

FULL NAME: Last First Middle

Today's date is: _____



TOWN OF ST. STEPHEN

Police Department



We are pleased that you are interested in a position of trust with the Town of St. Stephen Police Department. We are an equal opportunity employer, and no question on this application is intended to secure information to be used for discriminatory purposes. **THIS FORM IS PART OF THE EXAMINATION PROCESS AND IT IS IMPORTANT TO BE AS COMPLETE AS POSSIBLE.** Before completing the application please see the minimum qualifications. You cannot be considered for the position unless you meet these requirements.

GENERAL INSTRUCTIONS

- Type or handprint (in black ink) an answer to every question. Applications must be legible for full consideration.
- Provide complete and accurate information.
- If a question does not apply to you, mark N/A in the space provided.
- If space provided is insufficient, attach a separate sheet and reference the additional information to the section title.
- **It is your responsibility to notify this department of any changes of mailing address, email address or phone number.**
- **Notifications of subsequent steps in the hiring process will be via email, mail, or phone. It is imperative that we have up-to-date contact information on file.**
- The St. Stephen Police Department will verify conviction record, driving records, places of employment and other information listed on this application.
- If you provide false information, or commit any omissions of fact, either intentionally or unintentionally, you will not be eligible for employment with the St. Stephen Police Department. Failure to admit convictions and/or any untruthfulness will result in immediate disqualification.
- If you have any questions you may call (843) 567-3597, Monday through Thursday, 8:00 a.m. - 4:00 p.m.

PERSONAL (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)

LAST NAME: (PRINT CLEARLY)		FIRST NAME:		MIDDLE NAME:
PRESENT ADDRESS (NUMBER, STREET):		CITY:	STATE:	ZIP CODE:
MAILING ADDRESS - IF DIFFERENT THAN ABOVE (NUMBER, STREET):		CITY:	STATE:	ZIP CODE:
HOME PHONE:	CELL PHONE:	WORK PHONE:	E-MAIL ADDRESS:	
PLACE OF BIRTH (CITY, STATE):				
ANY OTHER PREVIOUS NAMES:				
NAME AND PHONE OF PERSON TO BE CONTACTED IN CASE OF EMERGENCY:				
Are you a U.S. citizen?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years of age?				<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have conversational fluency in any foreign language, please note this here: _____

MOTOR VEHICLE OPERATION (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)

Safe operation of a motor vehicle is essential to the position of police officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

1. Do you hold a valid driver's license? ☐ Yes ☐ No

Name on valid driver's license: _____

Class or Type of License: _____

License No.: _____ State: _____ Expiration Date: _____

- Do you have access to a motor vehicle? ☐ Yes ☐ No

2. How many years have you been a licensed driver? _____

3. Have you held a license in any state other than South Carolina? ☐ Yes ☐ No

List the state(s): _____

4. Has your license been suspended, revoked, or placed on negligent operator's probation (for other than medical reasons)? If "Yes," please give details (include what, when, where, why). ☐ Yes ☐ No

5. Have you ever been refused a driver's license (for other than medical reasons) by any state? ☐ Yes ☐ No
If "Yes," please explain (include when, where, why).

6. Have you ever been involved in a motor vehicle accident as a driver? ☐ Yes ☐ No
If "Yes," please provide the following information. List any additional accidents on the addendum.

DATE	LOCATION	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
POLICE RESPONDED? <input type="checkbox"/> Yes <input type="checkbox"/> No Police Agency: _____		

DATE	LOCATION	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
POLICE RESPONDED? <input type="checkbox"/> Yes <input type="checkbox"/> No Police Agency: _____		

7. If there is anything you wish to discuss about your driving record, please use the space below.

EDUCATION (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)

Name and Location of HIGH SCHOOL:					Date You Graduated:
Your Name at Time of Attendance (if different than present):					
Name and Location of POST-HIGH SCHOOL INSTITUTION:					Date You Graduated:
Your Name at Time of Attendance (if different than present):					
Dates Attended:		GPA	Credits Earned	Degree (check one) <input type="checkbox"/> Associate <input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Other	Field of Study
From	To				
If you did not graduate, explain:					
Name and Location of POST-HIGH SCHOOL INSTITUTION:					Date You Graduated:
Your Name at Time of Attendance (if different than present):					
Dates Attended:		GPA	Credits Earned	Degree (check one) <input type="checkbox"/> Associate <input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Other	Field of Study
From	To				
If you did not graduate, explain:					
Name and Location of POST-HIGH SCHOOL INSTITUTION:					Date You Graduated:
Your Name at Time of Attendance (if different than present):					
Dates Attended:		GPA	Credits Earned	Degree (check one) <input type="checkbox"/> Associate <input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Other	Field of Study
From	To				
If you did not graduate, explain:					
Describe any education or training not covered above (vocational school, correspondence courses, service schools, in-service training), which you feel is relevant to the job for which you are applying. Include relevant licenses, certificates or other information you feel might be pertinent to the position. (BE SPECIFIC)					

During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts.

Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include colleges and universities, graduate schools, business, and vocational schools--any formal education beyond the high school level.) ☐ Yes ☐ No

If "Yes", please explain (include school, date, and circumstances):

EMPLOYMENT AND EXPERIENCE (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)

Give a complete record of any employment, self-employment, military service or volunteer experience over the past 10 years (starting with the most recent). For identification and verification, please indicate the nature of the activity, i.e., full-time, part-time, internship or volunteer. List all intervening periods of military service or unemployment (starting with the most recent). **There should not be any gaps in time!** Please provide us with as much information as possible.

DATE OF EMPLOYMENT / EXPERIENCE FROM TO		NAME AND COMPLETE ADDRESS OF EMPLOYER		NAME / PHONE OF SUPERVISOR	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary:	TITLE OR DUTIES (FOR IDENTIFICATION PURPOSES)		LIST CO-WORKER(S) / PHONE	
Reason for leaving:					
DATE OF EMPLOYMENT / EXPERIENCE FROM TO		NAME AND COMPLETE ADDRESS OF EMPLOYER		NAME / PHONE OF SUPERVISOR	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary:	TITLE OR DUTIES (FOR IDENTIFICATION PURPOSES)		LIST CO-WORKER(S) / PHONE	
Reason for leaving:					
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<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary:	TITLE OR DUTIES (FOR IDENTIFICATION PURPOSES)	LIST CO-WORKER(S) / PHONE
Reason for leaving:			

Please account for periods of time which are not covered by your educational or employment history. If a period of absence is for a health-related matter, do not respond to this question.

From:	To:	Reason:
From:	To:	Reason:
From:	To:	Reason:
From:	To:	Reason:

1. Have you ever held employment under another name? ☐ Yes ☐ No
If "Yes," please give details (include when, where, name at time of employment, and circumstances).

2. Have you ever been fired, discharged, asked to resign or resigned after being informed by your employer you would be discharged? ☐ Yes ☐ No
If "Yes," please give details (include when, where, name at time of employment, and circumstances).

3. If you have never held employment, please explain on the addendum sheet.

4. **Would any problem result if your present employer was contacted during the course of the background investigation?** ☐ Yes ☐ No
If "Yes," please explain below:

5. Have you **EVER** applied for an officer position with any other law enforcement agency? ☐ Yes ☐ No
If yes, list Agency Name, City, State, and Year you applied.

Agency Name	City/State	Year(s)

MILITARY SERVICE* (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)

1. Have you ever served in the armed forces, National Guard or military reserves? ☐ Yes ☐ No

HIGHEST RANK ATTAINED	RANK DISCHARGED	SEPARATION CODE	RE-ENLISTMENT CODE	OCCUPATION
BRANCH OF SERVICE	SERVICE NUMBER	DATES OF SERVICE	TYPE OF DISCHARGE*	
		TO		

*The Town of St. Stephen does not discriminate based on less than an honorable discharge. This is for purposes of the background check only; the Town of St. Stephen complies with all laws which prohibit discrimination based on past or current military service.

2. Have you ever received judicial punishment while in the military service (include court-martial, captain's masts, company punishment, etc.)? ☐ Yes ☐ No

AGENCY CHARGE	DATE	AGE AT TIME	DISPOSITION

3. Are you currently participating in any military reserve or National Guard program? ☐ Yes ☐ No

**IF YOU HAVE NOT ALREADY SUBMITTED FORM DD214,
PLEASE FORWARD A COPY AS SOON AS POSSIBLE.**

4. Past or current military superiors or military acquaintances are potential sources of relevant information pertaining to your background. Please list only those individuals who know you well enough to provide accurate information about you.

NAME	CONTACT ADDRESS	CONTACT PHONE	YEARS KNOWN

LEGAL (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)

1. Please list **ALL** convictions. Include relevant dates for felonies, misdemeanors, city/county ordinances, state or federal laws, or conviction by a military court-martial. In accordance with the law, any pending criminal charges or convictions will not be used or considered unless the circumstances are substantially related to the circumstances of being a police officer. Domestic violence convictions are automatic disqualifiers. Include any juvenile court convictions, as well as adjudications of delinquency. **Include traffic violations.** (Do not include violations for parking incidents.)

DATE	CHARGE	POLICE AGENCY	DISPOSITION

List any pending charges (include traffic, if applicable):

DATE	CHARGE	POLICE AGENCY

2. Have you ever been placed on court probation as an adult? ☐ Yes ☐ No
If "Yes," please give details (include when, where, why). Give dates of probation. Start with the most recent.
3. Have you ever applied for a permit to carry a concealed weapon? ☐ Yes ☐ No
If "Yes," please provide the following information:
Permit granted? _____
Date: _____
Name of enforcement agency: _____
4. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action other than bankruptcy (i.e., small claims court, family court or collections)? ☐ Yes ☐ No
If "Yes," please give details, (include when, where, name and location of court, circumstances).

**ILLEGAL DRUG / CONTROLLED SUBSTANCE / NARCOTIC USE
(IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)**

It is not the intent of the St Stephen Police Department to utilize information solicited in this section for criminal prosecution. This section does not include substances prescribed by your physician.

1. Have you ever used or experimented with marijuana? ☐ Yes ☐ No
If "Yes," please provide the following information. Your best recollection will suffice.
Date first used: _____
Date last used: _____
2. Have you ever used or experimented with any form of illegal drugs, controlled substances and/or narcotics (amphetamines, barbiturates, hallucinogenics) such as Cocaine, Speed, PCP, Heroin, Mescaline, LSD, Hashish, Opiates, Steroids, etc. other than those drugs prescribed by your physician? ☐ Yes ☐ No
If "Yes," please provide the following information. Your best recollection will suffice.

NAME OF DRUG/CONTROLLED SUBSTANCE/NARCOTIC	DATE FIRST USED	DATE LAST USED

NAME OF DRUG/CONTROLLED SUBSTANCE/NARCOTIC	DATE FIRST USED	DATE LAST USED

Have you ever sold marijuana?

☐ Yes ☐ No

Have you ever cultivated or supplied marijuana?

☐ Yes ☐ No

Have you ever sold or furnished any form of drug or narcotic?

☐ Yes ☐ No

Have you manufactured any form of drug or narcotic?

☐ Yes ☐ No

If you answered "Yes" to any of the above questions, please explain on an addendum. The above questions do not apply to legal activities engaged in as a licensed professional.

APPLICANT DATA SHEET

Last Name (print clearly)	First Name	Middle Name	Date
Application for position of: _____		Department/Division: <u>St. Stephen Police Department</u>	
DATE OF BIRTH _____ / _____ / _____ (required)		_____-_____-_____ Social Security Number (optional)	

I authorize persons, schools, my current and previous employers, organizations, law enforcement agencies, clerks of court and/or others named in my application, resume, and accompanying documentation to provide any relevant information that may be required to make an employment decision. I authorize the Town of St. Stephen to verify and investigate the information provided by me and hereby release the Town of St. Stephen, my former employers and others from any and all liability for seeking or providing such information. I fully understand that a criminal or other background check may be conducted at any time during my employment with the Town of St. Stephen.

I further understand that my employment and compensation with the Town of St. Stephen is "AT WILL" and that I may be terminated, with or without cause or motive, at any time for any or no reason at the discretion of either the Town of St. Stephen or myself. I understand that no management official/body other than the Town of St. Stephen council has any authority to enter into any agreement contrary to the "at will" employment or to make any oral assurance or promise of continued employment.

I also understand that if I am given an conditional offer of employment that I will be scheduled for a drug and alcohol screen, a tuberculosis (PPD) test and may be scheduled for a psychological exam, functional capacity test, physical examination, and any other exam as required by the South Carolina Code of Laws and/or the South Carolina Criminal Justice Academy as determined by the Training Council and the South Carolina Law Enforcement Training Act.

APPLICATION CERTIFICATION STATEMENT: (Please sign and date the following statement):

I certify that all answers to the questions in this application are true, and I agree that any misstatements or omissions of fact will cause forfeiture on my part of rights to employment in the Town service.

_____ Applicant's Signature	_____ Date	_____ Witness to Signature	_____ Date
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ESSAY QUESTION #1

Instructions: Maximum of one additional 8-1/2" x 11" page, single-spaced, Times New Roman 11 font.

The Town of St. Stephen Police Department adheres to the following Core Values: 1. Integrity First 2. Human Dignity 3. Service Before Self 4. Community Partnership 5. Continuous Improvement 6. Diversity and Excellence In All We Do

Part One: Based on your knowledge of the Town of St. Stephen and the St. Stephen Police Department, describe why you are applying for a position with the St. Stephen Police Department. Part Two: Choose three of the St. Stephen Police Department Core Values that you most strongly identify with and describe what these values mean to you based on your experiences.