

Personal Information

Check any of the following shift arrangements you cannot work (check all that apply)

Rotating Shifts Set Shifts Day Night Weekdays Weekends

Have you ever been employed by the Town of Surfside Beach? Yes No

If yes, please provide employment dates and position(s) held: _____

Do you have relatives that are employed by the Town of Surfside Beach? Yes No

If yes, please provide their name and position(s) held: _____

Are there any hours or shift arrangements you are not able to work? Yes No

If yes, please explain: _____

Are you currently or were you previously employed as a law enforcement officer? Yes No

If yes, please provide the state(s): _____

Have you been convicted of a criminal offense other than minor traffic violations? Yes No

If yes, please explain (attach additional pages or supporting material if required):

Have you ever been terminated or forced to resign from any job? Yes No

If yes, please explain (provide a brief but detailed explanation; you may not substitute an offer to explain in person or during an interview):

Have you been or are you now in default on a National Direct Student Loan, a National Defense Student Loan, a Guaranteed-Federally Insured Student Loan, a Nursing Student Loan, Health Professions Student Loan, or Law Enforcement Educational Loan?

Yes No If yes, please list the loan type and explain the circumstances: _____

Military Service

Are you or were you a member of the United States Armed Forces? Yes No

If yes, please provide service branch and service dates: _____

Education History

Beginning with high school, provide information on all schools attended including universities, colleges, technical and trade schools. You may be required to provide proof of attendance along with transcripts.

| NAME AND STATE OF SCHOOL | CIRCLE HIGHEST LEVEL COMPLETED | MAJOR | COMPLETED? | DEGREE |
|--|--------------------------------|-------|------------|--------|
| HIGH SCHOOL | 9 10 11 12 | | Yes No | |
| TRADE / TECHNICAL SCHOOL | 1 2 3 4 | | Yes No | |
| COLLEGE | 1 2 3 4 | | Yes No | |
| GRADUATE SCHOOL / POST GRADUATE SCHOOL | 1 2 3 4 5 6 | | Yes No | |

| LIST PROFESSIONAL LICENSES OR TRADE CERTIFICATIONS YOU HAVE (YOU MAY BE REQUIRED TO PROVIDE VERIFICATION) | NAME OF CERTIFICATION | ISSUING ORGANIZATION | ISSUE DATE | EXPIRATION DATE | |
|---|-----------------------|----------------------|------------|-----------------|--|
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Additional Training & Experience

Review the following additional areas of experience and indicate any/all that apply:

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|---------------------------------|--|
| TYPING / WORD PROCESSING | How many words per minute can you type? _____ |
| COMPUTER SOFTWARE | Windows Word Excel PowerPoint Access Outlook SQL Databases Computer-Aided-Dispatch Other: _____ _____ _____ |
| TELEPHONE EXPERIENCE | Have you operated a multi-line phone, phone bank, or monitored multiple lines at once? Yes No |
| OTHER SKILLS | List any other skills you believe you may be related to the position you are applying for: _____ _____ _____ |

Employment History

List all jobs starting with your present or most recent job first. List military experience separately on page 2. Account for all employment activity, especially positions in the public safety field. **A resume may be attached but cannot be substituted for completing this section.** All information must be filled in completely. If you need more space, please print and use another copy of this page. Incomplete information may result in your application being screened as ineligible.

| | | |
|---|---|---------------------------|
| COMPANY NAME | PHONE NUMBER | CURRENT / LAST SALARY |
| ADDRESS | PHONE NUMBER | CURRENT / LAST SUPERVISOR |
| JOB TITLE / POSITION HELD | EMPLOYMENT DATES | TOTAL TIME EMPLOYEED |
| DESCRIBE JOB DUTIES / ASSIGNMENT | MAY WE CONTACT YES NO | |
| REASON FOR LEAVING (MUST PROVIDE DETAILS) | FULL-TIME PART-TIME | |

| | | |
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Personal References

Provide the names, complete addresses, and contact phone numbers for at least 5 personal references. Personal references are persons who are familiar with you character and/or you job performance (excludes relatives and current co-workers). Complete addresses must be provided.

| | |
|----------------------------------|------------|
| NAME | OCCUPATION |
| ADDRESS | PHONE |
| PLEASE DESCRIBE YOUR ASSOCIATION | |
| NAME | OCCUPATION |
| ADDRESS | PHONE |
| PLEASE DESCRIBE YOUR ASSOCIATION | |
| NAME | OCCUPATION |
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| NAME | OCCUPATION |
| ADDRESS | PHONE |
| PLEASE DESCRIBE YOUR ASSOCIATION | |

I certify that all information provided in this application is true and complete to the best of my knowledge. I authorize an investigation into the information I have provided that may be necessary to determine my suitability for employment. I understand that as part of the department's hiring process, if considered for employment, I may be required to consent to examination and testing to determine suitability to include, but not being limited to a medical examination, testing for unlawful drug use, psychological examination, and polygraph examination. By signing below I consent to release of any information and result of said testing to the department and its staff as necessary to determine my eligibility. I understand that this application in no way constitutes a promise of employment or establishes a contract between myself and the Town of Surfside Beach, the Surfside Beach Police Department, or any of its representatives or employees. I understand that in the event I have intentionally provided false, incomplete, or misleading information, I may be deemed ineligible for employment and if employed, I may have my employment terminated immediately to include any conditional offer of employment.

Be signing and dating below, I certify that I have read and understand the terms set forth in this application and provide all information voluntarily.

APPLICANT SIGNATURE

DATE



SURFSIDE BEACH POLICE DEPARTMENT

APPLICANT WAIVER & CONSENT



First Name Last Name Middle Name

Address City State Zip Code

Home Phone Number Cell Phone Number Secondary/Alternate Phone Number

Date of Birth Last 4 of Social Security Number Date

TO WHOM IT MAY CONCERN:

I am applying for employment with the Town of Surfside Beach, Surfside Beach Police Department. The Police Department must thoroughly investigate my academic, employment, and personal history to evaluate my suitability for employment.

I hereby authorize any Surfside Beach Police Department representative bearing this release (or a facsimile thereof) to obtain any information regarding me that may be in your files. I hereby direct and authorize you to release all such information as soon as practicable upon a request of the bearer of this release.

I hereby authorize a review and full disclosure of all records or any part thereof whether said records are public, private, or confidential. This information may include (but is not limited to) military service records, educational records, financial records, credit reporting information, criminal history records, driving records, employment files (to include investigatory files, complaints, efficiency/personnel evaluations, and/or complaints/grievances filed by or against me) and training records.

I hereby release you, your organization, and all others from all liability or damages which may result from providing the information requested, to include damages or remedies provided for by State or Federal law. Regardless of any agreement I may have made earlier, I hereby release your organization (including its officers, employees, and related personnel) from all liability for damages of whatever kind which may result.

For and in consideration of acceptance by the Surfside Beach Police Department, I agree to hold the Surfside Beach Police Department, the Town of Surfside Beach, and all of its employees or agents harmless from any claims or liability associated with my application for employment or in any way connected with a decision not to employ me. I understand that if the Surfside Beach Police Department's pre-employment background investigation reveals criminal activity, that information may be forwarded to the appropriate law enforcement authority.

A photocopy or facsimile of this release shall be valid as an original. This release and waiver shall remain valid and in force for a period of 1 year from the date I signed it. Should any questions arise as to the validity of this release, you may contact me at the telephone number listed at the top of this form.

APPLICANT SIGNATURE

DATE

WITNESS NAME (PRINT)

WITNESS SIGNATURE



SURFSIDE BEACH POLICE DEPARTMENT

Statement of Equal Opportunity Employment (EEO)



The Town of Surfside Beach and the Surfside Beach Police Department is an equal opportunity employer. In accordance with Equal Employment Laws we are required to maintain statistical data on all applicants. This form is NOT part of your employment application and is not used to screen employment candidates.

The information on this page regarding race, sex, and age is needed for statistical purposes to meet Federal compliance reporting requirements on equal opportunity.

This information is needed to analyze and assure compliance with the Federal Equal Employment Opportunity Laws. Your participation in this survey is kept in a confidential file with the Town of Surfside Beach Human Resources personnel and is detached from your employment application prior to submittal to the Police Department for review.

To assist us in complying with government recordkeeping and other legal requirements, please fill out the EEO questionnaire below. Providing this information is strictly voluntary and refusal to provide it will not subject you to any adverse treatment or consideration. Any information provided by you will be kept confidential and only used with applicable Federal laws and regulations.

PLEASE PRINT:

First Name Last Name Middle Name

Position Applied For

Gender: Male Female Age: _____

Race / Ethnicity:

African American (not Hispanic or Latino)

American Indian or Alaskan Native

Asian or Pacific Islander

Hispanic or Latino

White / Caucasian (not Hispanic or Latino)

Other Pacific Islander or Native Hawaiian (not Hispanic or Latino)

Two or more races

I do not wish to enter voluntary self-identification EEOC information on this form

Signature Date