



# Great Falls Police Department

## Employment Application



Employing Agency:

Great Falls Police Department

DATE:

### A. Instructions

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

### B. Position Applying For

Job Title

Position Type (Full Time, Part Time, or Reserve):

☐ Full Time ☐ Part Time ☐ Reserve

Available Start Date

What shifts will you work?

☐ Days ☐ Nights ☐ Any

#### Notice:

During the Background Check, we will be contacting your present employer.

C. Personal History

First Name	Middle Name	Last Name
<hr/>	<hr/>	<hr/>

Current Address
<hr/>

City	State	Zip Code
<hr/>	<hr/>	<hr/>

County
<hr/>

Telephone Number	Message Number
<hr/>	<hr/>

Email Address
<hr/>

Emergency Contact Name & Phone Number
<hr/>

Other names used (maiden name, aliases, nicknames):

Name	Circumstance	Dates From (Mo/Yr)	Dates To (Mo/Yr)

Are you a United States Citizen?

☐ Yes      ☐ No

Do you have or have you ever applied for a passport?

☐ Yes      ☐ No

If naturalized, Place:                                  Court:                                  Naturalization No.:  
  
\_\_\_\_\_

Can you perform the essential functions of this job with or without reasonable accommodation?

☐ Yes      ☐ No

\_\_\_\_\_

D. Education / Training

High School or GED

Name/Address	Dates Attended (From/To)	Years Completed	Did You Graduate?	Type of Diploma

College/University

Name/Address	Dates Attended (From/To)	Credit Hours (Qtr/Sem)	Did You Graduate?	Type of Degree

Major

Minor

Other Schools (Trade, Vocational, Business or Military):

Name/Address	Dates Attended (From/To)	Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate

1. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school that you would like us to know about:

2. Have you ever been suspended or expelled from school?

☐ Yes

☐ No

If yes, please explain:

3. List any foreign languages you can speak, read, or write:

Speak

Read

Write

4. Indicate any law enforcement education/training:

Name/Topic of Training	Certificate?	Date	Location of Training

5. Has your law enforcement certification ever been suspended, revoked, relinquished or subject to discipline or investigation by POST or any other state's law enforcement certification agency?

☐ Yes      ☐ No

If yes, explain:

6. Describe any special abilities, interests, and hobbies including the degree of proficiency:

7. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

8. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms):

9. Have you had any training/education with K-9's?

☐ Yes

☐ No

If yes, provide details:

E. Technology Skills

Check All Skills & Software Applications You Have Experience Using (any version):

☐ PC User

☐ Macintosh User

☐ Windows

☐ Microsoft Word

☐ Microsoft Excel

☐ Microsoft Access

☐ Microsoft Publisher

☐ E-Mail

☐ Internet

☐ Web Page Design

☐ Scanner

☐ Copier

☐ Fax

Other: Please list

Professional Licenses or Certificates Held:

## F. Employment History

List chronologically all employment beginning with present employment. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

### Current/Most Recent Employer

Employer:

\_\_\_\_\_

Supervisor Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Position Held:

\_\_\_\_\_

Dates From:

\_\_\_\_\_

To:

\_\_\_\_\_

Primary Duties:

Final Rate of Pay:

\_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_

**Next Employer**

Employer:

\_\_\_\_\_

Supervisor Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Position Held:

\_\_\_\_\_

Dates From:

\_\_\_\_\_

To:

\_\_\_\_\_

Primary Duties:

Final Rate of Pay:

\_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_



**Next Employer**

Employer:

\_\_\_\_\_

Supervisor Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Position Held:

\_\_\_\_\_

Dates From:

\_\_\_\_\_

To:

\_\_\_\_\_

Primary Duties:

Final Rate of Pay:

\_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_

1. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or volunteer position you have held?

☐ Yes      ☐ No

If YES, please give details:

2. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?

☐ Yes      ☐ No

If YES, please give details:

3. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer?

☐ Yes      ☐ No

If yes, please provide name of agency and date:

4. Do you or have you owned a business, or are you or were you a partner or corporate officer in any business or organization not listed previously?

☐ Yes      ☐ No

If yes, please provide details:

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## G. Applicants with Current or Prior Law Enforcement Experience

1. Identify ALL complaints (however characterized) made against you by any member of the public.

Agency	Name of Complainant	Approximate Date	Disposition

2. Identify ALL complaints (however characterized) made against you by any law enforcement personnel (including supervisors or administrators).

Agency	Name of Complainant	Approximate Date	Disposition

3. Identify ALL claims or lawsuits (however characterized) filed against you or your employing agency based on allegations of negligent or wrongful acts or omissions by you.

Agency	Name of Plaintiff(s)	Approximate Date	Court Where Filed

4. Identify ALL disciplinary action (however characterized) taken against you by a law enforcement employer.

Agency	Supervisor/Administrator Taking Action	Approximate Date	Basis and Form of Discipline

5. Identify ALL circumstances in which you have been requested or ordered to take a polygraph exam, CVSA or any other form of truth/deception technology.

Agency	Basis for Exam	Approximate Date	Outcome

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## H. Driving History

1. Are you a licensed S.C. automobile operator?

☐ Yes ☐ No

License No.:

Date of Expiration:

Restrictions:

\_\_\_\_\_

2. Do you hold or have you ever held an operator license in another state?

☐ Yes ☐ No

If yes, please provide state(s), name used and approximate dates license(s) was/were held.

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?

☐ Yes ☐ No

If yes, please provide complete details including why license was revoked.

4. Have you ever had automobile insurance refused, withdrawn, revoked, or required to obtain special risk insurance?

☐ Yes ☐ No

If yes, please provide complete details.

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## I. Military History

1. Have you ever served on active duty in the Armed Forces of the United States?

☐ Yes ☐ No

Branch of Service:

Serial #:

Highest Rank:

Duty Dates: From:

To:

2. Date and type of discharge:

3. Are you now or have you ever been a member of a reserve unit or the National Guard?

☐ Yes ☐ No

4. If yes state the branch of service, name and location of your unit:

5. Was any type of disciplinary action taken against you in the service?

☐ Yes ☐ No

If yes, please provide details (Date, Place, Nature of Offense, Action Taken):

6. Have you ever served in the Armed Forces of a foreign country?

☐ Yes ☐ No

If yes, please specify countries and dates.

## J. Veteran's Preference

If you are NOT claiming Veteran's Preference, please initial here and proceed to section K.

Per South Carolina Code, Employer will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran's preference, please complete the information below and attach a copy of your DD-214 to this application.

- ☐ I served on active duty in the armed forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged.
- ☐ I have a service-connected disability of 10% or more.
- ☐ I am the spouse of an eligible disabled veteran, who has a service-connected disability.
- ☐ I am the widow or widower of an eligible veteran and have remained unmarried.
- ☐ I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

## K. Organization Membership

1. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which advocates or approves 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, including name of organization, dates of membership and location.

2. Have you ever made a financial or other material contribution to any organization of the type described in question #1 above?

- ☐ Yes      ☐ No

If YES, explain including name of organization, date(s) and location.

3. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?

- ☐ Yes      ☐ No

If YES, explain including name of organization, dates and location.

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## L. Personal & Professional References

### Personal References

Please list the names of three (3) persons not related to you by blood or marriage.

Complete Name (Last, First, Middle)	Yrs. Known
<hr/>	<hr/>
Occupation	
<hr/>	
Home Address:	
<hr/>	
Home Phone:	Business Phone:
<hr/>	<hr/>

Complete Name (Last, First, Middle)	Yrs. Known
<hr/>	<hr/>
Occupation	
<hr/>	
Home Address:	
<hr/>	

Home Phone:

Business Phone:

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Complete Name (Last, First, Middle)

Yrs. Known

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Occupation

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Home Address:

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Home Phone:

Business Phone:

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## Professional References

List names of three (3) professional references who have known you well for at least five (5) years and who are not related to you by blood or marriage.

Complete Name (Last, First, Middle)

Yrs. Known

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Occupation

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Home Address:

Home Phone:Business Phone:

Complete Name (Last, First, Middle)Yrs. Known

Occupation

Home Address:

Home Phone:Business Phone:

Complete Name (Last, First, Middle)Yrs. Known

Occupation

Home Address:

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Home Phone:

Business Phone:

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## M. Documents to be Attached

- Applicant's Birth Certificate (photocopy)
- Social Security Card (photocopy)
- Driver's License (photocopy) - all candidates must obtain a valid SC driver's license to be hired by our agency.
- Certified driving record for all states in which the applicant was/is licensed
- Highest college degree earned (photocopy)
- High school diploma or transcript (photocopy)
- An official transcript from the college from which the applicant graduated, sent directly to the Great Falls Police Department
- If the applicant served in the U.S. Military for any period of time, DD-214 (Member 4 Copy) (photocopy).
- Licenses or Certificate which show special qualifications or skills (photocopy).

When requested by this agency, applicant will be fingerprinted and shall be required to submit to a drug test and complete physical examination, as well as be required to complete the Background Information form and a polygraph examination.

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N. Signature & Certification of Accuracy & Notary Seal

I, \_\_\_\_\_, hereby certify that each and every statement made on this form is true and complete to the best of my knowledge, and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I, also, acknowledge that I have a continuing duty to update all information contained in this document and, if employed by this Agency, I acknowledge that my failure to update this information may result in my discipline up to and including termination from employment. I understand that should an investigation disclose inaccurate, incomplete or misleading answers, my application may be rejected and my name removed from consideration for employment with Employer, and if employed, my termination from employment.

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature in Full

Print Name in Full

\_\_\_\_\_

NOTARY

State of \_\_\_\_\_, County of \_\_\_\_\_ ) ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me, the undersigned notary public in and for said State, personally appeared \_\_\_\_\_ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Statement first above written.

Notary Public in and for the State of

\_\_\_\_\_

Residing in

\_\_\_\_\_

My Commission Expires:

\_\_\_\_\_

# RELEASE OF INFORMATION

TO:

APPLICANT'S NAME:

OR Repository of Records

DATE OF BIRTH:

NAME & ADDRESS OF EMPLOYING AGENCY REQUESTING BACKGROUND INFO:

Great Falls Police Department - 324 Dearborn St Great Falls, SC 29055

SOCIAL SECURITY NO.:

I hereby authorize any authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to me including, but not limited to, achievement, attendance, personal history, disciplinary records, credit records, criminal history records, training records, and educational records. I specifically authorize all of my prior employer(s) to give their opinions about my prior work history, work ethic, whether or not they would rehire me and any other opinions that may be pertinent to my application for employment with the requesting agency.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and your employer, education institution, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, Great Falls, South Carolina, or other custodian of my military record to release information or photocopies from my military personnel, including a photocopy of my DD 214, Report of Separation, to:

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature in Full

PRINTED Signature in Full

## NOTARY

State of \_\_\_\_\_, County of \_\_\_\_\_) ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned notary public in and for said State, personally appeared \_\_\_\_\_ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Statement first above written.

Notary Public in and for the State of

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Residing in

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My Commission Expires:

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