

City of Conway Police Department POST OFFICE BOX 1075 CONWAY, SOUTH CAROLINA 29528-1075

APPLICATION FOR EMPLOYMENT

PERSONAL DATA

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NAME CITY/STATE Choose Highest Year Completed Press No DEGREE/MAJOR SCHOOL DIGHT NAME CITY/STATE Choose Highest Year Completed Press No DEGREE/MAJOR NAME NAME CITY/STATE Choose Highest Year Completed Press No DEGREE/MAJOR NAME NAME NAME NAME NAME NAME NAME NAME				Social Secu	urity Number:_	
City:	. Name: Las	st:	First:		Middle	:
Telephone: Home: (. Address: S	Street:			Apartn	nent:
Telephone: Home: (City:		100	State:	Zip	
Have you ever applied with the City of Conway before? What position? Have you ever worked for the City of Conway before? Yes No If yes, when? What position? What position? What position? If yes, when? What position? Pes No If yes, give: Name: Relation; Department: Have you ever been convicted of a crime (other than minor traffic violations)?* Yes No If yes, provide: Charge: Date: Disposition: Are there any charges/indictments now pending against you? * Yes No If yes, explain: *NOTE: A "YES" answer to the two questions above will not necessarily deem you unsuitable for employment. To nature and severity of the offense as it relates to the position for which you are applying for are considered. Do you have a valid driver's license? Yes No State: Do you have a valid driver's license? Yes No State: Driver's License Number: Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No If yes, provide details: Has your license, permit or privilege ever been suspended or revoked? Yes No Brighs, provide details: UCATION NAME CITY/STATE Choose Highest Year Completed Yes No N/A						
If yes, when?	E-Mail Ad	ldress:				
Have you ever worked for the City of Conway before? Yes	Have you	ever applied with the C	ity of Conway before?	Yes [] No	
If yes, when?	If yes, who	en?	What	position?		
Do you have any relative(s) employed by the City of Conway? Yes	Have you	ever worked for the Cit	y of Conway before?	Yes N	o 🗌	Pro-1 6
If yes, give: Name:	If yes, who	en?	What	position?		
Have you ever been convicted of a crime (other than minor traffic violations)?* Yes No If yes, provide: Charge: Place: Disposition: No Are there any charges/indictments now pending against you? * Yes No If yes, explain: NoTE: A "YES" answer to the two questions above will not necessarily deem you unsuitable for employment. To nature and severity of the offense as it relates to the position for which you are applying for are considered. Do you have a valid driver's license? Yes No State: Driver's License Number: No Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No If yes, provide details: No By your license, permit or privilege ever been suspended or revoked? Yes No By your license, permit or privilege ever been suspended or revoked? Yes No By your license, permit or privilege ever been suspended or revoked? Yes No By your license, permit or privilege ever been suspended or revoked? Yes No By your license, permit or privilege ever been suspended or revoked? Yes No By your license, permit or privilege ever been suspended or revoked? Yes No By your license, permit or privilege ever been suspended or revoked? Yes No By your license, permit or privilege ever been suspended or revoked? Yes No By your license, permit or privilege ever been suspended or revoked? Yes No By your license, permit or privilege ever been suspended or revoked? Yes No By your license, permit or privilege ever been suspended or revoked? Yes No By your license, permit or privilege ever been suspended or revoked? Yes No By your license, permit or privilege ever been suspended or revoked? Yes No By your license, permit or privilege ever been suspended or revoked? Yes No By your license No By	Do you ha	ve any relative(s) emplo	oyed by the City of Conwa	y?	Yes 🗌	No 🗌
If yes, provide: Charge: Disposition:	If yes, give	e: Name:	Relation <u>:</u>	19	Department:	
Date:	Have you	ever been convicted of	a crime (other than minor t	raffic violations)	?* Yes 🗌	No 🗌
Are there any charges/indictments now pending against you? * Yes No If yes, explain: *NOTE: A "YES" answer to the two questions above will not necessarily deem you unsuitable for employment. To nature and severity of the offense as it relates to the position for which you are applying for are considered. Do you have a valid driver's license? Yes No State: Driver's License Number: Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No If yes, provide details: Has your license, permit or privilege ever been suspended or revoked? Yes No DEGREE/MAJOR NAME	If yes, pro	vide: Charge:		Place:		
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Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No Has your license, permit or privilege ever been suspended or revoked? Yes No Has your license, permit or privilege ever been suspended or revoked? Yes No No Has your license, permit or privilege ever been suspended or revoked? Yes No Did you Graduate? Year Completed Year Completed Yes No No NAME CITY/STATE Choose Highest Year Completed Yes No No NAME NAME CITY/STATE NO NO NAME NAME NAME NAME NAME NAME NAME NAME	nature	and severity of the offe	ense as it relates to the pos	ition for which yo	ou are applying	for are considered.
If yes, provide details: Has your license, permit or privilege ever been suspended or revoked? Yes No If yes, provide details: UCATION NAME CITY/STATE Choose Highest Year Completed Yes No HIGH SCHOOL N/A	Do you ha	ve a valid driver's licen	se? Yes 🔲 No 🔲 State	: Driver's	License Numb	er:
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If yes, provide details: UCATION	If yes, pro	vide details:	127		10	7
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NAME CITY/STATE Choose Highest Year Completed Press No DEGREE/MAJOR SCHOOL DIGHT NAME CITY/STATE Choose Highest Year Completed Press No DEGREE/MAJOR NAME DIGHT NAME CITY/STATE PROPERTY NAME OF THE P	If yes, pro	vide details:	71	94 . A		
NAME CITY/STATE Choose Highest Year Completed Year Completed SCHOOL Graduate? Year Completed SCHOOL DEGREE/MAJOR NO N/A	DUCATION					
SCHOOL U L IN/A	M	NAME	CITY/STATE		Graduate?	DEGREE/MAJOR
				156		N/A
	COLLEGE		-JL //	04		
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EMPLOYMENT DATA

A.	Position applying for:
B.	Minimum Acceptable Salary: \$
C.	Would you accept: Full Time: Yes No No
	Part Time: Yes No No
	Temporary Yes No No
D.	Please indicate days available for work:
	Monday Tuesday Wednesday Thursday Friday Saturday Sunday
E.	Do you have transportation to and from work? Yes No No
F.	What hours are you available for work? From: To:
	If necessary, will you work overtime? Yes \(\square\) No \(\square\) Will you work shifts? Yes \(\square\) No \(\square\)
H.	Have you ever been denied bonding? Yes \(\square\) No \(\square\) If Yes, give details:
I.	List any professional licenses you hold that are applicable to position applied for:
	Type: License No: Expiration Date:
J.	Skills: Typing: Yes No WPM: WPM:
	Transcription: Yes No No
	Computer: Yes No Software: How Long:
K.	Please list any other pertinent experience, skills, training or volunteer experience that you have which are related to the position for
	which you are applying:
L.	Date you are available to start:
EM	IPLOYMENT HISTORY
A.	Are you presently employed? Yes No May we contact you at work? Yes No
В.	Have you ever been discharged or forced to resign from any position? Yes No
	If yes, please explain:
C.	INSTRUCTIONS: READ CAREFULLY BEFORE COMPLETING THE REMAINDER OF THIS SECTION. IT IS
	IMPORTANT THAT THIS SECTION BE COMPLETED IN DETAIL IF YOUR EXPERIENCE IS TO BE FAIRLY EVALUATED.
	TAIKLI EVALUATED.

- 1. Give specific information about the nature and responsibilities of each position you have held. Use a separate block for each position, even if it is with the same employer.
- 2. List all employment including military service, part-time and self-employment. Include all periods of unemployment except those during which you were a full-time student at an academic or technical institution.
- 3. **A RESUME MAY NOT BE SUBSTITUTED FOR THIS SECTION.** However, a resume may be attached upon <u>full</u> completion of this application.
- 4. Start with the most recent position and work back to first position you held.
- 5. If space is too limited for listing all your employment record, you may use an additional sheet of paper following the same format used on the next page. Sign/print your name and include with this application

(1) (Current or most recent position)	Description of specific duties
Employer's Name:	
City: State:	
Telephone Number: () Ext:	
Position Title:	
May we contact? Yes ☐ No ☐	
Supervisor's Name:	
Dates employed in this position:	
Mo:Yr: <u>-TO-</u> Mo: Yr:	/
Starting Salary: Last Salary:	
Name on employment records if different from present name:	Reason for leaving:
(2) (Current or most recent position)	Description of specific duties
Employer's Name:	
City: State:	
City:	A Property of the Park of the
Position Title:	V I WAYS
May we contact? Yes \(\square\) No \(\square\)	
Supervisor's Name:	
Dates employed in this position:	
Mo:Yr: <u>-TO-</u> Mo: Yr:	
Starting Salary: Last Salary:	C-2
Name on employment records if different from present name:	Reason for leaving:
(3) (Current or most recent position)	Description of specific duties
(3) (Current or most recent position) Employer's Name:	Description of specific duties
Employer's Name: City: State:	Description of specific duties
Employer's Name: City: State:	Description of specific duties
Employer's Name: City:	Description of specific duties
Employer's Name:	Description of specific duties
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POLICE



POLICE



REFERENCES

List three (3) references. Provide full name, address (city & state) and phone number.

NAME	ADDRESS	PHONE NO.
1.		
2.		
3.		

EMPLOYMENT WAIVER / AFFIDAVIT PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN

- The City of Conway is an **Equal Opportunity Employer** and as such will seek to recruit and hire employees without regard to race, religion, color, national origin, sex, age, political affiliation or disability except when physical condition is a *bona fide* occupational qualification.
- This application must be filled out in detail. Failure to complete all sections, or to sign this form, may result in you not being considered for employment with the City of Conway.
- I understand and agree that acceptance of this application in no way obligates the City of Conway to employ me or that there are any positions currently available.
- As an applicant for employment with the City of Conway Police Department, I have furnished information for use in
 determining my qualifications for employment. I hereby authorize the City of Conway to conduct a thorough
 background investigation to further support the statements contained herein. The background investigation will
 include, but not limited to a Credit History Report, Criminal History Check (including sealed and juvenile records), and
 driving history.
- I hereby affirm that I have never been the subject of a domestic restraining or protective order, or have ever been previously convicted of a domestic violence related incident.
- As an applicant for employment with the City of Conway Police Department, I understand and agree to furnish any social networking site that I participate in, and shall include the names of the sites. I further understand and agree to provide the police department access to these sites as part of any background investigation.
- I hereby release the City of Conway, current and past employers and references named herein (or in accompanying resume), from liability or damage resulting from providing information requested.
- If I request herein that my present employer not be contacted, an offer of employment will be conditioned upon acceptable information and verification from such employer prior to beginning work.
- I agree to submit to a urine drug screen if required for the position. The results of such analysis may be grounds for disqualifying me or terminating my employment.
- I agree to have a physical examination (city paid) as required for my position and understand that any offer of employment is contingent upon my passing this physical examination.
- I understand and agree that if employed, I will be an employee "<u>at will</u>" and will have the right to terminate my employment at any time, with or without notice and with or without cause, and that the city shall have the same right.
- I hereby affirm that all statements made herein are true and correct to the best of my knowledge and understand that any misrepresentation may result in my being disqualified from further consideration or being terminated should I already be employed by the City of Conway.
- My signature conveys that I have read, understand and agree to all the statements listed above.

Signature:	Date:

CONWAY POLICE DEPARTMENT EMPLOYMENT APPLICATION SUPPLEMENT BACKGROUND INVESTIGATION INFORMATION

NOTE: All inform	ation should be ty	ped or clearly print	ted in ink. All questions must be answ	ered
			gible forms will not be considered. If y	
require additional space to answer a question, use a blank sheet of paper and attached it to the				
	olication suppleme	ent. Remember to i	dentify the additional information by	
section.				
osition Applying Fo	r: Police Officer	Records Clerk A	Animal Control Officer	
	Community Se	rvice Officer 🔲 Te	elecommunications Officer	
	Reserve Police	Officer Office Ass	sistant Other	_
1. PERSONAL HIS	STORY			
Name:			150	1
Last	VIII AL	First	Middle	37/
f applicable, list r	naiden name or n	ame(s) used other t	than the above, including nicknames:	
		Total and		1
Last	Ty /	First	Middle	1
E-mail Address:				1
				1
TV V	ALL			1
Date of Birth:	NUM	Social Securit	ty#	14
Place of Birth:		I A Y III Y	AV// A M	9
Anavaria II S. Gi	tiron2 Voo∏ N	o 🗆		9
Are you a U.S. Ci	tizen: Yes N	0 🗀		
	izon: #		Dlaco	
If Naturalized Cit	izen: #		Place:	4
	izen: #		Place: Court:	4
If Naturalized Cit		en licensed to drive	Court:	1
lf Naturalized Cit		en licensed to drive	Court:	
If Naturalized Cit		en licensed to drive	Court:	
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2. PREVIOUS RESIDENCES List in chronological order, all residences in which you have resided in the past 10 years, including addresses, both on and off a military base. Date From To Apt. # Street Address City State

3. MILITARY RECORD
a. Are you registered for Selective Service? Yes No Selective Service # Local Board:
b. Have you ever served on active duty in the Armed Forces of the United States? Yes No No
1) Branch of Military Service:
2) Highest Rank Achieved:
3) Dates of Active Duty: From: To
4) Type of Discharge:
Include DD Form 214 with application.
5) Was any type disciplinary action taken against you or were you convicted of a crime under the Uniform Code of Military Justice while in the armed service?
Yes No No If yes, nature of the charge or action:
c. Are you a member of the Reserve or National Guard? Yes No
d. List any specialized military training you received that would be relevant to this position.

4. COURT RECORD

a. List all arrest convictions below to include details of each conviction.

Date	Place	Charge	Disposition	Details
	W - AND - W			
				Hillard 12
		AV domini		H Y
ı		ot parking tickets.		
Date	Place	Charge	Disposition	Details
Date	Place	Charge	Disposition	Details
- 46		101111111111111111111111111111111111111		
		ATTACK DI		
		THE PERSON	30/ - 100	NO NO.
List any cou	urt actions where	you have ever been a	plaintiff or defendar	nt, including divorce
		you have ever been a	plaintiff or defendar	nt, including divorce
		you have ever been a	plaintiff or defendar	nt, including divorce Details
and civil ac	tions.		0	JA 31
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Date CREDIT RE	Place CORD		Disposition	Details
Date CREDIT REG	Place Place CORD ver filed for bank	Incident Type ruptcy? Has your credi	Disposition t ever been conside	Details red unsatisfactory?
Date CREDIT REG	Place Place CORD ver filed for bank	Incident Type	Disposition t ever been conside	Details red unsatisfactory?

es of any close relatives or f	richas (including in laws	y willo are
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Agency Employed	City/State	Relation
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	Agency Employed	

Name	City/State	Area Code/Phone Nun	nber Length of Acquaintan
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WA .			
M. Control			
	T	A P TO THE	
RELATIVES	34 B V	7 '	
List complete informat	ion concerning relat	ives. If you have been r	narried more than once,
	a transmission		
		se. If you or your spouse	L SUP AND A SUPERIOR OF THE SU
guardians or other with	h whom you lived of	ther than your parents.	list information in the oth
The National Contracts to			
relatives/legal guardial	ns section below. If	you are engaged to be r	married in the near future
complete information	should be included:	about your future shous	se and future in-laws as
well.	onound be moraded	assect your ratare spous	e and ratare in laws as
WEII.			
Namo		ity/State	Aroa Codo/Tolonhono Numbo
Name her:		City/State	Area Code/Telephone Numbe
ther:		City/State	Area Code/Telephone Numbe
ther:		City/State	Area Code/Telephone Numbe
ther: other: ther In-Law:			Area Code/Telephone Numbe
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Name ather: Mother: ather In-Law: Mother In-Law: pouse: x-Spouse: thild:			nded time

7. SOCIAL REFERENCES

9. QI	UESTIONS
1.	Have you ever been denied employment by a criminal justice agency? Yes No
	a. If yes, explain:
2.	Have you ever been convicted of a felony? Yes No
3.	Are you presently using illegal drugs? Yes No
4.	Are you presently using a controlled substance without a prescription? Yes No
5.	Have you ever been convicted of a crime involving moral turpitude or carrying a sentence of more than one year? Yes \square No \square
6.	Have you possessed or sold any amount of illegal drugs? Yes No
	a. If yes, explain
. (
7.	Are you willing and able to work rotating shifts? Yes \[\] No \[\]
8.	Are you willing to wear a uniform? Yes No
9.	Do you have any visible tattoos? Yes No No
0/	If yes, were are they located:
91	
90	
0	
	.0. DOCUMENTS
9	In order to be considered for employment with the Conway Police Department, the following documents MUST accompany this completed form: 1) Legible Copy of Birth Certificate
	2)Legible copy of High School Diploma or post-secondary education degree (if applicable) or transcripts from high school or secondary education.
	3)Certified driver's history for past ten years <u>in all states</u> applicant has been licensed.
	4)Certified statement from Clerk of Court having jurisdiction in the county in which you reside showing there are no civil judgments or liens.
	5)Completed Authorization to Release Information Form. (Signed and notarized)

- 6) Completed and signed pre-employment investigation waiver. (signed and notarized)
- 7) Completed Certification and Penalty form. (signed and notarized)
- 8) Legible copy of military form DD214, if applicable.
- 9) Legible copy of social security card.
- 10) Recent full length photograph of applicant.

11. ACKNOWLEDGMENT

I understand that all appointments are probationary for a period of six months, during which time I must demonstrate my fitness for continued employment with the City of Conway. I further understand that any appointment offered me will be contingent upon the results of a complete background investigation, and I am aware that willfully providing false or misleading information on this form will be cause for disqualification for further consideration for employment. I agree to the above conditions, and I hereby certify that all statements made on this form are true and accurate to the best of my knowledge.

- As an applicant for employment with the City of Conway Police Department, I have furnished information for use in determining my qualifications for employment. I hereby authorize the City of Conway to conduct a thorough background investigation to further support the statements contained herein. The background investigation will include, but not limited to a Credit History Report, Criminal History Check (including sealed and juvenile records), and driving history.
- I hereby affirm that I have never been the subject of a domestic restraining or protective order, or have ever been previously convicted of a domestic violence related Incidents.
- As an applicant for employment with the City of Conway Police Department, I understand and agree to furnish any social networking site that I participate in, and shall include the names of the sites. I further understand and agree to provide the police department access to these sites as part of any background investigation.

Signature of Applicant		
Date:	4 17	
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AFFIDAVIT

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//	WA	, being first duly sworn on oat	h, states as follows:		1	
1.	My name is		I am apply	ng for an	employment	position wit
		As part of my backgrou	nd investigation, I have	been asked	to provide this	sworn affidav
to attest to whether	er I have any social	network accounts. I understand	d that as a condition of	employment,	this backgroun	nd investigation
requires that I vol	untarily provide acc	cess to any such social network	accounts I may have.	This is neces	ssary to ensure	that I meet th
criteria for employ	yment with	Contract of the Contract of th	I understand that	this informat	ion in itself wi	ll not disqualif
me from employn	nent, but will provid	le the agency with additional in	formation that will assi	st in a reasor	nable employm	ent backgroun
investigation.				100	1 3	7.
2.	(Alternative for curre	ent employee) My name is		I underst	and that my em	nployment statu
with	ASM.	can be adversely affected	ed if I engage in any con	duct that has	the potential to	adversely affect
my job performanc	ce or ability to perfor	m or conduct that has the potenti	al to adversely affect the	agency's mor	rale, operations	or effectiveness
I hereby subscribe	e that I (do) or (do	not) have any social network ac	ccounts. I understand the	nat should I	be subject to a	n administrativ
investigation by m	y agency that will be	enhanced by access to my social	network accounts, I will	be required t	o provide acces	s to the assigne
investigator. I und	derstand that any suc	h investigation will be strictly lin	mited to my conduct tha	t might have	the potential to	adversely affect
my performance or	r the operations of m	y agency.				
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My Commission _	te of South Carolina	4 17	20			
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		sellina III				

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To:	Concerned Person or Authorized					
	Representative of any Organization, Institution or Repository of Records					
	institution of Repository of Records					
Re:	Applicant's Name:					
	Date of Birth:					
	Social Security #:					
-	ectfully request and authorize you to furnish the City of Conway, SC Police Department any and all information that					
	hay have concerning my work record, school record, reputation, financial and credit status and military records.					
	e include any records of detainment, arrest and conviction by any law enforcement agency including all information					
	onfidential or privileged nature, and Photostats or copies of same if requested. This information is to be used to					
assist	the City of Conway, SC Police Department in determining my qualifications and fitness for the position I am seeking					
Lhoro	shy release you your arganization or others from liability or damage which may result from furnishing the					
	by release you, you <mark>r organization or others from liability or damage which may result from furnishing the mation requested above.</mark>					
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	My Commission Expires					
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PRE-EMPLOYMENT INVESTIGATION DISCOVERY

As an applicant to the City of Conway, SC Police Department for the position of police officer, I recognize that an employing law enforcement agency has a legal, as well as a moral obligation, to take every reasonable effort to ensure that persons employed by them as peace officers, or in other positions, conform to the very highest standards.

Therefore I release and hold harmless the City of Conway, SC Police Department and their officers, agents, or assigns, now and in the future, from any claims or damages in law of inequity on my behalf of myself, my heirs and assigns, for their refusal to make available any and all information contained in this pre-employment investigation, including, but not limited to, the identity(ies) of any person(s) and/or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied. I also understand that all information will be considered confidential and will be used only for investigating my employment suitability with the City of Conway, SC Police Department or another law enforcement agency in possession of a notarized permission waiver signed by me.

I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.

Dated this day of	
Applicant Name	
Applicant Signature	
Sworn and subscribed before me this	day of,
	My Commission Expires
Notary Public	
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CERTIFICATION AND PENALTY

I hereby declare that all statements and information provided to the City of Conway, SC Police Department in the Personal History Statement, Personal History Questionnaire, as well as other statements and information provided for my pre-employment background investigation or any other phase of my pre-employment screening, are true and complete to the best of my knowledge and belief. I understand that ant misstatement of material fact, willful omission of material fact, or willful deception, will be cause for disqualification and rejection as a candidate for employment without appeal. I further understand that these aforementioned misstatements, omissions or deceptions are also grounds for termination after employment, without notice and without any right to appeal.

Applicant Name:	
Applicant Signature	Date
NAO /	AFFIDAVIT
STATE OF SOUTH CAROLINA }	
COUNTY OF HORRY }	
Personally appeared before me one,executed the above instrument of his/her o therefore.	, who says that he/she wn free will and accord, with full knowledge of the purpose
Sworn to and subscribed before me this	day of
Notary Public	My Commission Expires
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