

Travelers Rest Police Department

125 Trailblazer Drive
Travelers Rest, S.C. 29690

Telephone (864) 834-9029

Fax (864) 834-4123

Dear Applicant:

Thank you for your interest in a career with the City of Travelers Rest Police Department. To begin the application process, all applicants are required to submit a complete application packet. Incomplete application packets will not be considered.

Requirements of applicant:

- 21 years of age for Sworn Officer or 18 years of age for all other positions
- High School Diploma or GED
- Ability to complete required training
- Possess a valid South Carolina Driver's License

Application packet must include:

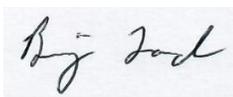
- Signed Application (Available at Travelers Rest City Hall or may be downloaded from <https://travelersrestsc.com/businesses/departments/police-department/employment/>)
- Signed Waivers and Notarized where applicable
- Copy of Law Enforcement Certification (if previously certified)
- Copy of Social Security Card and Driver's License
- Copy of High School Diploma or State GED Certificate
- Copy of Birth Certificate or Certificate of Naturalization (if US citizen through Naturalization process)
- A Certified Copy of College Transcript(s), if you have attended or graduated from college
- A copy of DD214 (former military service members must furnish their final DD214)

As an equal opportunity employer, it is the policy of the Travelers Rest Police Department to only hire qualified applicants who are best suited for employment with our agency, without regard to race, religion, color, national origin, age, sex, marital status, sexual orientation, or affiliation, or any other unlawful discriminator(s). The following steps may occur in the employment process:

- Preliminary review of application packet by the Chief and/or Captain of the Travelers Rest Police Department
- Preliminary background investigation to include at a minimum: Driver's History & Criminal History (NCIC)
- Job Related Testing
- Oral Interview Board
- Interview with Chief of Police
- Credit Check
- Background Investigation
- Conditional offer of employment
- Polygraph Examination
- Drug testing and physical examination

You will be contacted if you are considered beyond the preliminary review of your application. Our process could take from one to four months depending on the department's status of hiring, the scheduling of testing and the applicant's particular background. Should you not be selected at this time, you may reapply and repeat the process after one year has passed. If your personal contact information changes during the selection process, please contact Chief Benjamin Ford at 864-834-9029 or email him at ford@trpolice.com. **Please do not contact the Department to determine the status of your application. A member of the Department will contact you if you are selected to participate in the employment process beyond the review of your application package.**

Best Wishes,



Chief of Police

NOT A CONTRACT

April 2019

Travelers Rest Police Department

JOB DISCRIPTION

Position Title: Communications Specialist

GENERAL PURPOSE

Performs a variety of routine clerical, administrative and technical work in receiving and dispatching routine and emergency information; keeping official records; and assisting in the administration of the standard operating policies and procedures of the dispatch center.

SUPERVISION RECEIVED

Works under the close supervision of the Communications Coordinator.

SUPERVISION EXERCISED

None.

ESSENTIAL DUTIES AND RESPONSIBILITIES

Monitors telephones and radio in the dispatch center, answers all incoming police, fire, public works and administrative calls and ascertains nature of call, gathers all necessary information to transmit or relay.

Dispatches police and other response vehicles for emergency responses; broadcasts nature, location and time of incident; contacts all required personnel and other local concerns, such as the Fire Department, in the event of an emergency situation; insures the presence of reserve units by contacting personnel designated for call-back; relays information as required.

Maintains Computer Aided Dispatch database on radio and telephone communications, location of personnel and equipment; in the event of an emergency situation, maintains on-going contact with the responding personnel and keeps them informed of all incoming pertinent information; keeps track of various information such as traffic lights out and streets closed and keeps emergency personnel informed.

Maintains dispatch center work area and equipment in clean and working condition.

Operates radios as needed and assists in radio communications; operates base radio as required.

Operates listed office machines as required.

Composes, types, and edits correspondence, reports, memoranda, and other material requiring judgment as to content, accuracy, and completeness.

Inputs data to standard office and department forms, both manual and automated; makes simple postings to various reports; compiles and tabulates data.

Maintains dispatch documents and records; prepares case reports.

PERIPHERAL DUTIES

Monitors individuals in holding cells for proper conduct, safety, and medical or other needs.

Assists in training new employees.

Serves as a member of various employee committees.

DESIRED MINIMUM QUALIFICATIONS

EDUCATION AND EXPERIENCE

Graduation from a high school or GED equivalent with specialized course work in general office practices such as typing, filing, accounting or bookkeeping.

NECESSARY KNOWLEDGE, SKILLS, AND ABILITIES

- 1) Working knowledge of computers and electronic data processing; working knowledge of modern office practices and procedures; some knowledge of accounting principles and practices.
- 2) Some skill in operation of the listed tools and equipment.
- 3) Ability to effectively meet and deal with the public; ability to communicate effectively verbally and in writing; ability to handle stressful situations.

SPECIAL REQUIREMENTS

- 1) Must be 18 years of age.
- 2) No felony convictions.
- 3) Must possess state mandated certification in designated areas within prescribed time period.
- 4) Must pass a thorough background investigation.
- 5) Must live within 25-mile radius of City limits.

TOOLS AND EQUIPMENT USED

Communications switchboard, including computer-aided systems; personal computer including word processing software; copy machine; fax machine; radio.

PHYSICAL DEMANDS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is frequently required to sit and talk or hear. The employee is occasionally required to walk. The employee is frequently required to use hands to finger, handle, or feel objects, tools, or controls; and reach with hands and arms.

The employee must occasionally lift and/or move up to 10 pounds. Specific vision abilities required by this job include close vision and the ability to adjust focus.

WORK ENVIRONMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

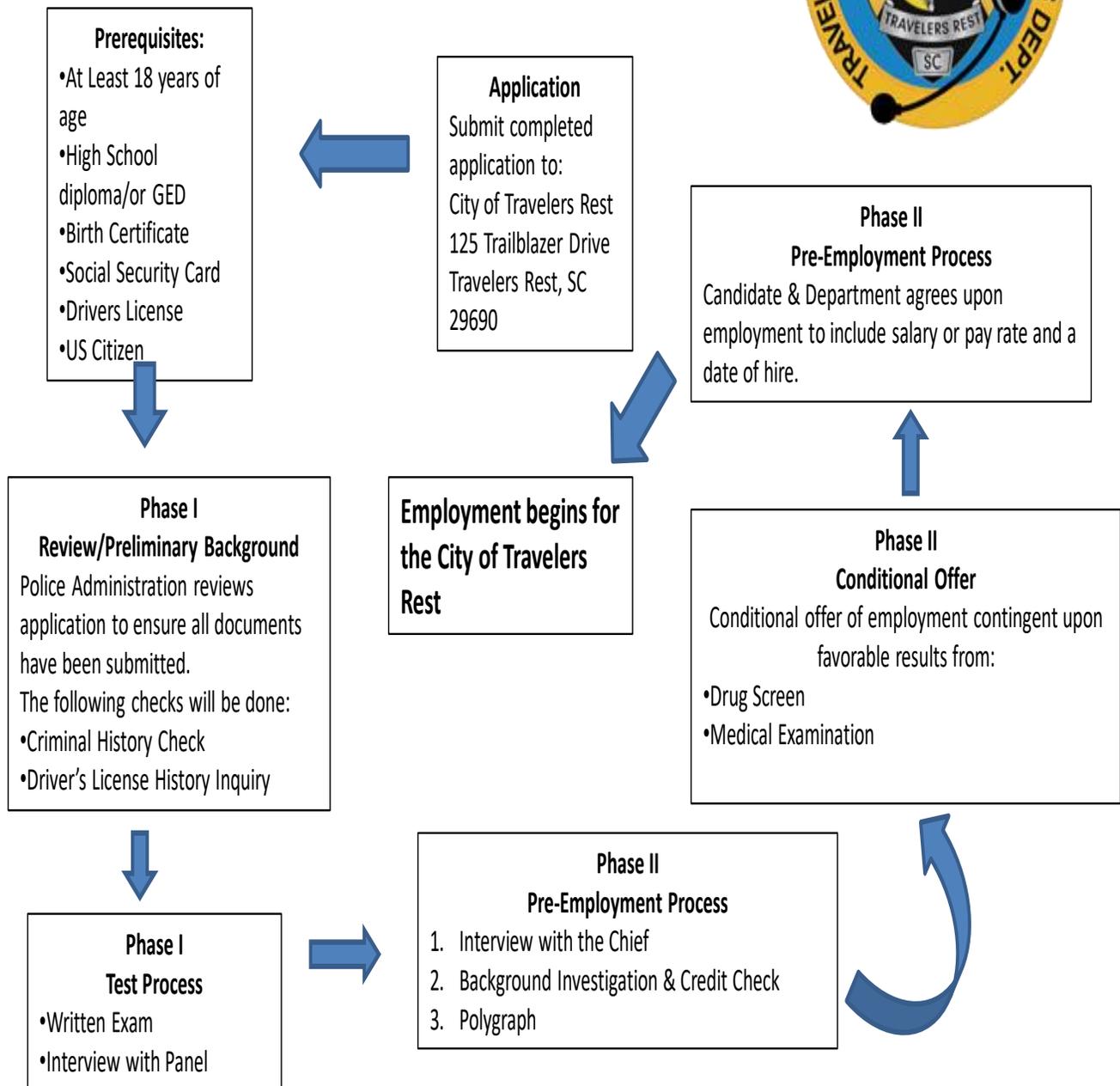
The noise level in the work environment is usually quiet.

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

NOT A CONTRACT

Travelers Rest Police Department Non-Sworn Hiring Process



NOT A CONTRACT (total hiring process 1-3 months)

Travelers Rest Police Department

Employment Application

IMPORTANCE OF HONESTY STATEMENT

It is extremely important that you are completely honest in all of your answers. Honesty is the most important characteristic that you must demonstrate.

The importance of honesty from the time of completion of all application documents, questionnaires and during all interviews cannot be overemphasized. Failure to respond to any questions accurately and completely, whether orally or in writing will result in disqualification. Applicants have been disqualified for dishonesty.

While filling out all documents, you are cautioned to take your time and to be thorough and specific in all answers. If you have any doubt in your mind concerning a particular question, or if you are unsure whether to include certain information, the answer is “**Yes, include it**”.

You may think that something you have done will disqualify you from further consideration. That may or may not be the case. For example, an arrest, being fired from a job, use of drugs, etc. may or may not disqualify you. Lying or distorting the truth will disqualify you.

By signing below, I acknowledge I have read and understand the contents of the “**Importance of Honesty Statement.**”

Printed Name of Applicant

Applicant Signature (Sign in Blue Ink)

Date

NOT A CONTRACT

COUNTY OF GREENVILLE)
CITY OF TRAVELERS REST)
STATE OF SOUTH CAROLINA)

AFFIDAVIT

Personally appeared before me, _____, who first being sworn, deposes and says that (s)he has read the attached memo which explains the provisions of the Gun Control Act of 1968 and (s)he answers the following questions to the best of his/her knowledge and belief further understands that furnishing false information may be grounds for adverse personnel action as well as prosecution for false swearing.

Have you been convicted of a misdemeanor crime of domestic violence within the meaning of the statute as defined in the memo pertaining to firearms/ammunition?

Yes No not certain

(If uncertain, explain here or on attachment.)

Are you subject to a current restraining order issued by any court which restrains you from harassing, stalking, or threatening a past or present intimate partner or child of such intimate partner or person? Or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child and which includes a finding that you represent a credible threat to a physical safety of the person or by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against the person that would reasonably be expected to cause bodily harm, as defined in the memo pertaining to possession of firearms/ammunition?

Yes No not certain

(If uncertain, explain here or on attachment.)

WITNESSED, this _____ day of _____, _____

Applicant's Name **(IN BLUE INK)**

Applicant's Signature **(IN BLUE INK)**

Sworn to before me this _____ day of _____, _____

Notary Public for _____

My commission expires on _____

NOT A CONTRACT

Travelers Rest Police Department

Employment Application

PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS AND SIGN

Student Loan: State Law (59-111-50) prohibits employment with any subdivision of the State to people who have defaulted on certain student loans, unless they can prove that satisfactory arrangements have been made for repayment. By my signature, I certify that I am not currently in default on a student loan.

Signature: _____
REQUIRED IN BLUE INK

Date: _____

Selective Service: All males between the age of 18 and 25 are required to be registered with Selective Service. By my signature, I certify that I have registered with Selective Service.

Signature: _____
REQUIRED IN BLUE INK

Date: _____

SECTION A:

It is the policy of the City of Travelers Rest to select an applicant deemed most suitable to fill a position based on educational background, related work experience, and other work related factors. The City of Travelers Rest is an Equal Opportunity Employer.

It is further the policy of the City of Travelers Rest to recruit, hire, train and promote employees and applicants without regard to race, religion, color, national origin, age, sex, marital status, sexual orientation, or affiliation of any other unlawful discriminator(s).

The City of Travelers Rest has designated the following (person or office) as the contact to coordinate efforts to comply with this requirement, inquiries should be direct to: Human Resource Coordinator, City of Travelers Rest, 125 Trailblazer Drive, Travelers Rest, SC 29690.

SECTION B: (CHECK EACH BOX AFTER READING EACH STATEMENT)

- I hereby affirm that all statements made herein or attached hereto are true and correct. I understand that all statements are subject to verification and any omission, false, misleading or incomplete statements are grounds to bar me from employment or for dismissal.
- I agree to submit to a urine drug screen, physical or other medical tests, if required for this position. The results of such may be grounds for disqualifying me or terminating my employment.
- I understand and agree that if employed, I will be an employee "at-will" and will have the right to terminate my employment at any time, with or without notice and with or without cause, and that the city has the same right.
- I understand that if hired, I must meet the eligibility verification requirements of the Federal Immigration and Nationalization Service and submit appropriate documentation to satisfy the requirements of completing INS Form I-9. This documentation will be provided to the Department of Homeland Security to confirm work authorization E-Verify.
- I authorize and request each former employer and person, firm or corporation, given as a reference, to answer any and all questions that may be asked, and to give any and all information that may be sought in connection with this application concerning my work habit, character and/or skill.
- The use of this application form in no way obligates the City of Travelers Rest.
- I certify that I have read, understand and agree to all the statements listed above.

APPLICANT'S SIGNATURE: _____

DATE: _____

REQUIRED IN BLUE INK
NOT A CONTRACT

Travelers Rest Police Department

APPLICATION FOR AT-WILL EMPLOYMENT

This application must be completed in full and signed in blue ink. Incomplete or unsigned applications will not be considered. Mark all areas that do not apply with "N/A" so as not to leave it to our interpretation as to why it was left blank. If you are selected for an interview, the appropriate department will notify you. Be aware that certain information contained in this completed application may be subject to the **Freedom of Information Act**. **Thank you for your interest in employment with the City of Travelers Rest. Attach additional pages if necessary to completely respond to a question.**

PLEASE PRINT. (This application is not, and is not intended to be, a contract of employment.)

Social Security #: _____ Date: _____

Name: _____ Driver's License # _____ State & Exp Date: _____

Address _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____

List ALL other names you have used. Include circumstances and dates when used. _____

Have you been convicted, pled no contest, or pled not guilty of a crime other than a minor traffic collision? Yes No
NOTE: Conviction is not necessarily a bar from employment. Circumstances surrounding the conviction and job applied for are considered.

If yes, please explain: _____

Are there any charges or indictments now pending against you? Yes No

If yes, please explain: _____

Are you a citizen of the United States? Yes No

Are you an alien lawfully authorized to work in the United States? Yes No

Have you ever worked or applied for a position with the City of Travelers Rest? Yes No

Currently a City employee

If yes, what department, position and when? _____

AVAILABILITY

<input type="checkbox"/> Immediately	Are you willing to work (check all that apply)	<input type="checkbox"/> Inclement Weather	<input type="checkbox"/> Outdoors
<input type="checkbox"/> After two week notice		<input type="checkbox"/> Full time (40 hr per week)	<input type="checkbox"/> Nights/Weekends
<input type="checkbox"/> Other _____		<input type="checkbox"/> Part time (Less than 30 hr per week)	<input type="checkbox"/> Rotating Shifts
		<input type="checkbox"/> Holidays	

Are you currently a Certified Law Enforcement Officer? Yes No. If yes, what state? _____

EDUCATION

What specific academic, vocational, technical or professional education have you had that relates to this job?

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 / GED / 13 14 15 16 / Graduate School 17 18 19

NAME & LOCATION OF SCHOOL	DATES ATTENDED	GRADUATE	DEGREE	MAJOR
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		

NOT A CONTRACT

SKILLS

Computer Software	Indicate the types of software you are skilled in using: <input type="checkbox"/> Windows <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Access <input type="checkbox"/> Outlook <input type="checkbox"/> WordPerfect <input type="checkbox"/> Lotus 1-2-3 <input type="checkbox"/> AutoCAD <input type="checkbox"/> Other :
Equipment	Indicate the types of equipment you are skilled in operation: <input type="checkbox"/> Truck/Dump trucks <input type="checkbox"/> Backhoes <input type="checkbox"/> Motor Graders <input type="checkbox"/> Other:
Professional Registrations/Licenses/Certifications	Please list (Examples: EMT, CPR, Law Enforcement, etc...)
Other Training (any training not listed above that would be beneficial to the position you are applying for)	

MILITARY SERVICE

Branch	Rank	Date Entered	Date Discharged
--------	------	--------------	-----------------

Have you ever been the subject of a judicial or non-judicial disciplinary action while in the military? Yes No

If yes, please explain, _____

Were you ever court martialed, tried on charges or subject of a summary court, desk court, Captain's Mast, company punishment or any other type of disciplinary action while in the armed force? Yes No

If yes, please explain, _____

List all medals and decorations awarded during your military service. _____

Are you a member of the Reserve or National Guard? Yes No

Ready Standby Unit and location: _____

List any disciplinary action taken while in the National Guard or other Reserve Unit. _____

How long have you lived at your present address? _____

List ALL previous places, states and dates of residence since age 18. (Attach a separate page, if necessary)

List the full names of person that you are currently residing with: _____

List those individuals whom you have resided with during the last five (5) years. Exclude family members.

FULL NAME	PRESENT ADDRESS	PHONE NUMBER
-----------	-----------------	--------------

Have you ever been dismissed from school or been subject to any disciplinary action, such as scholastic probation during your academic career? Yes No

If yes, please indicate circumstances of rules infractions and action taken by school or university.

NOT A CONTRACT

REFERENCES

List three (3) persons (not former employers or employees) whom you have known for at least three (3) years.

Name	Address	Phone	Occupation

List any relative(s) employed by the City of Travelers Rest (give name, department, and relationship to you).

EMPLOYMENT HISTORY

Please include part-time and temporary employment, as well as job-related military service for the last 20 years and any self-employment.

Attach additional sheets if necessary.

May we contact your current employer? Yes No

Current Employer:
Name of Company: _____ Phone Number: _____
Address: _____
Start Date: _____ Entry Job Title: _____ Entry Salary \$ _____ per
End Date: _____ Ending Job Title: _____ Ending Salary \$ _____ per
Detailed Description of Duties: _____
Name and Title of Supervisor: _____
Reason for Leaving: _____

Previous Employer:
Name of Company: _____ Phone Number: _____
Address: _____
Start Date: _____ Entry Job Title: _____ Entry Salary \$ _____ per
End Date: _____ Ending Job Title: _____ Ending Salary \$ _____ per
Detailed Description of Duties: _____
Name and Title of Supervisor: _____
Reason for Leaving: _____

Next Most Recent Employer:
Name of Company: _____ Phone Number: _____
Address: _____
Start Date: _____ Entry Job Title: _____ Entry Salary \$ _____ per
End Date: _____ Ending Job Title: _____ Ending Salary \$ _____ per
Detailed Description of Duties: _____
Name and Title of Supervisor: _____
Reason for Leaving: _____

NOT A CONTRACT

Next Most Recent Employer:

Name of Company: _____ Phone Number: _____

Address: _____

Start Date: _____ Entry Job Title: _____ Entry Salary \$ _____ per

End Date: _____ Ending Job Title: _____ Ending Salary \$ _____ per

Detailed Description of Duties: _____

Name and Title of Supervisor: _____

Reason for Leaving: _____

Next Most Recent Employer:

Name of Company: _____ Phone Number: _____

Address: _____

Start Date: _____ Entry Job Title: _____ Entry Salary \$ _____ per

End Date: _____ Ending Job Title: _____ Ending Salary \$ _____ per

Detailed Description of Duties: _____

Name and Title of Supervisor: _____

Reason for Leaving: _____

PERSONAL INFORMATION

Have you ever or are you now engaged in a private business? Yes No

If yes, list your capacity, name and dates. _____

- Do you:
- 1) Object to wearing a uniform? Yes No
 - 2) Object to being away from home for long period of time due to official duties? Yes No
 - 3) Object to working a rotating shift (7am to 7pm and 7pm to 7am)? Yes No

Have you ever been bonded? Yes No If yes, on what job(s)? _____

Do you have any physical limitations that preclude you from performing the following job duties?

Stand for long periods of time, climb, balance, stoop, kneel, crawl, crouch Yes No

Frequently lift or move objects up to 50 pounds and occasionally lift or move objects up to 165 pounds
 Yes No

Adjust vision/focus in the use of firearms and operation of motor vehicle Yes No

If yes, describe such restrictions and specific work limitations. _____

Do you have any physical limitations that preclude you from working in the following work environments?

All weather conditions including temperature extremes including wet, humid environments? Yes No

During day and night? Yes No

Under emergency and stressful situations? Yes No

Exposure to hearing alarms and gunfire? Yes No

NOT A CONTRACT

Exposure to smoke, noxious odors, fumes, chemicals, liquid chemicals, radioactive materials, solvents and oils?

Yes No

Near moving mechanical parts, vibrations and in areas with risk of electrical shock? Yes No

In high, precarious places? Yes No

If yes, please describe such restrictions and specific work limitations. _____

RELATIVES/FRIENDS EMPLOYED BY GOVERNMENT

List complete names, locations and place of employment of any close relatives or friends (including in-laws) who are employed in law enforcement. _____

List the following information concerning relatives. If you have been married more than once, list information concerning each former spouse. If you or your spouse have stepparents, legal guardians or other with whom you lived other than your parents please include them. If you are engaged to be married in the near future, complete information should be included about your future spouse and future in-laws as well.

	FULL NAME	PRESENT ADDRESS	PHONE NUMBER
Father:	_____	_____	_____
Mother:	_____	_____	_____
Spouse, Fiancée, Former Spouse:	_____	_____	_____
Father-in-law (current):	_____	_____	_____
Mother-in-law (current):	_____	_____	_____
Children, Step-children:	_____	_____	_____
Other:	_____	_____	_____
Roommates:	_____	_____	_____

NOT A CONTRACT

Travelers Rest Police Department

Pre-Employment Polygraph Examination Applicant Questionnaire

Purpose:

The purpose of this questionnaire is to assist the polygraph examiner in conducting a fair and comprehensive exam. Truthful responses to these questions will identify any possible problem areas and help the examiner assist you in successfully completing the polygraph examination. Please answer each question truthfully. Your response on this questionnaire will remain confidential and the results of the polygraph alone will not disqualify you from employment.

Directions:

Follow all directions. Answer each question completely. Print or type your answers. If your answer requires more space than allotted, attach a separate page and identify the answer with the corresponding number. If you print your answers and make a mistake, do not erase or block it out. Place one line through the word(s) you are choosing not to use. Remember, these areas will be the subject of a background investigation and will be covered in the polygraph examination. If it is determined that you failed to answer each question fully and truthfully you may be disqualified from the selection process.

Name: _____ Date of Birth: _____

Social Security Number: _____ Position Applied For: _____

NOT A CONTRACT

Employment History:

(1.) Did you falsify any part of your employment application? Yes No

If yes, please explain:

(2.) Did you intentionally leave out a previous place of employment? Yes No

If so, what did you leave out and why?

(3.) Have you ever been fired from any job that you have held in the past? Yes No

If so, state the place of employment and the reason for dismissal.

(4.) Have you ever been asked to resign from any job that you have held in the past? Yes No

If so, state the place of employment and the circumstances under which you were forced to resign.

(5.) Have you ever quit a job that you have held in the past because you thought you were going to be fired? Yes No If so, the place of employments and state the circumstance.

(6.) Are you eligible for rehire at your previous place of employment? Yes No

(7.) Have you ever received any formal disciplinary actions on any job you have ever worked (such as a suspension, written or oral reprimand, letter of warning, counseling, etc.)? Yes No

If yes, list everyone and explain:

(8.) Have you ever been involved in a physical confrontation with a fellow employee? Yes No

If yes, explain:

(9.) Have you ever had a sexual harassment complaint made against you? Yes No

If yes, explain:

(10.) Have you ever been sued or named in lawsuit at any place you have ever worked? Yes No
If yes, explain:

Driving History:

(1.) Do you have a valid driver's license? Yes No Issued by what state?

(2.) Have you ever held a driver's license from another state? Yes No What state?

(3.) Have you ever had a driver's license suspended or revoked for any reason? Yes No
If so, indicate the state that issued the license and the reason for the suspension.

(4.) Have you ever been charged with any violation that would have caused your license to be suspended or revoked? Yes No If so, state the offense.

(5.) List any and all traffic violations with which you have been charged:

Criminal History:

(1.) Did you ever commit a crime that you were not arrested for or any crime that has gone undetected? Yes No If so, what was the nature of the crime?

(2.) Have you ever been arrested other than minor traffic offenses? Yes No
If so, state the reason(s) for all your arrest(s) including when and where the arrest occurred?

(3.) Have you ever stolen money from an employer? Yes No If so, how much?

(4.) Have you ever stolen any merchandise or equipment from an employer? Yes No

If so, identify the item(s) and value:

(5.) Have you ever shoplifted? Yes No If yes, identify the value of the item(s) and at what age this last occurred:

(6.) Have you ever given confidential information from your job to any unauthorized person or people? Yes No If yes, explain:

(7.) Have you been involved or participated in the planning of a serious crime, even if you did not actually commit the crime? Yes No If yes, explain:

(8.) Since age 18, have the police responded to your residence for any domestic disputes (whether or not you were involved or arrested)? Yes No If yes, explain:

(9.) At any time in your life, have you ever committed any of the following crimes, even if you were never caught?

- | | | |
|----------------------------------|------------------------------|-----------------------------|
| A. Arson | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Assault and Battery | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Breaking Into a Motor Vehicle | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Burglary | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Criminal Domestic Violence | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Criminal Sexual Conduct | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G. Driving Under the Influence | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| H. Embezzlement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I. Forgery | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| J. Grand Larceny | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| K. Homicide (Murder) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| L. Indecent Exposure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| M. Other Sexual Crimes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| N. Petty Larceny | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| O. Vandalism | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| P. Child Pornography (possessed) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes to any of the above, please explain:

Vice Activities:

(1.) Identify below any drugs/narcotics you have used and indicate the most recent time used:

<u>Substance</u>	<u>Yes</u>	<u>No</u>	<u>Most recent time used (month/year)</u>	<u>Times Used</u>
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hashish	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Morphine	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Codeine	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Methadone	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
LSD	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
PCP	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Quaaludes	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mescaline	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Psilocybin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Opium	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Identify any drug/narcotics that you have used that was not listed above. Also list approximate amount of times used on all "yes" answers above:

(2.) Have you ever sold any illegal drugs or narcotics? Yes No
If yes, what drugs were sold provide the drug/narcotic name(s) and date(s) sold?

(3.) Have you ever purchased any illegal drugs or narcotics? Yes No
If yes, name the drug(s)/narcotic(s) purchased and date(s) purchased?

(4.) Have you ever abused any narcotic drug to include a prescription drug? Yes No

(5.) Do you drink alcoholic beverages? Yes No
If yes, how much and what type on an average? What period of time, monthly, weekly, daily?

(6.) Have you ever gone to work or school while intoxicated? Yes No

(7.) Have you ever operated a motor vehicle while intoxicated? Yes No If yes, when was the last time (days, weeks, months, etc.) and how many drinks had you consumed prior to driving intoxicated?

(8.) Do you gamble? Yes No
If yes, how often do you gamble and what is the greatest financial loss you have ever sustained due to gambling (at one time)?

(9.) Are you currently or have you ever been a member or affiliated with a known criminal gang or illegal enterprise?
 Yes No If yes, what gang or illegal enterprise and when was your last association?

(10.) Are you currently or have you ever been a member or associated with an organization that advocated the overthrow of the US government, advocated racism, or terrorism? Yes No
If yes, what organization and when was your last association?

Law Enforcement History: (If you have no prior or currently not LEO History, go to next section)

(1.) Have you ever applied for a position with or been associated with another law enforcement agency? Yes No If yes, list below and include position in which you held or applied:

(2.) Were you ever the subject of an internal affairs investigation (Or its equivalent)? Yes No
If yes, explain: _____

(3.) Have you ever quit or resigned while under investigation? Yes No

If yes, explain:

(4.) Where you ever been given the opportunity to resign instead of being fired? Yes No

If yes, explain:

(5.) Have you ever received any formal disciplinary actions while in law enforcement (such as a suspension, written or oral reprimand, letter of warning, counseling, etc.)? Yes No

If yes, list and explain:

(6.) Did you ever drink alcoholic beverages while on duty? Yes No

If yes, explain:

(7.) Did you ever use any illegal drugs while on duty? Yes No

If yes, provide the name(s) of the drug(s)/narcotic(s) and how many times you used the drug(s)/narcotic(s) while on duty:

(8.) Have you ever intentionally used "excessive force" on anyone? Yes No

If yes, explain:

(9.) Have you ever kept anything belonging to a suspect, witness, or victim which you did not turn in as evidence or property? Yes No

If yes, explain:

(10.) Did you ever lie in a report to cover up your actions or the actions of another law enforcement officer? Yes No

If yes, explain:

(11.) Have you ever accepted a gratuity valued over \$50.00 that wasn't reported? Yes No

If yes, explain:

(12.) Have you been involved in any on-duty traffic accidents? Yes No

If yes, explain:

(13.) Have you ever violated any policies for which you would or could have been fired if you had been caught? Yes No

If yes, explain:

Credit History:

(1.) Is your current credit rating? bad poor fair good excellent

(2.) Have you ever declared bankruptcy? Yes No

If yes, indicate when and the court that issued the bankruptcy decree:

(3.) Have you ever had any civil actions(s) against you for failure to pay any debt (liens, judgments, lawsuits, etc.)?
 Yes No If yes, explain:

(4.) Have you ever had anything repossessed (voluntarily or involuntarily)? Yes No If yes, explain:

(5.) Are you behind in child support payments? Yes No If yes, how much?

(6.) Have you ever had a government subsidized educational loan? Yes No
If yes, have you ever received a deferment or ever been declared in default? Yes No.
(Provide dates of the loan and proof of your current standings with the loan)

Do you have a MySpace, Facebook, Twitter, or Skype account? Yes No If yes, list screen names and or email addresses associated with these accounts:

I understand that it is a violation of the law to give false or misleading information to any law enforcement agency. Further, I understand that the hiring process will be terminated if I intentionally have been untruthful in any of the above statements I have given. All of the above statements/answers are true and accurate to the best of my knowledge.

Print Name

Signature (IN BLUE INK)

Date

Travelers Rest Police Department

Employment Application

Notice of Obtaining Consumer Report

Printed Name

Social Security Number

Date of Birth

In connection with your application for employment and/or your continued employment, the City of Travelers Rest may obtain a consumer report (as defined by the Fair Credit Reporting Act) concerning you from a consumer reporting agency. This report will be used for employment purposes.

I certify that The City of Travelers Rest has complied with 15 U.S.C. Sect. 1681b(4)(b)(2) and will comply with 15 U.S.C. Section 1681 (4) (b) (3) by providing _____ with a copy of the report and a description of his or her rights under the Fair Credit Reporting Act prior to taking adverse action based in whole or in part on the report received. I further certify that information from the consumer report will not be used in violation of any applicable Federal or State Equal Employment Opportunity Law or Regulation.

I have read and understand the above disclosure and hereby authorize the City of Travelers Rest to obtain a consumer report.

Signature (IN BLUE INK)

Date

Social Security Number

Date of Birth

Address

City/State

Zip Code

SWORN to before me this

_____ day of _____, A.D., 20 _____

(SEAL)

Notary Public

My Commission Expires: _____

NOT A CONTRACT

Travelers Rest Police Department

Employment Application

Personal Inquiry Wavier Authority for Release of Information

To:

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

Any Academic Dean, Registrar, Principal, Guidance Counselor, other authorized person at a school (college, business, trade, or high school), or

Any past or present employer, listed reference or any other individual furnishing information, or

Any County, State, or Federal Governmental Agency, or

Any other individual furnishing truthful information regarding the undersigned individual's fitness for law enforcement service.

I, _____, am aware that my entire background is to be investigated and hereby authorize and request the release of any and all information you have concerning me, excluding bank or savings and loans associated balances, to the Travelers Rest Police Department or its agents, I hereby designate the Travelers Rest 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.

Print Full Name Including Maiden Name

Signature of Full Name (**IN BLUE INK**)

Date

Date of Birth: _____

Social Security Number: XXX-XX-_____
Last 4 Digits

SWORN to before me this

_____ day of _____, A.D., 20 _____

(SEAL)

Notary Public

My Commission Expires: _____

NOT A CONTRACT

Travelers Rest Police Department

RECRUITING SURVEY

COMPLETION OF THIS
SECTION IS VOLUNTARY

The City of Travelers Rest is an Equal Employment Opportunity Employer. In an effort to determine the most effective personnel recruiting method, we request that you complete this optional survey. The information contained in this survey will not be used in the selection process for the position that you have applied.

Date of Survey: _____

Position Applied For: _____

Sex: Male Female Race/Ethnicity: Black White Asian Hispanic Other Race/Ethnicity

Age Range: 18-24 25-31 32-38 39-45 46-52 Over 52

How did you hear about the job position at the Travelers Rest Police Department that you applied?

City of Travelers Rest Employee: Employee's Name (if known): _____

Other Law Enforcement Agency: Agency Name: _____

College or University Name: _____

Career Fair Location & Date: _____

Unsolicited Contact: _____

Other Person: _____

Other: _____

This survey is requested for recruiting purposes only and is kept entirely separate from the application.

NOT A CONTRACT

Travelers Rest Police Department

EEOE SURVEY

**COMPLETION OF THIS
SECTION IS VOLUNTARY**

In an attempt to ensure the City of Travelers Rests' continued commitment to Equal Employment Opportunities, we would appreciate your taking a moment to complete the questionnaire below.

The Civil Rights Act of 1964 prohibits discrimination of employment practices because of race, color, religion, sex or national origin. P.L.90-202 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years old.

Date: _____

Position Applied For: _____

Race (check one)

Asian

African/American

Hispanic

American Indian

White

Other

Sex (check one)

Male

Female

This survey is requested for EEO reporting purposes only and is kept entirely separate from the application.

NOT A CONTRACT