



City of Conway Police Department

POST OFFICE BOX 1075 CONWAY, SOUTH CAROLINA 29528-1075

APPLICATION FOR EMPLOYMENT

PERSONAL DATA

PLEASE COMPLETE IN INK.

Social Security Number: _____

A. Name: Last: _____ First: _____ Middle: _____

B. Address: Street: _____ Apartment: _____

City: _____ State: _____ Zip: _____

C. Telephone: Home: (____) _____ Work: (____) _____ Cell: (____) _____

D. E-Mail Address: _____

E. Have you ever applied with the City of Conway before? Yes No
If yes, when? _____ What position? _____

F. Have you ever worked for the City of Conway before? Yes No
If yes, when? _____ What position? _____

G. Do you have any relative(s) employed by the City of Conway? Yes No
If yes, give: Name: _____ Relation: _____ Department: _____

H. Have you ever been convicted of a crime (other than minor traffic violations)?* Yes No
If yes, provide: Charge: _____ Place: _____
Date: _____ Disposition: _____

I. 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. The nature and severity of the offense as it relates to the position for which you are applying for are considered.

J. Do you have a valid driver's license? Yes No State: _____ Driver's License Number: _____

K. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
If yes, provide details: _____

L. Has your license, permit or privilege ever been suspended or revoked? Yes No
If yes, provide details: _____

EDUCATION

	NAME	CITY/STATE	Choose Highest Year Completed	Did you Graduate?		DEGREE/MAJOR
				Yes	No	
HIGH SCHOOL				<input type="checkbox"/>	<input type="checkbox"/>	N/A
COLLEGE				<input type="checkbox"/>	<input type="checkbox"/>	
TECHNICAL				<input type="checkbox"/>	<input type="checkbox"/>	

NAME:

POSITION:

DATE:

EMPLOYMENT DATA

A. Position applying for: _____

B. Minimum Acceptable Salary: \$ _____

- C. Would you accept: Full Time: Yes No
 Part Time: Yes No
 Temporary Yes 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

F. What hours are you available for work? From: _____ To: _____

G. If necessary, will you work overtime? Yes No Will you work shifts? Yes No

H. Have you ever been denied bonding? Yes No 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: _____

Transcription: Yes 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: _____

EMPLOYMENT HISTORY

A. Are you presently employed? Yes No May we contact you at work? Yes No

B. 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.

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 full 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: _____ ~~-TO-~~ 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: _____

Telephone Number: (____) _____ Ext: _____

Position Title: _____

May we contact? Yes No

Supervisor's Name: _____

Dates employed in this position:

Mo: _____ Yr: _____ ~~-TO-~~ Mo: _____ Yr: _____

Starting Salary: _____ Last Salary: _____

Name on employment records if different from present name: _____

Reason for leaving: _____

(3) (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: _____ ~~-TO-~~ Mo: _____ Yr: _____

Starting Salary: _____ Last Salary: _____

Name on employment records if different from present name: _____

Reason for leaving: _____

(4) (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: _____

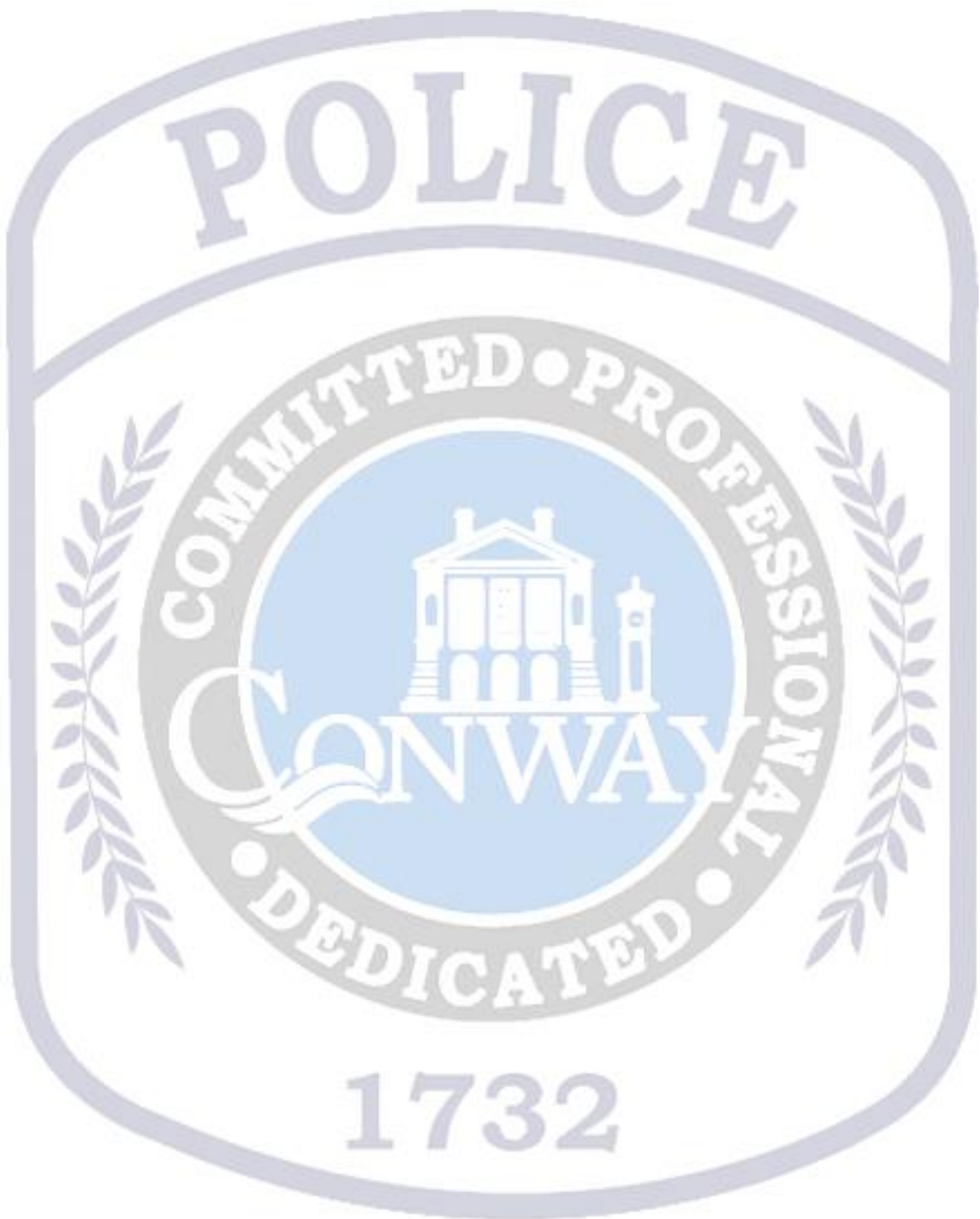
Dates employed in this position:

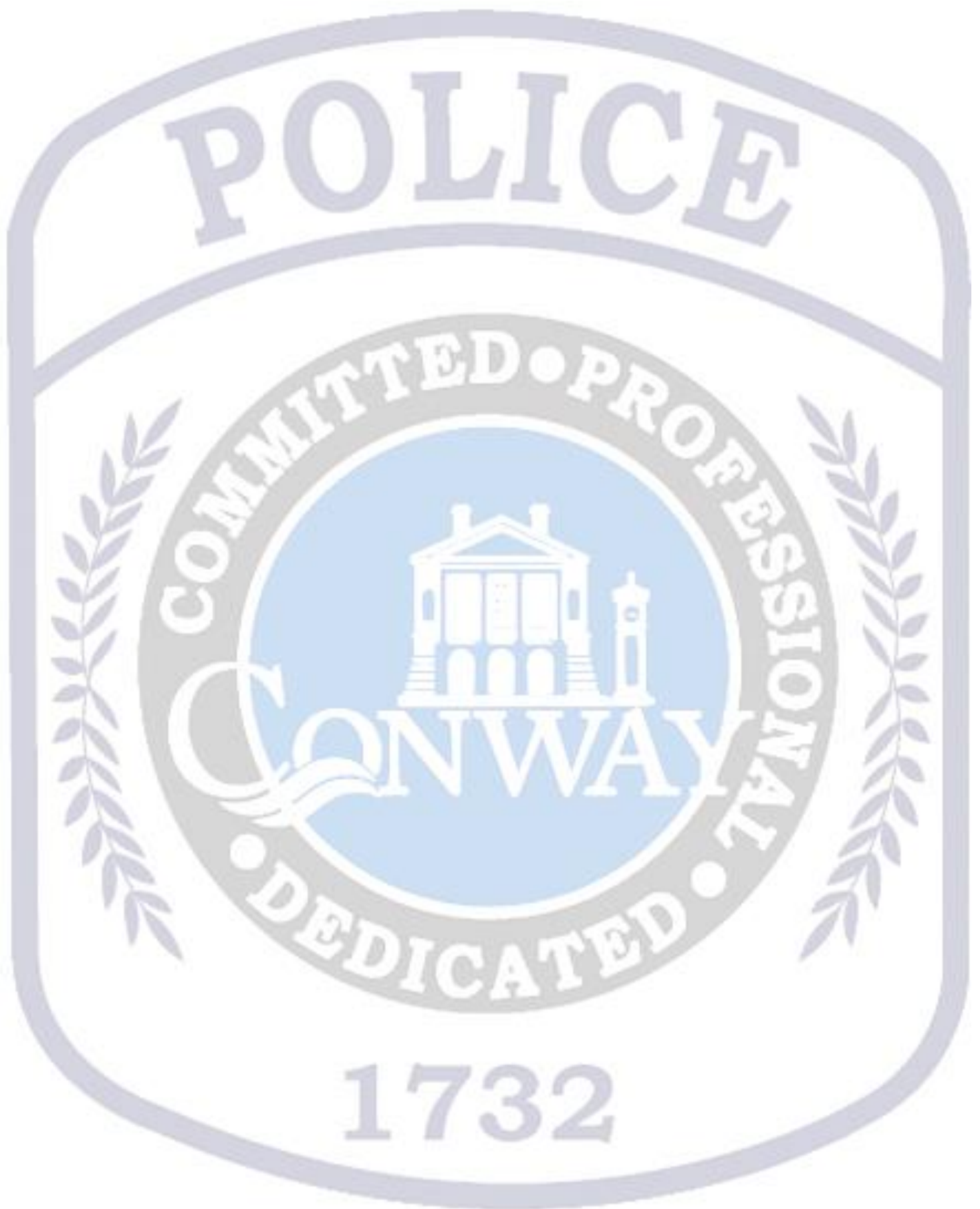
Mo: _____ Yr: _____ ~~-TO-~~ Mo: _____ Yr: _____

Starting Salary: _____ Last Salary: _____

Name on employment records if different from present name: _____

Reason for leaving: _____





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 “at will” 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**

Date: _____

NOTE: All information should be typed or clearly printed in ink. All questions must be answered; if not applicable, indicate N/A. Any incomplete or illegible forms will not be considered. If you require additional space to answer a question, use a blank sheet of paper and attached it to the employment application supplement. Remember to identify the additional information by section.

Position Applying For: Police Officer Records Clerk Animal Control Officer
 Community Service Officer Telecommunications Officer
 Reserve Police Officer Office Assistant Other _____

1. PERSONAL HISTORY

Name: _____
Last First Middle

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

_____ Last First Middle

E-mail Address: _____

Date of Birth: _____ Social Security # _____
Place of Birth: _____
Are you a U.S. Citizen? Yes No
If Naturalized Citizen: # _____ Place: _____
Court: _____
List ALL states where you have been licensed to drive:
State: _____ License Number: _____
State: _____ License Number: _____
State: _____ License Number: _____
State: _____ License Number: _____
State: _____ License Number: _____

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		Apt. #	Street Address	City	State
From	To				

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

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

If yes, nature of the charge or action: _____

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

Ready Standby Service Branch: _____

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

b. List all traffic citations except parking tickets.

Date	Place	Charge	Disposition	Details

c. List any court actions where you have ever been a plaintiff or defendant, including divorce and civil actions.

Date	Place	Incident Type	Disposition	Details

5. CREDIT RECORD

Have you ever filed for bankruptcy? Has your credit ever been considered unsatisfactory?
 Have you ever been refused credit? Yes No If yes any above, explain below

Date	Creditor	City/State	Amount	Explanation

6. RELATIVES/FRIENDS EMPLOYED BY GOVERNMENT

List the complete names of any close relatives or friends (including in-laws) who are employed in law enforcement.

Complete Name	Agency Employed	City/State	Relation

7. SOCIAL REFERENCES

List three social acquaintances in your age group, include complete information.

Note: Do not duplicate any individuals listed as references on the initial application.

****Information is needed to contact acquaintances Monday- Friday, 8am – 5:00pm****

Name	City/State	Area Code/Phone Number	Length of Acquaintance

8. RELATIVES

List complete information concerning relatives. If you have been married more than once, list information concerning each former spouse. If you or your spouse has stepparents, legal guardians or other with whom you lived other than your parents, list information in the other relatives/legal guardians section below. If you are engaged to be married in the near future, complete information should be included about your future spouse and future in-laws as well.

Name	City/State	Area Code/Telephone Number
Father:		
Mother:		
Father In-Law:		
Mother In-Law:		
Spouse:		
Ex-Spouse:		
Child:		
Child:		
Child:		
Child:		
Child:		
Child:		

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

Name	City/State	Area Code/Telephone #	Relation

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9. QUESTIONS

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 No
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
If yes, where are they located: _____

10. DOCUMENTS

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 **in all states** 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: _____

AFFIDAVIT

STATE OF SOUTH CAROLINA

_____, being first duly sworn on oath, states as follows:

1. My name is _____. I am applying for an employment position with _____. As part of my background investigation, I have been asked to provide this sworn affidavit to attest to whether I have any social network accounts. I understand that as a condition of employment, this background investigation requires that I voluntarily provide access to any such social network accounts I may have. This is necessary to ensure that I meet the criteria for employment with _____. I understand that this information in itself will not disqualify me from employment, but will provide the agency with additional information that will assist in a reasonable employment background investigation.

2. (Alternative for current employee) My name is _____. I understand that my employment status with _____ can be adversely affected if I engage in any conduct that has the potential to adversely affect my job performance or ability to perform or conduct that has the potential to adversely affect the agency's morale, operations or effectiveness. I hereby subscribe that I (do) or (do not) have any social network accounts. I understand that should I be subject to an administrative investigation by my agency that will be enhanced by access to my social network accounts, I will be required to provide access to the assigned investigator. I understand that any such investigation will be strictly limited to my conduct that might have the potential to adversely affect my performance or the operations of my agency.

Subscribed and sworn to before
me this _____ day of _____.

Notary Public, State of South Carolina
My Commission _____

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To: Concerned Person or Authorized Representative of any Organization, Institution or Repository of Records

Re: Applicant's Name: _____
Date of Birth: _____
Social Security #: _____

I respectfully request and authorize you to furnish the City of Conway, SC Police Department any and all information that you may have concerning my work record, school record, reputation, financial and credit status and military records. Please include any records of detainment, arrest and conviction by any law enforcement agency including all information of a confidential 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.

I hereby release you, your organization or others from liability or damage which may result from furnishing the information requested above.

Applicant Signature Date: _____

Applicant's Address: _____

STATE OF SOUTH CAROLINA }
 }
COUNTY OF HORRY }

AFFIDAVIT

Personally appeared before me the said, _____, who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed before me this _____ day of _____, _____.

Notary Public 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 _____, _____.

Notary Public

My Commission Expires _____

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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 any 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

AFFIDAVIT

STATE OF SOUTH CAROLINA }

}

COUNTY OF HORRY }

}

Personally appeared before me one, _____, who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed before me this ____ day of _____, _____.

Notary Public

My Commission Expires _____

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