

NAME \_\_\_\_\_  
(TYPE OR PRINT FULL NAME HERE)

**SALUDA POLICE DEPARTMENT  
EMPLOYMENT APPLICATION &  
BACKGROUND QUESTIONNAIRE**

**FOLLOW DIRECTIONS  
CAREFULLY**

- 1) USE BLACK INK TO COMPLETE THE QUESTIONNAIRE.
- 2) COMPLETE IN YOUR OWN HANDWRITING OR PRINTING.
- 3) WRITE OR PRINT LEGIBLY.
- 4) READ EACH QUESTION CAREFULLY.
- 5) ANSWER EACH QUESTION COMPLETELY AND ACCURATELY.
- 6) ANSWER ALL QUESTIONS.
- 7) IF A QUESTION DOES NOT APPLY WRITE N/A IN THE SPACE PROVIDED.
- 8) IF YOU NEED ADDITIONAL SPACE USE THE BACK OF THE PAGE OR ATTACH.
- 9) SIGN THE QUESTIONNAIRE AND HAVE IT NOTARIZED. THE POLICE DEPARTMENT WILL NOT NOTARIZE IT FOR YOU.
- 10) WHEN COMPLETE, RETURN TO:

SALUDA POLICE SEARCH

c/o:

Town of Saluda  
Administrator  
100S. Jefferson  
Saluda, SC 29138

**NOTE**

FAILURE TO FOLLOW INSTRUCTIONS OR TO PROVIDE COMPLETE INFORMATION WILL DELAY THE BACKGROUND INVESTIGATION PROCESS OR ELIMINATES YOU FROM FURTHER PROCESSING. ANY INCOMPLETE PACKET MAYBE REJECTED.

- \*INCLUDE COMPLETE ADDRESS: ZIP CODES, STREET ADDRESS, TOWN, AND STATE.
- \*INCLUDE COMPLETE TELEPHONE NUMBERS: AREA CODE AND NUMBER.



**EMPLOYMENT HISTORY**

LIST ALL PLACES OF EMPLOYMENT AND PERIODS OF UNEMPLOYMENT IN THE PAST (10) TEN YEARS. BEGINNING WITH THE PRESENT OR MOST RECENT EMPLOYER AND GOING BACKWARDS. LIST EVERYTHING IN PROPER SEQUENCE, (USE FOLLOWING PAGE IF NECESSARY)

**MONTH AND YEAR**

FROM: \_\_\_\_\_  
TO: \_\_\_\_\_

NAME OF EMPLOYER

SUPERVISOR

EMPLOYER ADDRESS

TOWN

STATE

ZIP

PHONE

**SALARY:**

START: \_\_\_\_\_  
END: \_\_\_\_\_

YOUR JOB TITLE-DESCRIBE YOUR DUTIES

DETAILED REASON FOR LEAVING

**MONTH AND YEAR**

FROM: \_\_\_\_\_  
TO: \_\_\_\_\_

NAME OF EMPLOYER

SUPERVISOR

EMPLOYER ADDRESS

TOWN

STATE

ZIP

PHONE

**SALARY:**

START: \_\_\_\_\_  
END: \_\_\_\_\_

YOUR JOB TITLE-DESCRIBE YOUR DUTIES

DETAILED REASON FOR LEAVING

**MONTH AND YEAR**

FROM: \_\_\_\_\_  
TO: \_\_\_\_\_

NAME OF EMPLOYER

SUPERVISOR

EMPLOYER ADDRESS

TOWN

STATE

ZIP

PHONE

**SALARY:**

START: \_\_\_\_\_  
END: \_\_\_\_\_

YOUR JOB TITLE-DESCRIBE YOUR DUTIES

DETAILED REASON FOR LEAVING

**MONTH AND YEAR**

FROM: \_\_\_\_\_  
TO: \_\_\_\_\_

NAME OF EMPLOYER

SUPERVISOR

EMPLOYER ADDRESS

TOWN

STATE

ZIP

PHONE

**SALARY:**

START: \_\_\_\_\_  
END: \_\_\_\_\_

YOUR JOB TITLE-DESCRIBE YOUR DUTIES

DETAILED REASON FOR LEAVING

NAME STREET TOWN STATE ZIP HOME PHONE

HOW LONG KNOWN? OCCUPATION & BUSINESS ADDRESS WORK PHONE

NAME STREET TOWN STATE ZIP HOME PHONE

HOW LONG KNOWN? OCCUPATION & BUSINESS ADDRESS WORK PHONE

B) LIST NAMES OF ANY ACQUAINTANCES EMPLOYED BY THE TOWN:

\_\_\_\_\_

C) HAVE YOU EVER APPLIED TO, OR BEEN EMPLOYED BY THE TOWN OF SALUDA IN ANY CAPACITY, AS A PAID EMPLOYEE OR VOLUNTEER? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHEN/POSITION: \_\_\_\_\_

D) PLEASE DOCUMENT YOUR SOUTH CAROLINA LAW ENFORCEMENT ACADEMY CERTIFICATION TRAINING?

WHEN WHERE (ATTACH CERTIFICATION)

**4. EDUCATION AND ADDITIONAL TRAINING**

A) LIST ALL SCHOOLS (SECONDARY, COLLEGES, UNIVERSITIES, AND GRADUATE SCHOOLS) YOU HAVE ATTENDED. LIST GED, IF APPLICABLE:

<u>DATE GRADUATED</u>	<u>SCHOOL NAME</u>	<u>ADDRESS</u>	<u>DIPLOMA RECEIVED</u>

B) LIST ANY SKILLS OR ABILITIES POSSESSED (INCLUDING FOREIGN LANGUAGES):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. MILITARY STATUS**

A) HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIRFORCE, COAST GUARD, R.O.T.C., OR ANY MILITARY RESERVE UNIT? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, EXPLAIN:

ENTRY DATE RANK / BRANCH / ORGANIZATION HONORABLE DISCHARGE? DATE

C) ARE YOU REGISTERED WITH THE SELECTIVE SERVICE? YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

LOCAL BOARD # ADDRESS DRAFT CLASS DATE CLASSIFIED

**B. NARCOTICS & DRUG USE**

1) HAVE YOU EVER TRIED OR USED AN ILLEGAL NARCOTIC OR DANGEROUS DRUG, EITHER IN PILL FORM, INJECTION OR ANY OTHER MANNER OF INGESTION? YES: \_\_\_\_\_ NO: \_\_\_\_\_ (IF YES, LIST BELOW)

TYPE OF DRUG	YES	NO
MARIJUANA		
HASH		
COCAINE		
CRACK		
SPEED		
HEROIN		
OPIUM		
MORPHINE		
LSD		
ACID		
PEYOTE		
MESCALINE		
STEROIDS		

	TYPE OF DRUG	YES	NO
<b>ANY OTHER ILLEGAL DRUGS</b>			
<b>ANY PRESCRIPTION DRUGS NOT PRESCRIBED FOR YOUR USE?</b>			
<b>OBTAINED ANY PRESCRIPTION DRUG IN AN ILLEGAL MANNER?</b>			



TOWN OF SALUDA POLICE DEPARTMENT  
101 SOUTH JEFFERSON  
SALUDA, SC 29138

AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ DO HERE BY AUTHORIZE AND RELEASE FROM ANY AND ALL LIABILITY, ANY AND ALL INDIVIDUALS, PARTNERSHIPS, CORPORATIONS, CIVILIAN AND GOVERNMENT AGENCIES, MILITARY AGENCIES, LAW ENFORCEMENT AGENCIES, PRIVATE, TOWN, COUNTY, STATE, AND FEDERAL ENTITIES INCLUDING THE SALUDA POLICE DEPARTMENT AND THE TOWN OF SALUDA TO RELEASE, FURNISH AND EXCHANGE ANY AND ALL AVAILABLE INFORMATION, INCLUDING MEDICAL RECORDS REGARDING ME IN ORDER THAT MY SUIT ABILITY FOR LAW ENFORCEMENT WORK MAY BE DETERMINED. THIS INCLUDES BUT IS NOT LIMITED TO MY CHARACTER, INTEGRITY, REPUTATION, FINANCIAL STABILITY, ETC.

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
HOME PHONE NUMBER

\_\_\_\_\_  
CELL PHONE

\_\_\_\_\_  
EMAIL ADDRESS (ES)

STATE OF \_\_\_\_\_ :

COUNTY OF \_\_\_\_\_ :SS

On this \_\_\_\_\_ day of \_\_\_\_\_, before me, a Notary Public, in and for \_\_\_\_\_ Personally appeared \_\_\_\_\_; to me personally known, who being by me duly sworn, did say that he is the afore mentioned signatory and that they Are The applicant mentioned herein, and that the foregoing instrument was personally and voluntarily execute don behalf of them.

\_\_\_\_\_  
Notary Public, \_\_\_\_\_  
(INSERT COUNTY AND STATE)

QUESTIONS	YES	NO
HAVE YOU EVER BEEN PARTY TO A SMALL CLAIMS OR OTHER COURT ACTION?		
HAVE YOU EVER BEEN INVOLVED IN ANY CIVIL COURT ACTION?		
HAVE YOU EVER HAD A JUDGMENT RENDERED AGAINST YOU		
HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED		
HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION		
HAVE THE POLICE EVER BEEN CALLED TO YOUR RESIDENCE FOR ANY REASON OTHER THAN AS A VICTIM		
HAVE YOU EVER BEEN SUED OR SUMMONED INTO COURT		
DO YOU NOW OR HAVE YOU EVER HAD ANY GAMBLING DEBT?		
HAVE YOU EVER USED AN EMPLOYER'S MONEY TO GAMBLE WITH?		
IN ANY JOB THAT YOU'VE HELD, HAVE BEEN INVOLVED IN ANY PHYSICAL OR MAJOR VERBAL CONFRONTATIONS?		
WOULD YOU HAVE DIFFICULTY FOLLOWING DIRECT ORDERS, EVEN THOUGH YOU MAY NOT AGREE WITH THEM?		
IN ANY PREVIOUS EMPLOYMENT SETTING WERE YOU EVER EXPOSED TO ANY HIGH STRESS OR AN EXTREME EMERGENCY SITUATION?		
HAVE YOU EVER LEFT A PLACE OF EMPLOYMENT WITHOUT GIVING 2 WEEKS NOTICE?		
HAVE YOU EVER COMMITTED ANY CRIMINAL VIOLATION THAT HAS GONE UNDETECTED?		
HAVE YOU EVER OPERATED A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, TO THE POINT THAT YOU KNEW YOU SHOULD NOT HAVE BEEN DRIVING?		
HAVE YOU EVER FILED FOR BANKRUPTCY?		
HAVE YOU EVER HAD ANY OF YOUR FINANCIAL OBLIGATIONS TURNED OVER TO A COLLECTION AGENCY?		
ARE YOU NOW DELINQUENT ON ANY OF YOUR FINANCIAL OBLIGATIONS?		
HAVE YOU EVER BEEN PLACED ON COURT SUPER VISION OR PROBATION?		
HAVE YOU EVER HAD ANY COURT PROCEEDINGS /RECORDS EXPUNGED?		
YOU HAVE READ THE JOB DESCRIPTION FOR THIS POSITION WILL YOU BE ABLE TO PERFORM ALL OF THE ESSENTIAL FUNCTIONS OF THIS POSITION AND/ OR SUCCESSFULLY UNDER TAKE AND PASS THE ILEAGAL DRUG SCREEN AND PHYSICAL		

**PLEASE USE ADDITIONAL PAGE TO EXPLAIN YOUR YES ANSWERS**

**6. CONVICTION HISTORY**

A) HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OFFENSE OR VIOLATION OF ANY PUBLIC SAFETY RELATED STATUTE, ORDINANCE, LAW, OR REGULATION BY ANY CIVIL OR MILITARY AUTHORITY (INCLUDING TRAFFIC AND PARKING CITATIONS SINCE YOU BEGAN DRIVING) IN THIS COUNTRY OR ANY OTHER COUNTRY? (INCLUDES CONVICTIONS OR ADJUDICATIONS AS A JUVENILE.)  
 YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES DESCRIBE ON BACK OF PAGE.

CRIMINAL CONVICTIONS\*:

DATE	LOCATION	ARRESTING AGENCY	ORIGINAL CHARGE	REDUCED TO	DISPOSITION / COURT ACTION

\*Whether a conviction will disqualify an applicant depends upon on the nature of the offense and length of time since the conviction and sentence.

TRAFFIC CITATIONS:

DATE	LOCATION	ISSUING AGENCY	CHARGE	CHARGED REDUCED	DISPOSITION	ACCIDENT RELATED Y/N

**7. DRIVING HISTORY**

A) HAVE YOU EVER OPERATED A MOTORVEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL? YES \_\_\_ NO \_\_\_

B) LIST ALL DRIVERS OR CHAUFFERS LICENSES YOU CURRENTLY HOLD:

STATE \_\_\_\_\_ LICENSE NUMBER & TYPE \_\_\_\_\_

C) HAVE YOU EVER BEEN LICENSED TO DRIVE IN ANOTHER STATE? YES \_\_\_ NO \_\_\_ IF YES, LIST BELOW:

STATE \_\_\_\_\_ LICENSE NUMBER & TYPE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

D) HAVE YOU EVER HAD YOUR LICESE REVOKED OR SUSPENDED? YES \_\_\_ NO \_\_\_ IF YES, LIST BELOW:

STATE \_\_\_\_\_ LICENSE NUMBER & TYPE \_\_\_\_\_ REASON FOR SUSPENSION / REVOCATION \_\_\_\_\_

E) HAVE YOU EVER ATTENDED A DRIVER IMPROVEMENT SCHOOL AS A RESULT OF A TRAFFIC CITATION, OR TO DISMISS THE FILING OF A TRAFFIC CITATION? YES \_\_\_ NO \_\_\_ IF YES, LIST BELOW:

DATE \_\_\_\_\_ LOCATION / JURISDICTION \_\_\_\_\_ WHAT WAS CITATION FOR? \_\_\_\_\_

MONTH AND YEAR

FROM: \_\_\_\_\_  
TO: \_\_\_\_\_

SALARY:

START: \_\_\_\_\_  
END: \_\_\_\_\_

NAME OF EMPLOYER				SUPERVISOR	
EMPLOYER ADDRESS	TOWN	STATE	ZIP	PHONE	
YOUR JOB TITLE-DESCRIBE YOUR DUTIES					
DETAILED REASON FOR LEAVING					

MONTH AND YEAR

FROM: \_\_\_\_\_  
TO: \_\_\_\_\_

SALARY:

START: \_\_\_\_\_  
END: \_\_\_\_\_

NAME OF EMPLOYER				SUPERVISOR	
EMPLOYER ADDRESS	TOWN	STATE	ZIP	PHONE	
YOUR JOB TITLE-DESCRIBE YOUR DUTIES					
DETAILED REASON FOR LEAVING					

MONTH AND YEAR

FROM: \_\_\_\_\_  
TO: \_\_\_\_\_

SALARY:

START: \_\_\_\_\_  
END: \_\_\_\_\_

NAME OF EMPLOYER				SUPERVISOR	
EMPLOYER ADDRESS	TOWN	STATE	ZIP	PHONE	
YOUR JOB TITLE-DESCRIBE YOUR DUTIES					
DETAILED REASON FOR LEAVING					

**3. PERSONAL REFERENCES**

A) LIST THREE (3) REFERENCES (NOT RELATIVES OR FORMER EMPLOYERS) WHO ARE RESPONSIBLE ADULTS, AND WHO HAVE KNOWN YOU WELL DURING THE PAST FIVE (5) YEARS. LIST PHONE NUMBERS WITH AREA CODES.

NAME	STREET	TOWN	STATE	ZIP	HOME PHONE
HOW LONG KNOWN?	OCCUPATION & BUSINESS ADDRESS				WORK PHONE



## APPLICANT'S ACKNOWLEDGMENT & AGREEMENT:

THIS QUESTIONNAIRE WILL BE USED FOR REFERENCE BY THOSE WHO WILL BE CONSIDERING YOU FOR EMPLOYMENT WITH THE TOWN OF SALUDA POLICE DEPARTMENT.

AN EXTENSIVE BACKGROUND INVESTIGATION WILL BE CONDUCTED INTO YOUR PERSONAL HISTORY. APPLICANTS MAY BE REQUIRED TO TAKE A POLYGRAPH EXAMINATION TO CONFIRM THE INFORMATION IN THIS QUESTIONNAIRE AND TO DETERMINE OTHER ITEMS OF BACKGROUND INFORMATION.

IT IS UNDERSTOOD, ACKNOWLEDGED, AND AGREED TO THAT YOU WILL NOT RECEIVE AND ARE NOT ENTITLED TO A COPY OF SAID POLYGRAPH REPORT OR TO KNOW ITS CONTENTS. IT IS FURTHER UNDERSTOOD, ACKNOWLEDGED, AND AGREED TO THAT THE CONTENTS WILL BE USED IN AN EVALUATION PROCESS FOR EMPLOYMENT WITH THE TOWN OF SALUDA POLICE DEPARTMENT. IT IS FURTHER UNDERSTOOD, ACKNOWLEDGED, AND AGREED TO THAT NO DOCUMENTS SUBMITTED BY YOU WILL BE RETURNED AND THAT NO COPIES OF ANY REPORTS OR DOCUMENTS UTILIZED FOR OR DURING YOUR APPLICATION FOR EMPLOYMENT WILL BE FURNISHED OR PROVIDED TO YOU, EXCEPT SO THEREAS REQUIRED BY LAW. THE CRIMINAL BACKGROUND QUESTIONS CONTAINED HEREIN ARE JOB-RELATED AND CONSISTENT WITH BUSINESS NECESSITY, AS THE TOWN OF SALUDA POLICE DEPARTMENT IS RESPONSIBLE FOR MAINTAINING LAW AND ORDER AND PROTECTING AND ENHANCING THE PUBLIC'S SAFETY. ANY CRIMINAL CONVICTION, ESPECIALLY A FELONY CONVICTION, IS A SERIOUS AND POSSIBLY DISQUALIFYING FACTOR FOR ANY EMPLOYEE OF THE TOWN OF SALUDA POLICE DEPARTMENT, ESPECIALLY FOR LAW ENFORCEMENT OFFICERS.

IN DETERMINING WHETHER A PRIOR CONVICTION MIGHT DISQUALIFY AN APPLICANT, THE TOWN OF SALUDA POLICE DEPARTMENT WILL CONSIDER THE NATURE OF THE POSITION, THE TYPE AND NATURE OF THE OFFENSE, HOW LONG AGO THE FELONY CONVICTION OCCURRED, PERSONAL AND PROFESSIONAL REFERENCES THAT THE APPLICANT PROVIDES, THE APPLICANT'S POST-CONVICTION WORK HISTORY, AND THE TOTALITY OF OTHER CIRCUMSTANCES AND/OR INFORMATION THAT THE APPLICANT PROVIDES.

IF AN APPLICANT PROVIDES INSUFFICIENT INFORMATION WHEN REQUESTED, ATTEMPTS TO WITHHOLD INFORMATION, OR FALSIFIES INFORMATION PERTAINING TO PREVIOUS FELONY CONVICTIONS, THE EMPLOYEE WILL BE DISQUALIFIED FROM FURTHER EMPLOYMENT CONSIDERATION IN ANY POSITION.

WHERE WRITTEN EXPLANATIONS ARE REQUIRED IN THIS FORM, IT IS MANDATORY THAT THE INFORMATION BE LISTED TOTALLY AND COMPLETELY.

THE EXISTENCE OF ANY OF THE CONDITIONS LISTED BELOW MAY RESULT IN REJECTION FROM THE SELECTION PROCESS. THESE AREAS WILL BE EXPLORED DURING THE EXTENSIVE BACKGROUND INVESTIGATION, PSYCHOLOGICAL AND OR POLYGRAPH EXAMINATIONS.

### CRITERIA STANDARDS FOR DISQUALIFICATION

- 1) ANY FELONY ARREST/ CONVICTION.(NOTIME LIMIT).
- 2) PARTICIPATION IN ANY SERIOUS CRIME.
- 3) ANY MISDEMEANOR CONVICTION INVOLVING NARCOTICS, DRUGS OR MARIJUANA.
- 4) ANY SELLING OF NARCOTICS, DRUGS OR MARIJUANA.
- 5) ANY ILLEGAL USE OF OPIATE NARCOTICS, HALLUCINOGENS, AND/OR OTHER DANGEROUS DRUGS.(INCLUDING LSD, PCP, PEYOTE, Mescaline, CODEINE, HEROIN, MORPHINE, OPIUM, PSILOCYBIM, COCAINE, HASH, SPEED, BARBITURATES, ETC)
- 6) ANY RECENT ILLEGAL USE OF MARIJUANA.
- 7) ANY EXCESSIVE ILLEGAL USE OF MARIJUANA.
- 8) ANY HISTORY OF DISREGARD FOR TRAFFIC LAWS WITH SUCH FREQUENCY SO AS TO INDICATE DISRESPECT FOR TRAFFIC LAWS AND A DISREGARD FOR THE SAFETY OF OTHER PERSONS ON THE HIGHWAY.
- 9) ANY SEXUAL CONDUCT PROHIBITED BY LAW.
- 10) NEGLIGENCE IN MAINTAINING SATISFACTORY FINANCIAL RESPONSIBILITY AS DETERMINED BY A DETAILED CREDITS CORE & HISTORY CHECK.

BY SIGNING BELOW YOU ARE CONFIRMING THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE AFOREMENTIONED CONDITIONS.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, before me, a Notary Public, in and for \_\_\_\_\_ Personally appeared \_\_\_\_\_; to Me personally known, who being by me duly sworn, did say that he is the a fore mentioned signatory and that they are the applicant mentioned herein, and that the foregoing instrument was personally and voluntarily executed on behalf of them.

Notary Public, \_\_\_\_\_