



TEGA CAY POLICE DEPARTMENT

7705 Tega Cay Drive
Tega Cay, SC 29708

APPLICATION FOR EMPLOYMENT
Date: _____

| | | | |
|--|--|--|--|
| Position Desired: <input type="checkbox"/> Police Officer <input type="checkbox"/> Police Dispatcher <input type="checkbox"/> Clerical <input type="checkbox"/> Other _____ | Notice: This application must be typewritten or clearly printed. All questions must be answered. Applications which are not complete and legible will not be considered. If space provided is not sufficient for complete answers, attach additional sheets and number answers to correspond with questions. | | |
| 1. Full Name _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (Last) (First) (Middle Initial) </div> | | | |
| A. Have you ever changed your name? <input type="checkbox"/> Yes <input type="checkbox"/> No (Excluding Marriage) | | B. List all other names/aliases used: _____ | |

| | | | |
|------------------|------------------|-------------------------|---------------|
| 2. Height: _____ | 3. Weight: _____ | 4. Date of Birth: _____ | 5. Age: _____ |
|------------------|------------------|-------------------------|---------------|

| | |
|--------------------------|-------------------------------|
| 6. Place of Birth: _____ | 7. Social Security No.: _____ |
|--------------------------|-------------------------------|

8. Residence: _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ (Phone No.)

| | |
|---|--|
| A. How long at this address? _____ B. How long a resident of York County? _____ C. How long a resident of South Carolina? _____ | Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed _____ <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> (Date) (Place) (Court) </div> |
| 9. Spouse's Name: _____ <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> (Last) (First) (Middle) </div> Current Address: _____ Where Employed: _____ | |

| 10. Total number of dependents: _____ <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 40%;">Dependent Name</th> <th style="width: 20%;">Relationship</th> <th style="width: 40%;">Age</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | Dependent Name | Relationship | Age | | | | | | | | | | 11. Do you hold a valid SC Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No DL #: _____ |
|--|----------------|--------------|-----|--|--|--|--|--|--|--|--|--|---|
| Dependent Name | Relationship | Age | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 12. Has your driver's license ever been suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____ | | | | | | | | | | | | | |
| 13. Typing _____ (wpm) Shorthand _____ (wpm) | | | | | | | | | | | | | |

| | |
|--|--|
| 15. Do you have prearranged child care? _____ | 14. List any special abilities, interests, or hobbies: _____ _____ |
| 16. Do you have reliable transportation? _____ | |

| Name | Relationship | Residential Address | Phone No | Employment Address |
|------|---------------|---------------------|----------|--------------------|
| 17. | Father | | | |
| 18. | Mother | | | |
| 19. | Father-in-Law | | | |
| 20. | Mother-in-Law | | | |
| 21. | Brother | | | |
| 22. | Sister | | | |
| 23. | Other | | | |



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| Type | Name of School | Location | Degree/Diploma | Year Completed |
|-------------|----------------|----------|----------------|----------------|
| High School | | | | |
| College | | | | |
| Graduate | | | | |
| Trade | | | | |
| Other | | | | |

24. What is the highest grade of education completed? _____

25. List any special training that you have received which would be prove to be beneficial if hired:

26. Have you ever served on active duty in the Armed Forces of the United States?
 Yes No

27. Branch of Military Service: _____

28. Serial Number: _____

29. Discharge Information:
 Type: _____ Basis for: _____

30. Are you now a member of any Reserve Unit?

Yes Ready
 No Stand by

31. Dates in Service: _____

32. If you are in a pay status requiring that you attend drills, meetings, or camps, give name of unit and location:

33. If you were ever exempt from service in the Armed Forces, state reason: _____

34. List chronologically all places of employment for the past ten years:

| EMPLOYMENT | Business Name | Phone No. | Address | Employment Dates | Reason for Leaving |
|------------|---------------|-----------|---------|------------------|--------------------|
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35. How many days of work have you missed over the past five years due to sickness? _____

| | |
|---|--|
| <p>36. List three good credit references in the past five years:</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>37. Have you had any credit problems in the past five years?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explain: _____</p> |
| <p>38. List anyone you know who works for the Tega Cay Police Department:</p> <p>_____</p> <p>_____</p> | <p>39. Do you have any relatives who are employed by the Tega Cay Police Department?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

40. To what extent do you use alcohol? _____

41. To what extent do you use tobacco? _____

42. List all clubs, societies, churches, or organizations you have been a member of, including locations:

| <p>43. Have you ever been convicted of a criminal offense, including traffic but not non-moving violations?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete below)</p> | <p>44. Has any member of your immediate family ever been convicted of a felony?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete below)</p> | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------|-------------------|-------------------|--|--|--|--|--|--|--|--|---|------|-------|--------|-------------------|--|--|--|--|--|--|--|--|
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| Date | Place | Charge | Final Disposition | | | | | | | | | | | | | | | | | | | | | | |
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45. References: Give three references (not relatives, former employees, fellow employees, teachers, or employees of the Tega Cay Police Department) who are responsible adults of reputable standing.

| Full Name | Address | Occupation | Home Phone | Work Phone | Years Acquainted |
|-----------|---------|------------|------------|------------|------------------|
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46. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adapted, or shows a policy of advocating or approving the commission of acts of force or violence 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, explain: _____



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BACKGROUND INVESTIGATION AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

I, _____, authorize the Tega Cay Police Department to conduct a personal investigation in connection with my application for employment.

This investigation may include information from current and/or former employers, educational institutions, physicians and/or medical records, mental health records, listed personal references, and/or other appropriate sources.

I authorize the release of any and all information the Tega Cay Police Department may request from these said sources. I further waive all rights to inspect or review any information obtained pursuant to any application for employment.

I fully understand all information gained from such an investigation is confidential, and will be released only to authorized persons in the employment process.

I agree to give any further information which may be required and hereby certify that there are no willful misrepresentations, omissions, or falsifications in any of the applications and/or documents furnished for the position and/or answers to questions. I am aware that should an investigation disclose any willful misrepresentations, omissions, or falsifications my application may be rejected, or if already employed, my employment may be terminated.

I hereby release the Tega Cay Police Department of 7705 Tega Cay Drive, Tega Cay, S.C., and any of its agents or representatives and any persons so furnishing information from any liability for damages from release of said records, documents, and other information for the investigation made by the Tega Cay Police Department.

Signature

Date

State of _____

_____ County

On this _____ day of _____,

Whose name signed to the foregoing instrument, personally appeared before me, acknowledges the foregoing signature to be his/hers, and having been duly sworn by me, made oath that the statements made on this instrument are true.

My commission expires: _____

IF SELECTED FOR AN INTERVIEW, YOU WILL CONTACTED BY PHONE. PLEASE DO NOT CALL FOR ANY UPDATES ON JOB OPENINGS. THANK YOU