 44131, telephone 800.853.3228. These reports will include information as to my general reputation, character, mode of living, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my driving, credit, civil, education and other experiences.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information:

Applicant Name _____ Date of Birth* ____/____/____ Social Security Number _____

Alias/Maiden Name(s) _____

Current Address _____ City & State _____ Zip Code _____

Drivers License # _____ State _____ Prospective Employer _____

Applicant's Signature _____ Date _____

***Date of Birth is being requested in order to obtain accurate retrieval of records.**

_____ **California, Minnesota & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you. Minnesota and Oklahoma applicants will receive a copy direct from AISS. California applicants may receive a copy from either the prospective employer or AISS.

Notice to California Applicants

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.