

Sullivan's Island Police Department Supplemental Application

All sections and questions must be answered.

SECTION 1: PERSONAL

1. FIRST MIDDLE						
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)					<input type="checkbox"/> N/A	
3. ADDRESS WHERE YOU LIVE						
NUMBER / STREET				APT / UNIT		
CITY		COUNTY		STATE	ZIP	
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)						
5. CONTACT NUMBERS						
HOME		WORK		EXT	OTHER	
			CELL	FAX		
6. CONTACT EMAIL			7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)			
8. CITIZENSHIP						
Are you a U.S. citizen?					<input type="checkbox"/> Yes	No
IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship?					<input type="checkbox"/> Yes	No
9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)						
10. BIRTHDATE (MM/DD/YYYY)		11. SOCIAL SECURITY NUMBER		12. DRIVER'S LICENSE		
				NUMBER:	STATE:	
					EXPIRES:	
13. PHYSICAL DESCRIPTION						
HEIGHT:		WEIGHT:		HAIR COLOR:	EYE COLOR:	

SECTION 2: EDUCATION and TRAINING

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.

- If more space is needed, continue your response on page 19.

14. CHECK APPLICABLE		MM/YYYY		MM/YYYY	
<input type="checkbox"/> High School Diploma:				<input type="checkbox"/> GED:	

15. HIGH SCHOOL ATTENDED

NAME OF HIGH SCHOOL			FROM (MM/YYYY)		TO (MM/YYYY)	
CITY		COUNTY		STATE		

16. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

16.1	NAME OF COLLEGE/UNIVERSITY			FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED	
						<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM	
ADDRESS (NUMBER / STREET)						TYPE OF DEGREE EARNED	
CITY		COUNTY		STATE	ZIP	MAJOR / AREA OF STUDY	
16.2	NAME OF COLLEGE/UNIVERSITY			FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED	
						<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM	
ADDRESS (NUMBER / STREET)						TYPE OF DEGREE EARNED	
CITY		COUNTY		STATE	ZIP	MAJOR / AREA OF STUDY	

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SECTION 2: EDUCATION and TRAINING *continued...*

17. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED

	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY	COUNTY	STATE	TYPE OF SCHOOL OR TRAINING
	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY	COUNTY	STATE	TYPE OF SCHOOL OR TRAINING

17. Have you ever attended a **POST** Basic Course/Academy: Regular, Specialized Investigators', Reserve, or Dispatcher? Yes No
 IF YES, provide the following information:

17.1	NAME OF ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
				Yes No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
17.2	NAME OF ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
				Yes No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER

18. Have you ever been subject to any academic probation, suspension or expulsion from any College/ University, business, or trade school? Yes No
 IF YES, describe in detail below.

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SECTION 3: EXPERIENCE AND EMPLOYMENT

19. JOB EXPERIENCE

- List **ALL** jobs you have had since the age of 18, including part-time, temporary, self-employment, and volunteer. (**Beginning with your most current employer.**)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in **excess of 30 days**
- If more space is needed, continue your response on page 19.

19.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT (IF CURRENTLY UNEMPLOYED SKIP TO QUESTION 25.2)	FROM (MM/YYYY)	TO (MM/YYYY)
			PRESENT
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)	SUPERVISOR	
	CITY	COUNTY	STATE ZIP
			CONTACT NUMBER EXT
	JOB TITLE / RANK	SUPERVISOR EMAIL	
	DUTIES / ASSIGNMENTS	TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS	REASON FOR WANTING TO LEAVE	
	1) 2)		
	Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	IF YES , explain:		

19.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____		

19.3	NAME OF EMPLOYER OR MILITARY UNIT	FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)	SUPERVISOR	
	CITY	COUNTY	STATE ZIP
			CONTACT NUMBER EXT
	JOB TITLE / RANK	SUPERVISOR EMAIL	
	DUTIES / ASSIGNMENTS	TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS	REASON FOR LEAVING	
	1) 2)		

19.4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input checked="" type="checkbox"/> Other: _____		

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SECTION 3: EXPERIENCE AND EMPLOYMENT *continued*

19.5	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY	COUNTY	STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK				SUPERVISOR EMAIL	
	DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
					<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS				REASON FOR LEAVING		
1)				2)		

19.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____		

19.7	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY	COUNTY	STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK				SUPERVISOR EMAIL	
	DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
					<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS				REASON FOR LEAVING		
1)				2)		

19.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____		

19.9	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY	COUNTY	STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK				SUPERVISOR EMAIL	
	DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
					<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS				REASON FOR LEAVING		
1)				2)		

19.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____		

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SECTION 3: EXPERIENCE AND EMPLOYMENT *continued*

20.	Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, and suspensions, reductions in pay, reassignments, or demotions.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	Have you ever been fired, released from probation, or asked to resign from any place of employment?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23.	Have you ever quit without giving notice?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24.	Have you ever resigned in lieu of termination?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25.	Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26.	Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27.	Did you ever receive an unsatisfactory performance review?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28.	Have you ever sold, released, or given away legally confidential information?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29.	Have you ever called in sick when you were neither sick nor caring for a sick family member?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	IF YES, how many sick days have you used in the past five years which were not due to illness? _____ Days		

If you answered "YES" to any of Questions 20–29, explain (include **when, where, and why** – *reference corresponding numbers*).

30.	Have you ever missed days or been late to work due to drug or alcohol consumption?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	IF YES, how often? _____		
31.	Has your work performance ever been affected by your use of alcohol or drugs?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	IF YES, when? _____ Name of employer: _____		
32.	Have you been warned by an employer about your drinking or drug habits and their impact on your performance?.....	Yes	No
	IF YES, when? _____ Name of employer: _____		

33.	Have you ever applied for any position at another law enforcement agency (city, county, state, or federal)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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QUESTION 33 is for POLICE OFFICER and BSO Applicants

- If you answered "YES" to Question 33, list **EVERY** agency you have applied to within the **previous 5 years**, starting with the most recent
- Give complete and accurate addresses.
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- *If more space is needed, continue your response on page 19.*

33.1	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)		
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)			
	CITY		STATE	ZIP	CONTACT NUMBER		EXT
	POSITION APPLIED FOR				EMAIL		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer							
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> Still in Process <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired							

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SECTION 3: EXPERIENCE AND EMPLOYMENT <i>continued</i>						
33.2	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
	POSITION APPLIED FOR			EMAIL		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> Still in Process <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired					
33.3	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
	POSITION APPLIED FOR			EMAIL		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> Still in Process <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired					
33.4	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
	POSITION APPLIED FOR			EMAIL		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> Still in Process <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired					
33.5	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
	POSITION APPLIED FOR			EMAIL		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> Still in Process <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired					

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SECTION 5: RELATIVES AND REFERENCES

41. IMMEDIATE FAMILY MEMBERS WHO ARE EMPLOYED BY THE TOWN OF SULLIVAN'S ISLAND?

- **List all immediate Family Members who are CURRENT employees of the Town of Sullivan's Island. List their relationship to you and the department in which they are employed. (i.e. John Doe, Father, Police Department)**

42. LIST OF REFERENCES

- List 4 additional references not listed on your standard application. This could be people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. **DO NOT** include **relatives, employers, housemates, or any individuals listed elsewhere in this application.** Give complete information for references and list **Email addresses for all** references.

42.1	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE	CELL PHONE	EMAIL			
	How do you know this person?			How long have you known this person?		
43.2	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE	CELL PHONE	EMAIL			
	How do you know this person?			How long have you known this person?		
43.3	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE	CELL PHONE	EMAIL			
	How do you know this person?			How long have you known this person?		
43.4	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE	CELL PHONE	EMAIL			
	How do you know this person?			How long have you known this person?		

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SECTION 6: FINANCIAL

- Financial questions pertain to the previous 7 years.

44. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
45. Have any of your bills ever been turned over to a collection agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46. Have you ever had purchased goods repossessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47. Have your wages ever been garnished?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48. Have you ever been delinquent on income or other tax payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49. Have you ever failed to file income tax or cheated/lie on an income tax form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50. Have you ever had an employment bond refused?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51. Have you ever avoided paying any lawful debt by moving away?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52. Have you ever defaulted on (failed to pay) a loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53. Have you ever borrowed money to pay for a gambling debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, do you currently have any outstanding debts as a result of gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
54. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
55. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
56. Have you written three or more bad checks in a one-year period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "YES" to any of **Questions 44–56**, explain (include **when, where, and why** – *reference corresponding numbers*).

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SECTION 7: LEGAL

► Disclosure of Arrests and Convictions

- This section requires you to report **ALL DETENTIONS, ARRESTS, CONVICTIONS AND CONTACTS**, no matter how insignificant, since the age of 18 at the time of offense and the disposition.
- **FULLY EXPLAIN** all incidents.
- *If more space is needed, continue your response on page 19.*

57. Have you **EVER** been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony (including offenses in the Uniform Code of Military Justice)? Yes No
IF YES, explain each incident:

	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
57.1			

FULL EXPLANATION OF INCIDENT AND DISPOSITION OR PENALTY

	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
57.2			

	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
57.3			

FULL EXPLANATION OF INCIDENT AND DISPOSITION OR PENALTY

58. Have you ever been placed on court probation? Yes No

59. Were you ever required to appear before a juvenile court? Yes No

60. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? Yes No

61. Have the police ever been called to your home for any reason? Yes No

62. Have you or your spouse/partner ever been referred to Child Protective Services/ Dept. of Human Resources? Yes No

63. Have you ever been the subjects of an emergency protective order/restraining order/stay-away order? Yes No

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SECTION 7: LEGAL *continued*

64. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? Yes No
65. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance? Yes No
66. Have you ever filed a false insurance or workers' compensation claim? Yes No

If you answered "YES" to any of **Questions 58–66**, explain (include court case or document, dates, and circumstances – reference corresponding numbers).

► Involvement in Criminal Acts – Part 1

67. Have you committed any of the following acts Since the age of 18, including acts not detected by law enforcement? (even if not arrested, detained, or questioned by law enforcement)

- Include **ALL** incidences involving Law Enforcement contact **AND ALL** acts not detected by Law Enforcement.
- **NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

- | | | | | | |
|-------|--|--------------------------|-----|--------------------------|----|
| 67.1 | Animal abuse and/or neglect | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 67.2 | Annoying, obscene, or harassing contacts by telephone or other electronic communication device | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 67.3 | Assault- Simple (use of force or violence upon another) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 67.4 | Brandishing a weapon (any type of weapon) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 67.5 | Carrying a concealed weapon without a permit | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 67.6 | Contributing to the delinquency of a minor | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 67.7 | Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 67.8 | Driving under the influence of alcohol and/or drugs | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 67.9 | Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 67.10 | Filing a false police report | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 67.11 | Hit & run collision (no injuries) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 67.12 | Illegal gambling | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 67.13 | Illegal hunting and/or fishing (for example, without a license, out of season) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 67.14 | Impersonating a peace officer (pretending to be a police officer) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 67.15 | Indecent exposure and/or lewd or obscene conduct | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 67.16 | Intentionally writing a bad check | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 67.17 | Joyriding (using a car or other vehicle without owner's permission) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

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SECTION 7: LEGAL *continued*

67.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67.19	Petty theft (value up to \$500, including shoplifting/switching price tags)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67.20	Possession of alcohol as a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67.24	Reckless driving	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67.26	Trespassing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67.28	Any other act amounting to a misdemeanor	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you answered "YES" to ANY of the item(s) in Question 67, **FULLY** explain circumstances, **including dates**, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 67.5) for each explanation.*
- If more space is needed, continue your response on page 19.

▶ Involvement in Criminal Acts – Part 2

68. **At any time in your life**, have you **EVER** committed any of the following acts? (even if not arrested, detained, or questioned by law enforcement)

NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

68.1	Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.3	Blackmail or extortion	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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SECTION 7: LEGAL <i>continued</i>		
68.4	Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes <input type="checkbox"/> No
68.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	<input type="checkbox"/> Yes <input type="checkbox"/> No
68.6	Elder abuse and/or neglect (physical and/or financial)	<input type="checkbox"/> Yes <input type="checkbox"/> No
68.7	Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes <input type="checkbox"/> No
68.8	Felony drunk driving	<input type="checkbox"/> Yes <input type="checkbox"/> No
68.9	Rape	<input type="checkbox"/> Yes <input type="checkbox"/> No
68.10	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
68.11	Fraudulent use of a credit, ATM, debit, and/or check card	<input type="checkbox"/> Yes <input type="checkbox"/> No
68.12	Grand theft (value of over \$950, or any firearm)	<input type="checkbox"/> Yes <input type="checkbox"/> No
68.13	Hit & run (with injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
68.14	Hate crime	<input type="checkbox"/> Yes <input type="checkbox"/> No
68.15	Illegal sex acts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
68.16	Insurance fraud	<input type="checkbox"/> Yes <input type="checkbox"/> No
68.17	Murder, homicide (even if justified) or attempted murder	<input type="checkbox"/> Yes <input type="checkbox"/> No
68.18	Perjury (lying under oath)	<input type="checkbox"/> Yes <input type="checkbox"/> No
68.19	Possession of an explosive/destructive device	<input type="checkbox"/> Yes <input type="checkbox"/> No
68.20	Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/> Yes <input type="checkbox"/> No
68.21	Stalking	<input type="checkbox"/> Yes <input type="checkbox"/> No
68.22	Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> Yes <input type="checkbox"/> No
68.23	Viewing and/or possessing child pornography	<input type="checkbox"/> Yes <input type="checkbox"/> No
68.24	Any other act amounting to a felony	<input type="checkbox"/> Yes <input type="checkbox"/> No

- If you answered "YES" to **ANY** of the item(s) in **Question 68**, FULLY EXPLAIN CIRCUMSTANCES, **including dates**, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 68.3) for each explanation.*
- If more space is needed, continue your response on page 19.

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SECTION 7: LEGAL *continued*

▶ Illegal Use of Drugs

- For the purpose of responding to the following questions, "illegal drugs" **include** the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting "high."
- Your responses should include — **but not be limited to** — your use of any of the following:

- | | |
|--|---|
| <ul style="list-style-type: none"> ▶ Amphetamines / Methamphetamines (<i>Uppers, Speed, Crank, etc</i>) ▶ Barbiturates (<i>Downers</i>) ▶ Cocaine / Crack Cocaine ▶ Designer Drugs (<i>Ecstasy, Synthetic Heroin, etc.</i>) ▶ GHB (<i>Date Rape Drug</i>) ▶ Hallucinogens (<i>Peyote, LSD, Mushrooms</i>) ▶ Hashish / Hashish Oil ▶ Heroin / Opium | <ul style="list-style-type: none"> ▶ Marijuana (<i>with or without a prescription</i>) ▶ Mescaline ▶ Morphine ▶ PCP / Angel Dust ▶ Quaaludes ▶ Steroids ▶ Tetrahydrocannabinol (THC) ▶ Glue, paint, or any substance containing toluene |
|--|---|

AT ANY TIME IN YOUR LIFE have you EVER possessed, tried, used, been given or experimented with, **EVEN ONE TIME**, any of the following **WITH OUT** a Physician's prescription?

69.1 Cannabis, Marijuana (Hashish, Hash, THC, Weed, Greenbud, etc)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
69.2 Heroin (Black, Tar, Smack, Codeine, methadone, etc)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
69.3 Cocaine ("Coke", Blow, Crack, Powder, Rock, etc).....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
69.4 LSD (Acid, microdot, blotter, stamps, etc).....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
69.5 Phencyclidine (PCP, Angel Dust, dust etc)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
69.6 Psilocybin Mushrooms (Tea, shrooms, Bull, etc).....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
69.7 Methaqualone (Ludes, 747's, Quaaludes, etc).....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
69.8 Hydromorphone (Dilaudid, D, etc).....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
69.9 Diazepam (Valium)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
69.10 Oxycodone (Perodan, Percocet, Roxy's, Roxicodone, etc)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
69.11 Rohypnol (Roofies).....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
69.12 Ketamine (Special K, K).....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
69.13 Methylenedioxyamphetamine (Ecstasy, MDMA, MDA).....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
69.14 Gamma-Hydroxy-Butyrate (GHB, Super-G, Liquid Ecstasy).....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
69.15 Barbiturate (Yellow Jackets, Reds, Phenobarbital, Butbarbital, Nembutal, Seconal , Amytal, etc).....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
69.16 Amphetamine/Methamphetamine (Speed, pep pills, Meth, Crystal Meth, Benzedrine, etc)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
69.17 Miscellaneous Other Substances (Nitrous Oxide, Glue, Gasoline, Paint, other inhalants, etc).....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
69.18 Designer Drugs by Other Names (ICE, GHB, GBL, China, White, Double Stack, NEXUS, etc).....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
69.19 Steroids (Anabolic, Androgenic, Testosterone, Roids, Juice, etc).....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
69.20 Antihistamines or other over-the-counter medications - <u>other than DIRECTED use</u> (Sudafed, Nyquil etc).....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
69.21 Any other substances not listed (legal or illegal) used for the purpose of getting "High"	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
69. I have NEVER used any drug recreationally.....	<input type="checkbox"/>			

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SECTION 7: LEGAL continued...

IF YOU ANSWER YES TO ANY QUESTIONS IN 69, give details including *drug(s) used, most recent date used,* and *circumstances:*

70. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription:

- Sold Manufactured Purchased Furnished Cultivated Carried or Held for Another
 Present During a Drug Transaction Not Involved

IF ANY ITEM OTHER THAN "NOT INVOLVED" IS CHECKED, give details including *drug(s) involved, over what time period(s),* and *circumstances.*

71. Since the age of 18, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? Yes No
IF YES, explain:

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SECTION 8: MOTOR VEHICLE INFORMATION

72. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED

73. List other states where you have been licensed to operate a motor vehicle:

	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

74. Have you ever been refused a driver's license by any state? Yes No
IF YES, explain (include when, where, and circumstances):

75. Has your driver's license ever been suspended or revoked? Yes No
IF YES, explain (include when, where, and circumstances):

76. Do you currently have liability insurance on ALL of your vehicles? Yes No

If so, what company? _____

SECTION 9: MOTOR VEHICLE OPERATION

77. List all traffic citations; (excluding parking citations) you have received *within the past ten years*.

77.1	NATURE OF VIOLATION		LOCATION (STREET)		CITY	STATE
DATE VIOLATION OCCURRED			ACTION TAKEN			
Month: _____		Year: _____	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed			
77.2	NATURE OF VIOLATION		LOCATION (STREET)		CITY	STATE
DATE VIOLATION OCCURRED			ACTION TAKEN			
Month: _____		Year: _____	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed			
77.3	NATURE OF VIOLATION		LOCATION (STREET)		CITY	STATE
DATE VIOLATION OCCURRED			ACTION TAKEN			
Month: _____		Year: _____	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed			
77.4	NATURE OF VIOLATION		LOCATION (STREET)		CITY	STATE
DATE VIOLATION OCCURRED			ACTION TAKEN			
Month: _____		Year: _____	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed			

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77.5	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE	
	DATE VIOLATION OCCURRED		ACTION TAKEN			
	Month:	Year:	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Dismissed
77.6	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE	
	DATE VIOLATION OCCURRED		ACTION TAKEN			
	Month:	Year:	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Dismissed
77.7	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE	
	DATE VIOLATION OCCURRED		ACTION TAKEN			
	Month:	Year:	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Dismissed

78. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following (check all that apply):

Failed to Appear
 Failed to Complete Traffic School
 Failed to Pay the Required Fine

IF CHECKED, explain circumstances:

79. Have you been involved as the driver in a motor vehicle accident *within the past ten years*? Yes No

IF YES, give details below

79.1	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
79.2	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
79.3	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

79.4	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
79.5	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

80. Have you ever been refused automobile liability insurance or a bond, or had them canceled? Yes No

IF YES, GIVE REASON

	DATE (MM/YYYY)
INSURANCE COMPANY	

Sullivan's Island Police Department Supplemental Application

SECTION 10: TATTOOS, BODY ART, AND PIERCINGS

The Sullivan's Island Police Department has an **Appearance Policy** that addresses tattoos, body art and piercings to ensure a conservative appearance consistent with professional law enforcement services. (Having body art, tattoos, or piercings, does **NOT prohibit** you from employment.

81. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No
82. Do you have any tattoos, body art, or piercings (except single ear piercings)? Yes No

83. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No
84. Do you belong to any group or hold any belief, which would prevent you from vowing allegiance to the Flag or The Constitution Of the United States of America? Yes No
85. Have you ever threatened or used physical force towards a spouse or romantic partner? Yes No
86. Since the age of 18, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No

If you answered "YES" to any of **Questions 81–86**, give details including **dates and circumstances** – *reference corresponding numbers*.

SECTION 12: CERTIFICATION

89. I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature in Full: ►

Date:

**Use the following page to continue any of your responses.
Be sure to reference corresponding numbers.**

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ADDITIONAL COMMENTS

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). **Reference the corresponding questions and/or specific items**
- You may also use this space to state why you are interested in the position in which you applied for with the Town of Sullivan's Island.
- You may print copies of this page as needed. If you are filling in this page online, text will flow to additional pages automatically.