

# FORT MILL POLICE DEPARTMENT



## EMPLOYMENT APPLICATION

### NOTICE TO APPLICANTS

THIS APPLICATION **WILL NOT BE CONSIDERED COMPLETE** WITHOUT THE FOLLOWING DOCUMENTS ATTACHED:

- *COPY OF HIGH SCHOOL DIPLOMA, GED, AND/OR COLLEGE DEGREE*
- *PHOTOCOPY OF DRIVERS LICENSE*
- *NON-RETURNABLE PHOTO*

ATTACH ADDITIONAL SHEETS IF NEEDED.

**Application for Employment**

Your interest in employment with the Town of Fort Mill is appreciated,  
and you will be contacted by phone or mail should an interview be appropriate.  
This application will remain active for six (6) months.

Please type or complete in black ink only.

Today's Date \_\_\_\_\_

NAME \_\_\_\_\_  
(Last) (First) (Middle)

NICKNAME/ OTHER NAMES USED \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE & EXPIRATION DATE \_\_\_\_\_

COMMERCIAL DRIVER'S LICENSE # \_\_\_\_\_ CLASS \_\_\_\_\_

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes  No

If yes, provide details: \_\_\_\_\_

B. Has your license, permit or privilege ever been suspended or revoked? Yes  No

If yes, provide details: \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

TO WHAT EXTENT DO YOU USE CONTROLLED SUBSTANCES (INCLUDING TOBACCO &/OR ALCOHOL)?

HAVE YOU EVER BEEN TERMINATED OR FORCED TO RESIGN FROM ANY WORK? YES  NO

IF YES EXPLAIN: \_\_\_\_\_

LIST ANY OTHER LAW ENFORCEMENT AGENCIES YOU HAVE APPLIED WITH AND WHEN YOU APPLIED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST POSITION & SALARY DESIRED**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime (other than minor traffic violations)?\* Yes  No

If yes, provide: Charge: \_\_\_\_\_ Place: \_\_\_\_\_  
Date: \_\_\_\_\_ Disposition: \_\_\_\_\_

Are there any charges/indictments now pending against you? \* Yes  No

If yes, explain: \_\_\_\_\_

**\*NOTE: A "YES" answer to the two questions above will not necessarily bar you from employment. The nature, severity and date of the offense in relation to the position for which you are applying are considered.**

ARE YOU AT LEAST 21 YEARS OF AGE?\* Yes  No

\*Age required by the State of South Carolina to attend the SC Criminal Justice Academy and possess a handgun

ARE YOU ELIGIBLE TO CARRY AND POSSESS A FIREARM? Yes  No

**AVAILABILITY**

- Immediately
- After two week notice

Are you willing to work (check all that apply):  Inclement Weather  Outdoors  
 Full-Time (37.5 or more hours per week)  Temporary (no benefits)  Weekends  
 Part-Time (Less than 37.5 hours per week)  Rotating Shifts  Holidays

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

**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 College 13 14 15 16 / Graduate School 17 18 19

NAME & LOCATION OF SCHOOLS	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"/>		
		YES <input type="checkbox"/> NO <input type="checkbox"/>		
		YES <input type="checkbox"/> NO <input type="checkbox"/>		

**OTHER EDUCATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY**

What branch of the armed forces did you serve? \_\_\_\_\_  
What type of training or education did you receive in the military? \_\_\_\_\_

**Have you worked for the City of Fort Mill before? Yes  No**   
**If yes, what department and when?**

**EMPLOYMENT HISTORY: List below your experience record. Please include part-time and temporary employment, as well as job-related military service. Start with your present or most recent job. Account for any gaps in your employment history. List any self-employment. Under specific duties, describe the kind of work you did, machines or equipment operated, and the number and title of employees you supervised, if any. Attach additional sheets if necessary.**

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**Last or Current Job:**

Company Name	From: Month _____	Year _____
Company Address	To: Month _____	Year _____
	Were You Full Time _____	
City and State		Or Part -Time _____
	Starting Salary _____	
Phone Number		
Your Title	Last Salary _____	
Specific Duties	Supervisor's Name _____	
	Reason for Leaving _____	

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May we contact this employer? Yes  No

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**Job Held Before Last or Current Job:**

Company Name	From: Month _____	Year _____
Company Address	To: Month _____	Year _____
City and State	Were You Full Time _____	
		Or Part -Time _____
	Starting Salary _____	
Phone Number		
	Last Salary _____	
Your Title		
Specific Duties	Supervisor's Name _____	
	Reason for Leaving _____	

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May we contact this employer? Yes  No

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**Next Most Recent Job:**

Company Name	From: Month _____	Year _____
Company Address	To: Month _____	Year _____
	Were You Full Time _____	
City and State		Or Part -Time _____
	Starting Salary _____	
Phone Number		
Your Title	Last Salary _____	
Specific Duties	Supervisor's Name _____	
	Reason for Leaving _____	

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May we contact this employer? Yes  No

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**Next Most Recent Job:**

Company Name	From: Month _____	Year _____
Company Address	To: Month _____	Year _____
	Were You Full Time _____	

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City and State	_____	Or Part-Time	_____
Phone Number	_____	Starting Salary	_____
		Last Salary	_____
Your Title	_____	Supervisor's Name	_____
Specific Duties	_____	Reason for Leaving	_____
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			

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**Next Most Recent Job:**

Company Name	_____	From: Month	_____	Year	_____
		To: Month	_____	Year	_____
Company Address	_____	Were You Full Time	_____	Or Part-Time	_____
City and State	_____	Starting Salary	_____		_____
Phone Number	_____	Last Salary	_____		_____
Your Title	_____	Supervisor's Name	_____		_____
Specific Duties	_____	Reason for Leaving	_____		_____
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					

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**Next Most Recent Job:**

Company Name	From: Month	Year
Company Address	To: Month	Year
City and State	Were You Full Time	Or Part-Time
Phone Number	Starting Salary	
Your Title	Last Salary	
Specific Duties	Supervisor's Name	
	Reason for Leaving	

May we contact this employer? Yes  No

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**Next Most Recent Job:**

Company Name	From: Month	Year
Company Address	To: Month	Year
City and State	Were You Full Time	Or Part-Time
Phone Number	Starting Salary	
Your Title	Last Salary	
Specific Duties	Supervisor's Name	
	Reason for Leaving	

May we contact this employer? Yes  No

References: Please list name, occupation, and phone number of three professional references (not related to you).

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Please list any relatives who presently work for the City of Fort Mill (give name, department, and relationship to you).

Please list any persons residing with you who presently work for the City of Fort Mill (give name and department). \_\_\_\_\_

Check as applicable:

- I hereby certify that all statements made herein and/or attached hereto are true to the best of my knowledge, and I understand that, if employed, any falsehood or misrepresentation is cause for separation from service with the City of Fort Mill.
- I authorize the release of such information as my work, school, police, medical, credit, personal, and mental records, and other information as needed to determine my qualifications and fitness for the position I am seeking with the City of Fort Mill, or fitness for any position I may hold with the City of Fort Mill.
- I hereby release former employers and reference sources from all liability for divulging such information.
- I agree to submit to pre-employment drug testing. I understand that testing positive for use of an illegal drug, abuse of a legal drug, use of an unprescribed legal drug, refusal to take the test, or failure to keep the scheduled appointment for the test will generally result in denial of employment with the City of Fort Mill.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**This application is not, and is not intended to be, a contract of employment.**

(Continued on Next Page)

Return completed application in person or by mail to:

**Fort Mill Police Department**  
**Attn: Recruiting Division**  
**111 Academy Street**  
**Fort Mill, SC 29715**