



Application for Employment

PLEASE PRINT

Date of Application	Position Applied For	Date Available for Work	Desired Salary Range
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Last Name	First Name	Middle Name	
Address (Number/Street)	City	State	Zip Code
Social Security Number	Telephone Number(s)		Best time to contact you at home
	(Home)	(Other)	_____ AM _____ PM

In completing this application, you may exclude any organization or membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Are you currently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	May we contact your present employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever applied for a position with us before? If Yes, give date _____	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been employed with us before? If Yes, give date _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you available to work Full-time?	<input type="checkbox"/>	<input type="checkbox"/>	Are you currently on lay-off status and subject to be recalled?	<input type="checkbox"/>	<input type="checkbox"/>
Can you travel if a job requires it?	<input type="checkbox"/>	<input type="checkbox"/>	Are any of your relatives or friends employed with us?	<input type="checkbox"/>	<input type="checkbox"/>
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/>	<input type="checkbox"/>	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	<input type="checkbox"/>	<input type="checkbox"/>
How did you learn about us?			<input type="text"/>		

State and federal laws require all applicants to be considered for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

THE CITY OF WEST COLUMBIA IS AN EQUAL OPPORTUNITY EMPLOYER AND A DRUG FREE WORKPLACE

Education

	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

List professional, trade, business or civic activities and offices held.

Include any additional information you feel may be helpful to us in considering your application.

Additional Information

Other Qualifications - Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	_____ Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____
<input type="checkbox"/> Typewriter (WPM _____)	<input type="checkbox"/> Shorthand (WPM _____)	_____

References

Name	Name	Name
Address	Address	Address
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code
Telephone Number	Telephone Number	Telephone Number

Have you ever been convicted of a crime other than minor traffic offenses? ____ YES ____ NO

For purposes of this question, "convicted" includes a finding of guilty by a judge or court, pleas of nolo contendere or "no contest", and guilty pleas. List details of every conviction, including date convicted, court, offense charged, and sentence imposed.

Date Convicted	Court	Offense Charged	Sentence Imposed

Note to Applicants: DO NOT ANSWER THESE QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? ____ YES ____ NO

A review of the activities involved in such a job or occupation has been given. ____ YES ____ NO

Applicant's Statement

Read Carefully and Sign

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment, and hereby release the City from any claims, causes of action or liability arising out of any investigation conducted by the City. This application is considered to be made for the position listed, and is not considered active after 45 days. Applicants seeking positions beyond this time period must fill out an updated application.

I understand that the City may require criminal history checks, background checks covered by the Fair Credit Reporting Act, and/or pre-employment drug testing. I acknowledge that such tests/investigations may be made and that employment is contingent upon the results of such checks and tests.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT ALL EMPLOYEES OF THE CITY ARE EMPLOYEES-AT-WILL WHO MAY QUIT AT ANY TIME FOR ANY REASON AND WHO MAY BE TERMINATED AT ANY TIME FOR ANY OR NO REASON. NO ONE OTHER THAN THE CITY MAY MAKE ANY PROMISES OR ASSURANCES OR ENTER INTO ANY CONTRACT, WHETHER ORAL OR WRITTEN, EXPRESS OR IMPLIED, THAT IN ANY WAY IS CONTRARY TO OR INCONSISTENT WITH THE LIMITATIONS SET FORTH IN THIS PARAGRAPH, AND ANY SUCH PROMISES, ASSURANCES, OR PURPORTED CONTRACTS SHALL BE INVALID AND NOT BINDING ON THE CITY UNLESS ADOPTED, ENDORSED, OR AGREED TO IN WRITING BY THE CITY ADMINISTRATOR AND APPROVED BY THE MAYOR.

In the event of employment, I understand that incomplete, false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date

City of West Columbia Employment Application

Applicant Demographic Data

Federal regulations require the City of West Columbia to collect data regarding an applicant's race, sex and national origin for purposes of complying with federal non-discrimination laws. We are asking you to voluntarily disclose this data to help the city comply with this obligation. **Completion of this portion of the application is voluntary. This data will not be considered by the City in evaluating your application, nor will your refusal to fill out this portion of the application be held against you.** This portion of the application will be removed from the application prior to your being considered for employment.

Please indicate your gender: _____ Male _____ Female

Please indicate your ethnicity (race or national origin):

_____ White _____ Hispanic or Latino _____ Black or African-American

_____ American Indian or Alaskan Native _____ Asian

_____ Native Hawaiian or Other Pacific Islander _____ Two or More Races

_____ I do not wish to volunteer any demographic data information.

In order to proceed with your application, you will need to complete the enclosed personal questionnaire and return it to me along with the following documents:

- Certified copy of your driver's license
- Certified copy of your birth certificate
- Certified copy of your social security card
- Certified copy of your high school diploma or GED
- Certified copy of your college diploma
- Certified copy of any military DD214's
- Certified copy of a ten year credit report
- Certified copy of your driving record from every state in which you have been licensed

Once we receive these documents, we will review them to determine your suitability to continue the process. I have also included a list of the essential job functions of the position for which you have applied.

We appreciate your interest in our agency and look forward to hearing from you in the near future.

CONSENT TO DRUG TESTING

The undersigned applicant for employment understands and acknowledges that the City of West Columbia requires all applicants who are tentatively selected for employment to submit to and pass a drug test, and that failure to take the test, failure to cooperate in taking the test, failure to follow test procedures, or testing positive for the use of illegal drugs or substances will result in disqualification from employment.

The drug test will be by urinalysis and if the collector of the test sample believes that there is reasonable possibility that the applicant has or will tamper with or substitute the urine sample, the sample or an additional sample may be collected under conditions in which a person of the same gender as the applicant
Witness the collection.

The applicant consents to the foregoing

Applicant

Date

Witness

Date

APPLICANT INFORMATION: (To be returned with completed application)
Certain information is required to verify the applicant's identify. The West Columbia Police Department does not discriminate due to age, sex, race, religion, disability or ethnicity.

Applicant's Full Name:

Street Address:

City:

State:

Zip Code:

Home telephone:

Cellular telephone:

Work telephone:

Date of Birth:

Place of Birth:

Eyes:

Hair:

Height:

Weight:

Scars/Tattoos/Other distinguishing marks:

U.S. Citizen: _____ Yes _____ No

Driver's License Number:

State of Issue:

Expiration Date:

Are you legally entitled to work in the United States?

Do you have a high school diploma or GED?

Will you take a polygraph examination?

Have you taken a polygraph exam within the last two years?

If yes, give date and location of polygraph:

Will you submit to psychological tests and interviews?

Will you submit to a drug test?

Will you submit to a medical examination to determine physical ability to perform the essential job functions of a police officer?

Have you ever attended or completed a certified police training academy?

If yes, give date and location of academy:

Are you currently certified as a law enforcement officer in S.C.?

Are you currently certified as a law enforcement officer in any state?

If yes, list state:

Will you allow the West Columbia Police Department full and unrestricted access to all personnel, internal affairs, and disciplinary files from your previous employers?

Within the past five (5) years, have you been convicted of driving with your license suspended, revoked or denied?

If yes, give date and location:

Have you been convicted, pled guilty, or no contest to driving under the influence of alcohol, drugs or both in any state?

If yes, list date and location:

Have you ever been convicted, pled guilty or no contest to a felony?

If yes, list date, location and offense:

Have you ever been convicted, pled guilty or no contest to a crime of moral turpitude?

If yes, list date, location and offense:

Have you ever been convicted, pled guilty or no contest to a crime involving a sex offense?

If yes, list date, location and offense:

Have you ever been convicted, pled guilty or no contest to a crime involving domestic violence?

If yes, list date, location and offense:

Have you ever been the subject to an order of protection or a restraining order?

If yes, list date and location:

Have you ever engaged in the illegal use of any controlled substances including steroids?

If yes, list date and substance:

Have you ever engaged in the illegal possession, sale or distribution of any controlled substance including steroids?

If yes, list date and substance:

Do you have a Facebook or My Space account?

If so, what is your screen name?

Will you allow the WCPD unrestricted access to view your page?

Is there anything on your page that would reflect poorly on you if you were employed with the West Columbia Police Department?

If yes, what would it be?

PERSONAL HISTORY: (Residency)

List all residences and dates for the last 10 years. (Attach additional sheets if needed)

1. Street Address:

City: _____ State: _____ Zip Code _____

Dates: From _____ to _____

Rented: _____ Owned: _____

Landlord's Name:

Landlord's Address:

Landlord's Telephone:

2. Street Address:

City: _____ State: _____ Zip Code _____

Dates: From _____ to _____

Rented: _____ Owned: _____

Landlord's Name:

Landlord's Address:

Landlord's Telephone:

3. Street Address:

City: _____ State: _____ Zip Code _____

Dates: From _____ to _____

Rented: _____ Owned: _____

Landlord's Name:

Landlord's Address:

Landlord's Telephone:

4. Street Address:

City: _____ State: _____ Zip Code _____

Dates: From _____ to _____

Rented: _____ Owned: _____

Landlord's Name:

Landlord's Address:

Landlord's Telephone:

5. Street Address:

City: _____ State: _____ Zip Code _____

Dates: From _____ to _____

Rented: _____ Owned: _____

Landlord's Name:

Landlord's Address:

Landlord's Telephone:

6. Street Address:

City: _____ State: _____ Zip Code _____

Dates: From _____ to _____

Rented: _____ Owned: _____

Landlord's Name:

Landlord's Address:

Landlord's Telephone:

Marital History:

Marital Status: _____ Single _____ Married
 _____ Separated _____ Divorced

List any other names you have used, including maiden names, nicknames, aliases, and names that have been changed by court order.

If married, list spouse's complete name including maiden name:

Spouse's Date of Birth:

Spouse's Occupation:

Spouse's Place of Business:

Address of Business:

Spouse's Employer's Phone Number:

If divorced, list former spouse's complete name including maiden name and any subsequent names:

Former spouse's Date of Birth:

Former spouse's address:

Former spouse's telephone number:

Date of Divorce:

Location of Divorce: (Town, County, and State)

If you have divorced at any time, and remarried, please provide a copy of the divorce decree.

Financial History:

Do you have any source of income other than your salary?

If yes, list source:

Have you had any checks returned due to insufficient funds?

If yes, explain:

Do you have any other loans/debts other than your rent or home mortgage?

If yes, give details:

Have you had any garnishment of wages or judgements pending against you?

If yes, explain:

Have you defaulted on any loans including student loans?

If yes, explain:

Have you ever filed for bankruptcy?

If yes, explain:

How would you categorize your credit rating?

_____ Excellent _____ Good _____ Average _____ Poor

What is your total annual income from all sources?

What is the amount of your total indebtedness?

Driving History:

Do you have a current valid S.C. Driver's license?

Date of issue:

Restrictions:

Have you ever been issued a driver's license by any state other than the state of S.C.?

If yes, list:

Driver's license number:

State of issue:

Dates of license:

Name under which license was issued:

Driver's license number:

State of issue:

Dates of license:

Name under which license was issued:

Driver's license number:

State of issue:

Dates of license:

Name under which license was issued:

Driver's license number:

State of issue:

Dates of license:

Name under which license was issued:

Have you ever been refused a driver's license?

If yes, list state, when and why:

Has your license ever been suspended or revoked?

If yes, list state, when and why:

If yes, was license restored and when:

Have you been involved in a motor vehicle accident within the last 5 years as a driver?

If yes, where you found to be at fault?

List dates of accidents, and jurisdiction/location:

Have you had any moving traffic citations within the last 5 years?

If yes, list violation, date, and jurisdiction/location:

Military History:

Are you currently an active member of the military service?

If yes, what branch:

Enlistment date:

Rank at entry:

Current rank:

Describe your duties:

Have you ever been a member of the military service?

If yes, what branch:

Enlistment date:

Discharge date:

Rank at entry:

Rank at discharge:

Type of discharge:

Describe your duties:

Were you subject to any demotion or disciplinary action while in the military service?

If yes, explain:

List any awards, medals, or commendations received:

MILITARY SERVICE

Have you registered with the Selective Service? **YES**_____ **NO**_____ If **“YES”** when?_____ Where? _____

Past commanding officers or other military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

NAME	ADDRESS	TELEPHONE	MILITARY UNIT	DATES

References:

List five individual references, personal or professional, who have knowledge of you and your qualifications:

Name:
Relationship:
Address:
Telephone numbers:
Length of time known:

Name:
Relationship:
Address:
Telephone numbers:
Length of time known:

Name:
Relationship:
Address:
Telephone numbers:
Length of time known:

Name:
Relationship:
Address:
Telephone numbers:
Length of time known:

Name:
Relationship:
Address:
Telephone numbers:
Length of time known:

References (Continued):

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position for which you have applied. Inquiries will be confined to job relevant matters.

Please supply the appropriate information in the spaces below. If a category is not applicable, write "N/A".

Name of your father:

Address:

Telephone numbers:

Name of your mother:

Address:

Telephone numbers:

Name of your father-in-law:

Address:

Telephone numbers:

Name of your mother-in-law:

Address:

Telephone numbers:

Name of your spouse:

Address:

Telephone numbers:

Name of your former spouse(s):

Address:

Telephone numbers:

Name of your brother(s):

Address:

Telephone numbers:

Name of your sister(s):

Address:

Telephone numbers:

Name of your stepfather:
Address:
Telephone numbers:

Name of your stepmother:
Address:
Telephone numbers:

Names of your step-brother(s):
Addresses:

Telephone numbers:

Names of your step-sister(s):
Addresses:

Telephone numbers:

List all offspring: (please indicate “son” or “daughter”. List current ages, addresses and telephone numbers.)

Neighbors: (list three neighbors who know you well enough to discuss your suitability for the position)

Name:
Address:
Telephone numbers:

Name:
Address:
Telephone numbers:

Name:
Address:
Telephone numbers:

Education:

South Carolina law requires law enforcement officers to possess a high school diploma or GED. Please indicate your current status with regard to this requirement by checking the appropriate space:

_____ I possess a high school diploma.

_____ I possess a G.E.D. (General Educational Development test).

_____ I possess a college degree from an accredited university.

List all schools you have attended, beginning with high school. During the background investigation, persons you have known in a learning environment may be contacted. A review of your school/educational records may be made in conjunction with those contacts.

Name of school:
Address:
City and State:
Dates of attendance:
Teacher or reference:

Name of school:
Address:
City and State:
Dates of attendance:
Teacher or reference:

Name of school:
Address:
City and State:
Dates of attendance:
Teacher or reference:

Name of school:
Address:
City and State:
Dates of attendance:
Teacher or reference:

Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include colleges, universities, graduate schools, business or vocational schools, technical schools or any formal education beyond the high school level)

If yes, explain:

Experience and Employment:

Beginning with your most current employment, list all jobs you have held in the past ten years. Include all part-time, temporary, and volunteer work. Please list all periods of employment and unemployment in chronological order. Use the spaces provided for you between employment listings to record periods of unemployment. Should you need to list additional experience/employment information, use an additional sheet of paper and continue in the EXACT format as listed below.

EXPERIENCE AND EMPLOYMENT

Name & Address of Employer: _____

Telephone: _____
Dates of employment: From _____ To: _____
Full Time _____ Part Time _____ Voluntary _____ Military Service _____
Title or Duties: _____
Name you were known by: _____
Name of Supervisor: _____
Names of Co-Workers: (1) _____
(2) _____
(3) _____
Reason for Leaving: _____

UNEMPLOYED FROM _____ TO _____

Name & Address of Employer: _____

Telephone: _____
Dates of employment: From _____ To: _____
Full Time _____ Part Time _____ Voluntary _____ Military Service _____
Title or Duties: _____
Names you were known by: _____
Name of Supervisor: _____
Names of co-workers: (1) _____
(2) _____
(3) _____
Reason for Leaving: _____

UNEMPLOYED FROM _____ TO _____

Name & Address of Employer: _____

Telephone: _____
Dates of employment: From _____ To: _____

Full Time _____ Part Time _____ Voluntary _____ Military Service _____

Title or Duties: _____

Name you were known by: _____

Name of Supervisor: _____

Names of Co-Workers: (1) _____

(2) _____

(3) _____

Reason for Leaving: _____

UNEMPLOYED FROM _____ TO _____

Name & Address of Employer: _____

_____ Telephone: _____

Dates of employment: From: _____ To: _____

Full Time _____ Part Time _____ Voluntary _____ Military Service _____

Title or Duties: _____

Names you were known by: _____

Name of Supervisor: _____

Names of co-workers: (1) _____

(2) _____

(3) _____

Reason for Leaving: _____

UNEMPLOYED FROM _____ TO _____

Name and address of employer: _____

_____ Telephone _____

Dates of employment: From _____ To: _____

Full Time _____ Part Time _____ Voluntary _____ Military Service _____

Title or Duties: _____

Name you were known by: _____

Name of Supervisor: _____

Names of Co-Workers: (1) _____

(2) _____

(3) _____

Reason for Leaving: _____

UNEMPLOYED FROM _____ TO _____

Would any problem result if your present employer was contacted during the course of the background investigation? _____ YES _____ NO

If "yes", when should such contact be made?

If you have had no prior employment, please explain:

Have you ever been fired or asked to resign from any place of employment?

_____ YES _____ NO

If "yes", please give details to include when, name or employer and why?

Have you ever applied, successfully or unsuccessfully, for another position with any law enforcement agency? _____ YES _____ NO

If "yes", please provide the year, agency, and check off the processes that you completed, and whether you were disqualified or hired. (If additional sheets are needed, attach using same format as below)

Year:

Agency:

Written test:

Physical Agility test:

Oral interview:

Background investigation:

Polygraph:

Psychological exam:

Medical exam:

Drug screen:

Disqualified:

Hired:

Year:

Agency:

Written test:

Physical Agility test:

Oral interview:

Background investigation:

Polygraph:

Psychological exam:

Medical exam:

Drug screen:

Disqualified:

Hired:

FINANCIAL

The management of personal finances is relevant to an individual's qualifications for a position with a law enforcement agency. Therefore, please fill in the financial statement that follows. The amount of indebtedness, in itself, will not be used in evaluating your qualifications. The behavior exhibited in meeting your financial obligation will be reviewed. A credit-reporting agency will be contacted for a report of your credit history.

CURRENT MONTHLY INCOME		CURRENT MONTHLY EXPENDITURES	
Monthly salary		Mortgage payment (s)	
Spouse's salary		Rent	
Other monthly income		Other monthly payments	
		Estimate monthly cost of living (include utilities, food, gasoline, home & car maintenance, etc.) and any other obligations.	
Total Monthly Income		Total Monthly Expenditures	

CURRENT ASSETS		CURRENT LIABILITIES	
Savings		Mortgages	
Checking balance		Automobile loans	
Real Estate (appraised or assessed value)		Charge accounts (total)	
Stocks and Bonds		Other liabilities (describe):	
Life insurance (cash value)			
Automobiles			
Other assets (describe):			
Total Assets		Total Liabilities	

Please supply the following information regarding financial institutions that you have accounts or loans with:

Institution (Bank, S&L, Loan Company)	Type of Account (checking, savings, loan)

Please supply the following information about your charge accounts, contracts, or other financial liabilities:

Name of Firm	Address	Type of Account

Within the last seven (7) years, have any of your bills ever been turned over to a collection agency? **YES**____ **NO**____ If “**YES**”, please give details to include when, firms involved and circumstances. _____

Within the last seven (7) years, have you ever had a purchased item repossessed? **YES**____ **NO**____ If “**YES**”, please give details to include when, firms involved, and circumstances. _____

Have you ever been delinquent on child support, income tax, or other tax payments? **YES**____ **NO**____ If “**YES**”, please give details to include when, where, and why. _____

MOTOR VEHICLE OPERATION

Please list all vehicles registered to you and/or your spouse.

Year	Make	Model	License Number	Vehicle ID Number (VIN)

South Carolina Law requires that operators and owners of motor vehicles be covered by automobile liability insurance or pay an Uninsured Motorist Fee with the Department of Motor Vehicles. Therefore, please list the Current liability insurance coverage that you have on your motor vehicles.

Company	Address	Policy Number	Expiration Date

If there is anything you wish to discuss about your driving record, which has not already been covered in the preceding sections, please explain here. _____

LEGAL

If you have ever been detained, arrested, taken into physical custody, issued a misdemeanor citation (exclude traffic citations), or convicted of any crime, please give the following information. (The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you answer this question).

DATE	AGENCY/LOCATION	CHARGE	DISPOSITION

Please list any other crimes you have committed, **REGARDLESS** of whether stopped, arrested, and/or convicted, to include what, when, where, how and why. _____

Are you now or have you ever been involved as a defendant in any civil court action? **YES** ___ **NO** ___ If “**YES**”, please give details to include when, where, name of court and circumstances. _____

GENERAL INFORMATION:

Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, or group of persons that is, or was, totalitarian, fascist, communist, or subversive in nature, or which has adopted or expressed a policy of advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? **YES** _____ **NO** _____ If “**YES**”, identify the organization and explain fully _____

Have you ever applied for a permit to carry a concealed firearm or other weapon?
YES _____ **NO** _____ Was a permit granted? _____ Date Issued _____
 Name of Law Enforcement Agency _____
 Purpose for permit _____

Are you willing to work all hours of day, all days of the week, holidays, and overtime when assigned? **YES** _____ **NO** _____

If the necessity arose in the course of your employment to use deadly force on a human being, would you have any reluctance to do so? **YES** _____ **NO** _____
 Do you have any personal feelings that would prevent you from taking the life of another person if it became necessary? **YES** _____ **NO** _____
 If "yes to either question, please explain:

Do you have anything in your background that may disqualify you from becoming a Law Enforcement Officer in the State of South Carolina? **YES** _____ **NO** _____
 If "YES", please explain. _____

DRUG USE QUESTIONNAIRE:

Have you used, tried, experimented, or in any way introduced into your body by any means:

DRUG	YES	NO	DATE FIRST USED	DATE LAST USED	USED ONCE
MARIJUANA					
HASHISH, HASHISH OIL					
COCAINE					
CRACK, ROCK, ICE					
Barbiturates, Hypnotics or "Downers"					
Amphetamines (Cross-tops, whites, Bennies, "Uppers"					
Methamphetamine (Speed ,Crank)					
LSD or other Hallucinogens					
PCP (angel dust, sherm)					
Heroin or other Opiates					
Steroids					
Pharmaceutical drugs not Prescribed to you					

Have you ever stolen anything valued at more than \$10.00 from a place of employment?
If yes, explain:

To your knowledge, have you ever been listed as a suspect, victim or contact person on a police report or incident report?
If yes, explain:

Have you ever looked at child pornography via the internet, books or magazines?
If yes, explain:

As an adult (over 17 years of age), have you ever had sexual contact with any person who was under the age of 16 at the time of the act?
If yes, explain:

Have you ever exposed yourself in public?
If yes, explain:

Have you committed any act involving hurting, harming, abusing, striking, or injuring any person?
If yes, explain:

Were you ever in a fight in which a weapon was used?
If yes, explain:

Have you committed any act involving the intentional damage or destruction of any property belonging to another person?
If yes, explain:

Have you ever stolen merchandise, property or cash from a business?
If yes, explain:

Have you ever entered or remained on the property of another knowing you did not have permission to do so?
If yes, explain:

Have you ever committed any act involving theft of a vehicle, use of a vehicle without the owner's consent or joyriding in a stolen vehicle?
If yes, explain:

Have you committed any act involving stealing a credit card, presenting a credit card to obtain property or services fraudulently, using a credit card without the consent of the person to whom the credit card was issued, using an expired card, using a fictitious card or number, using a stolen credit card receipt or in any way attempting to commit theft or to steal from anyone by using a credit card?

If yes, explain:

Have you committed any act involving fleeing from, running from, or evading by any means, including on foot or by vehicle, a police officer who is attempting to arrest, detain, or question you or any other person?

If yes, explain:

Have you committed any act involving disturbing the peace, including abusive, profane, or vulgar language, fighting in a public place or threatening another?

If yes, explain:

Have you committed any act involving unlawful possession of a weapon, illegal weapons or ammunition, or explosive device?

If yes, explain:

Have you ever stolen anything from a co-worker?

If yes, explain:

Have you ever consumed alcohol at a place of employment?

If yes, explain:

Have you ever purposely caused harm to another person?

If yes, explain:

Have you ever hit, slapped, kicked or struck your spouse, girl/boyfriend?

If yes, explain:

Have you ever physically struck a parent or stepparent?

If yes, explain:

Have you ever committed a crime that police did not know about?

If yes, explain:

Have you ever discharged a weapon either accidentally or on purpose that caused injury to yourself or others?

If yes, explain:

Have you ever been involved as a suspect, victim, or contact person in a domestic abuse incident?

If yes, explain:

When was the last time you wrote a check that bounced?

Explain:

Have you ever physically abused or neglected a child?

If yes, explain:

Have you ever lied in an official document?

If yes, explain:

Have you ever taken anything that did not belong to you?

If yes, explain:

What is the most serious thing you ever did as a child, whether you were caught or not?

What is the most serious thing you have ever done as an adult, whether you were caught or not?

Have you ever been evicted from a place of residence?

If yes, explain:

Have you ever been sued or have you sued someone else?

If yes, explain:

Have you ever filed bankruptcy?

If yes, explain:

Do you pay child support?

If yes, to whom?

How much?

Are your payments current?

If not, explain:

Do you drink alcoholic beverages of any kind?

Have you ever found money and, knowing whom it belonged to, kept it?

If yes, explain:

Have you ever been accused of stealing?

If yes, explain:

Do you have any tattoos that are visible when wearing a short sleeved shirt?

If yes, describe:

If you have tattoos on your body, do you think that they could be found to be objectionable by the public?

If yes, explain:

OPTIONAL INFORMATION:

List organizations, clubs, professional societies, or other associations of which you are, or have been a member (please include the name of the group, the city and state, and your present status or position in the group). _____

What are your personal hobbies? (What do you like to do during the times you are not at work?) Please include any special skills or qualifications that might be useful in the position for which you've applied.

List the magazines and newspapers to which you currently subscribe. _____

List any identifying marks, scars, tattoos, burns or birthmarks. _____

*******COMPLETE ESSAY QUESTION ON THE NEXT PAGE*******

LAW ENFORCEMENT
ADDITIONAL QUESTIONNAIRE

Have you ever deliberately handled evidence in an illegal manner?

If yes, explain:

Have you ever falsified or altered an investigative report or document?

If yes, explain:

Have you ever accepted anything in exchange for not issuing a traffic ticket or making an arrest?

If yes, explain:

Have you ever lied under oath, in court, in an official report or on an application?

If yes, explain:

While on duty as a law enforcement officer, have you ever witnessed other officers commit a crime and did not report it?

If yes explain:

Since becoming a law enforcement officer, have you committed a crime?

If yes, explain:

Have you ever used your position as a law enforcement officer to take sexual advantage of anyone?

If yes, explain:

Have you ever been accused of sexual misconduct?

If yes, explain:

Have you ever had sex on duty?
If yes, explain:

Have you ever used alcohol on duty?
If yes, explain:

Have you ever stolen anything while on duty?
If yes, explain:

Have you ever used an illegal drug while on duty?
If yes, explain:

Have you ever slept on duty?
If yes, explain:

Have you ever been the subject of an internal investigation?
If yes, explain:

Have you ever violated any policies or procedures:
If yes explain:

Have you ever been disciplined?
If yes, explain:

Have you ever been discharged from any commissioned or recruit position within a law enforcement agency for disciplinary reasons, resigned to avoid suspension or discharge, or resigned during a disciplinary investigation without a final judgement being rendered?
If yes, explain:

Have you used marijuana or other illegal drugs since becoming a law enforcement officer?

If yes, explain:

Have you ever informed anyone they were being investigated without authorization to do so?

If yes, explain:

Have you ever stolen anything from an investigation site?

If yes, explain:

Have you ever kept a "lost and found" item?

If yes, explain:

Have you ever accepted a bribe or gratuity?

If yes, explain:

Have you ever used excessive force?

If yes, explain:

Have you ever observed a fellow officer use excessive force and fail to report it?

If yes, explain:

Has anyone ever filed a lawsuit or complaint against you for using excessive force?

If yes, explain:

Have you ever kept evidence or contraband and converted it to your personal use?

If yes, explain:

Have you ever concealed or failed to report a crime, misconduct or improper behavior of any civilian?

If yes, explain:

Have you ever done anything you could have been suspended for had your supervisor been aware?

If yes, explain:

Have you ever furnished drugs or other contraband to a prisoner or inmate?

If yes, explain:

Have you ever divulged the identity of an undercover law enforcement officer to an unauthorized person?

If yes, explain:

Have you ever divulged the identity of a confidential informant to an unauthorized person?

If yes, explain:

Have you ever accepted a gift as a law enforcement officer?

If yes, explain:

Have you ever stolen anything from a prisoner or inmate?

If yes, explain:

Have you ever “planted” evidence or otherwise “framed” someone?

If yes, explain:

Have you ever “fixed” or attempted to “fix” a traffic ticket for anyone?

If yes, explain:

How many times have you provided confidential information to an unauthorized person?

**Corrections Officer
Additional Questionnaire**

Have you ever accepted a bribe or gratuity?
If yes, explain:

Have you ever taken (stolen) from a prisoner or their personal effects?
If yes, explain:

How many times have you kept contraband and converted it to your personal use?

How many times have you used excessive force in controlling inmates?

What have you done that you could have been suspended for, had your supervisor known?

What is the most expensive gift you have ever received as a corrections officer?

Were you ever suspended from a correctional agency?
If yes, explain?

What is the most serious thing you have ever lied to a corrections supervisor about?

Have you ever unlawfully removed or destroyed correctional files or records?
If yes, explain:

How many times have you provided confidential information to an unauthorized person?

Have you ever lied under oath?
If yes, explain:

As a corrections officer, have you ever witnessed other officers commit a serious crime and failed to report it?
If yes, explain:

Have you ever had sexual contact with an inmate?
If yes, explain:

Since becoming a corrections officer, have you committed a crime?
If yes, explain:

As a corrections officer, have you ever allowed unauthorized privileges in exchange for sexual favors?
If yes, explain:

City of West Columbia

200 N. 12th Street
West Columbia, SC 29169
(803) 794-0721 (office)
(803) 939-2780 (fax)

Marion Boyce
Chief of Police

West Columbia Police Department
Employment Application
Authorization for Release of Information

To Any:

Medical Provider, Physician, Hospital, Medical Association, U.S. Armed Forces, U.S. Selective Service System, Maritime Service, Veterans Administration, or

Academic Dean, Registrar, principal, Guidance Counselor, or other authorized parson at a school (college, business, trade or high school), or

Past or present Employer, or

Credit Bureau or Retail Merchants Association, Bank, Financial Institution or any other Credit Extending Organization, or

Municipal, County, State, or Federal Governmental Agency.

I, _____, have applied for employment with the West Columbia Police Department. I am aware my entire background is to be investigated and hereby authorize and request the release of any and all information you have concerning me, excluding confidential personal medical and financial information to the West Columbia Police Department as my authorized representative for the purpose of obtaining such information.

I hereby release anyone addressed above, who gives information about me in the course of an investigation covered by this authorization, from any and all liability for damages of whatever kind to me, my family, heirs or associates as a result of giving such information, except that I do not release anyone who gives information that he or she knows is false, deliberately intending to harm me or one of my family, heirs or associates.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my name.

Printed Name: _____

Release must be signed in the presence of a notary.

Signature: _____

Date: _____

Subscribed and sworn to before me on this _____ day of _____, A.D. _____

Notary Signature: _____ Name: _____

Notary Public for _____ My Commission expires: _____