

# EMPLOYMENT APPLICATION

## Walterboro Police Department

242 Hampton St., Walterboro, SC, 29488

Telephone: (843)-549-1811

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, veteran status, or disability.

**PLEASE TYPE OR PRINT ALL ANSWERS IN BLACK OR BLUE INK**

### 1. PERSONAL DATA

Name: \_\_\_\_\_  
(Last) (First) (Middle)

List other names by which you have been known: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City/Town) (County) (State) (Zip Code)

Phone (Include Area Code) Home: (\_\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_\_) \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_ Date Available to Work: \_\_\_\_\_

### 2. EDUCATION AND TRAINING

CIRCLE THE HIGHEST GRADE COMPLETED: 7 or less 8 9 10 11 12 13 14 15 16 17 18 DID YOU GRADUATE?  YES  NO HIGH SCHOOL EQUIVALENT TEST (GED) DATE/STATE AWARDED \_\_\_\_\_

TYPE OF SCHOOL	SCHOOL NAME CITY AND STATE	TYPE DIPLOMA OR DEGREE AWARDED	MAJOR FIELD	GRADE AVERAGE
LAST HIGH SCHOOL ATTENDED				
COLLEGES ATTENDED				
OTHER (MILITARY, TRADE, BUSINESS, SECRETARIAL, GRADUATE,SCHOOL, ETC.)				

**SPECIAL QUALIFICATIONS:** (INCLUDE TECHNICAL/PROFESSIONAL LICENSES AND NUMBERS, ACADEMIC AND/OR PROFESSIONAL CREDENTIALS.)

### 3. SKILLS

TYPING \_\_\_\_\_ CWPM SHORTHAND \_\_\_\_\_ WPM OTHER: \_\_\_\_\_

COMPUTER EXPERIENCE: \_\_\_\_\_

SOFTWARE USED: \_\_\_\_\_

**4. DRIVER'S LICENSE**

DO YOU POSSESS A VALID DRIVER'S LICENSE?		STATE	DRIVER'S LICENSE NUMBER	CLASS
<input type="checkbox"/> YES	<input type="checkbox"/> NO			

**5. EMPLOYMENT HISTORY**

In the spaces provided below, give your employment history beginning with your present or most recent employer and list all positions held including military, part-time, summer, volunteer work, and any periods of unemployment. An explanation of any period of unemployment should be included under item 9.

A. NAME AND ADDRESS OF COMPANY	FROM (MO./YR.)	TO (MO./YR.)	REASON FOR LEAVING	NAME OF SUPERVISOR
TITLE OF POSITION AND DESCRIPTION OF DUTIES:				
TELEPHONE NUMBER ( )				
B. NAME AND ADDRESS OF COMPANY	FROM (MO./YR.)	TO (MO./YR.)	REASON FOR LEAVING	NAME OF SUPERVISOR
TITLE OF POSITION AND DESCRIPTION OF DUTIES:				
TELEPHONE NUMBER ( )				
C. NAME AND ADDRESS OF COMPANY	FROM (MO./YR.)	TO (MO./YR.)	REASON FOR LEAVING	NAME OF SUPERVISOR
TITLE OF POSITION AND DESCRIPTION OF DUTIES:				
TELEPHONE NUMBER ( )				

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D. NAME AND ADDRESS OF COMPANY	FROM (MO./YR.)	TO (MO./YR.)	REASON FOR LEAVING	NAME OF SUPERVISOR
	TITLE OF POSITION AND DESCRIPTION OF DUTIES:			
TELEPHONE NUMBER (     )				

May we contact the employers listed above?  YES  NO. If not, indicate by a letter which one(s) you do not wish us to contact:

6. **CRIMINAL, TRAFFIC, AND/OR CIVIL COURT RECORD:** Have you ever been convicted of, pled guilty to, or pled nolo contendere to an offense other than for a minor traffic violation?

YES  NO If answer is YES, give complete details under item 9. (A conviction will not necessarily exclude you from employment consideration.)

7. **HAVE YOU EVER BEEN AN APPLICANT OR EMPLOYEE OF THE CITY OF WALTERBORO?**

**If applicant:** - Date of application: \_\_\_\_\_ Position applied for: \_\_\_\_\_

**If employee:** - Employment dates: \_\_\_\_\_ Position held: \_\_\_\_\_

8. **LIST ANY RELATIVES OF YOURS CURRENTLY WORKING FOR THE CITY OF WALTERBORO:**

NAME	RELATIONSHIP	DEPARTMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____



## GENERAL INFORMATION

IN ORDER TO PREVENT A DELAY IN THE PROCESSING OF YOUR APPLICATION, PLEASE BE SURE YOU HAVE SIGNED AND DATED THIS FORM AND ANSWERED EVERY QUESTION CLEARLY AND COMPLETELY.

Each applicant considered for employment in a Walterboro City Police position must meet the minimum requirements established for that position. This may include the successful completion of verbal and written examinations, a polygraph examination, a psychological examination, and an employment physical (which includes a medical examination, laboratory tests, and a drug screen).

In compliance with Title VI of the Consumer Protection Act, this is to advise you that as part of our processing of employment applications, an inquiry may be made concerning an applicant's credit standing, general reputation, character, and personal characteristics. This information may be from previous employers, personal references, law enforcement agencies, and/or consumer reporting agencies. Upon an applicant's written request, additional information as to the nature and scope of any report will be provided.

### SIGNATURE AND CERTIFICATION

I hereby affirm that the information provided on this application (and accompanying resume and/or documentation, if any) is true and complete to the best of my knowledge. I also understand that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I further understand that this application becomes the property of the City of Walterboro and will not be returned.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume and/or documentation, if any) to provide any relevant information that may be required to arrive at an employment decision.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the City of Walterboro or myself. I understand that no management official other than the Chief of Police has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### WE THANK YOU FOR SUBMITTING THIS APPLICATION FOR EMPLOYMENT WITH THE WALTERBORO POLICE DEPARTMENT, AN EQUAL OPPORTUNITY EMPLOYER.

The U.S. Government requires that we verify your eligibility for U.S. employment. As evidence of eligibility and identity, the government requires new hires to submit originals of one document from Group "A" or one document from BOTH Group "B" and Group "C" below.

Please check the evidence you will submit to us, should an offer of employment be made. *UNDER FEDERAL LAW, YOUR INABILITY TO PRODUCE ADEQUATE PROOF OF ELIGIBILITY AND IDENTITY (WITHIN 3 DAYS OF EMPLOYMENT) WILL RESULT IN YOUR TERMINATION FROM CITY EMPLOYMENT.*

GROUP A	GROUP B	GROUP C
<input type="checkbox"/> U.S. Passport	<input type="checkbox"/> State Driver's License with photograph	<input type="checkbox"/> Social Security Card. (Original)
<input type="checkbox"/> Certificate of U.S. Citizenship	<input type="checkbox"/> U.S. Military Card	<input type="checkbox"/> U.S. Birth Certificate bearing seal or other certification
<input type="checkbox"/> Certificate of Naturalization	<input type="checkbox"/> Other form of State I.D. with photo	<input type="checkbox"/> Other document approved by Attorney General authorizing employment by the applicant in the U.S.
<input type="checkbox"/> Unexpired foreign passport with unexpired work authorization endorsement of the attorney General	<input type="checkbox"/> Photo I.D. approved by Attorney General	<input type="checkbox"/> Other. Specify:
<input type="checkbox"/> Alien Registration card with Photo	<input type="checkbox"/> Other. Specify:	
<input type="checkbox"/> Other. Please Specify:		