



# Hardeeville Police Department Employment Application

*This application must be completed in full and signed. Incomplete or unsigned applications will not be considered. If more space is needed for any portion of this application, you may use an attached sheet with a reference to the section and your additional information.*

## PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Are you authorized to work in the U.S.?    Y    N    Have you ever worked under a different name?    Y    N

Are you able to provide proof that you are authorized to work in the United States?            Y    N

Have you ever worked for the City of Hardeeville?            Y    N    If yes, when? \_\_\_\_\_

Have you ever applied for a job at the Hardeeville Police Dept.?            Y    N    If yes, when and for what position? \_\_\_\_\_

Do you have any relatives employed at the Hardeeville Police Dept.?            Y    N    If yes, provide name and relation: \_\_\_\_\_

What hours and days can you work? \_\_\_\_\_

Are there specific times when you cannot work? \_\_\_\_\_

Can you perform the essential functions of the job you are applying for?            Y    N

## EDUCATION

Education	Highest Level Completed	Name and State of School	Degree Obtained and Major
High School	1    2    3    4    GED		
Trade/Technical	1    2    3    4		
Undergraduate	1    2    3    4		
Graduate/ Post-Graduate School	1    2		

## LIST PROFESSIONAL OR TRADE CERTIFICATIONS

Name of Certification	Issuing Organization	Issue Date	Expiration Date

## FORMAL TRAINING *(You may be required to provide verification)*

Name of Training	Presented By	Date(s)	Completed?

## REFERENCES

*Please List Three (3) Former Supervisors*

<b>Full Name:</b> _____ <b>Company:</b> _____ <b>Address:</b> _____	<b>Relationship:</b> _____ <b>Phone:</b> _____ <b>Email:</b> _____
<b>Full Name:</b> _____ <b>Company:</b> _____ <b>Address:</b> _____	<b>Relationship:</b> _____ <b>Phone:</b> _____ <b>Email:</b> _____
<b>Full Name:</b> _____ <b>Company:</b> _____ <b>Address:</b> _____	<b>Relationship:</b> _____ <b>Phone:</b> _____ <b>Email:</b> _____

Do you have a valid driver's license?      Y      N      State: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Do you have a valid commercial driver's license (CDL)?      No      Permit      Class A      Class B

Have you ever been discharged from a job? If yes, explain:

**EXPERIENCE**  
*Please List your Last Four (4) Employers*

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

<b>Responsibilities:</b>	
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From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact your previous supervisor for a reference? \_\_\_\_\_

Reason for Leaving:

**EXPERIENCE** *(Continued)*

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

<b>Responsibilities:</b>	
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From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact your previous supervisor for a reference? \_\_\_\_\_

Reason for Leaving:

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Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

<b>Responsibilities:</b>	
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From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact your previous supervisor for a reference? \_\_\_\_\_

Reason for Leaving:

**EXPERIENCE (Continued)**

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

<b>Responsibilities:</b>	
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From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact your previous supervisor for a reference? \_\_\_\_\_

Reason for Leaving:

**MILITARY SERVICE (If applicable) - Please provide copy of DD214**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, please explain:

**INSTRUCTIONS FOR ANSWERING THE NEXT TWO QUESTIONS**

Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program.

Within the past 7 years, have you plead guilty or no contest to, or been convicted of any criminal offense including traffic offenses other than the applicable expectations listed above?

Yes

No

Have you ever been arrested and are currently out on bail or on your own recognizance pending trial?

Yes

No

**CRIMINAL OFFENSES ONLY:** If you answered yes, to either of the above two questions, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered.

Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. The City will consider the nature of the crime, its seriousness, the substantial relation to the position’s functions and qualifications, the number of occurrences, the applicant’s age at the time of the crime, the time elapsed since the crime, the applicant’s entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.

**DISCLAIMER & SIGNATURE**

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that by signing this application, I am giving my permission to contact the references listed on this application of employment.

I understand that employment at the City of Hardeeville is “at will”, which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the City Manager, has authority to alter the foregoing.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Equal Employment Opportunity Disclosure Form

Please complete this EEO-1 Data Sheet. The City of Hardeeville is subjected to certain record keeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to complete this form. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential, separate from personnel files, and will not be used as the basis for any adverse employment decision. Thank you for your cooperation.

Name \_\_\_\_\_ Job Title \_\_\_\_\_  
Last First Middle

Gender:  Male  Female

Race: *Please mark all that apply.*

- Hispanic or Latino "Ethnicity":** A person of Cuban, Mexican, Puerto Rican, South or Central Spanish culture or origin, regardless of race.
- White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black:** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races:** All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*If you should have any questions regarding this form, please contact Human Resources.*

**If applying for a Police Officer position, please continue.**

# HARDEEVILLE POLICE DEPARTMENT

Sam Woodward  
Chief of Police



## PERSONAL INFORMATION

Applicant's Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_

I respectfully request and authorize you to furnish the Hardeeville Police Department with any and all information that you may have concerning my work records, personal history, criminal record, civil process record, school records, driving record, personal reputation, financial status, and credit status. This information is to be used to assist the Hardeeville Police Department in determining my qualifications and fitness for the position I am seeking.

I have read and understand the Hardeeville Police Department's Applicant Dis-qualifiers and Selection Process listed on the website.

By signing below, I hereby release you, your organization, or others from any liability or damage, which may result from furnishing the information requested above.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Affidavit

**State of:** \_\_\_\_\_

**County of:** \_\_\_\_\_

**Subscribed and sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_ **, 20** \_\_\_\_

\_\_\_\_\_  
**Notary Public**

**My Commission Expires:** \_\_\_\_\_



## REFERENCES

*Please List Three (3) Personal References*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

## REFERENCES

*Please List Three (3) Neighbor References*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_



List all traffic citations received in the last five years. Include the offense and date:

Have you ever operated a motor vehicle while under the influence of alcohol or any drug/narcotic? If yes, explain and list month/year:

Have you ever been arrested for operating a motor vehicle while under the influence of alcohol or any drug/narcotic? If yes, provide date, month/year and place of arrest:

Were you convicted?	Y	N	Did you plead guilty or nolo contendere?	Y	N	Was your license suspended?	Y	N
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Have you ever been in an automobile crash as the driver?	Y	N
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If yes, explain by providing how many crashes and whether you were at fault:

**Please check all illegal substances that you have used in the last 10 years**

Marijuana	Khat/Catha Edulis	Ice/Crystal Meth/Methamphetamine
Hashish/Purified Cannabis Resin	Heroin	Nerve Medicine/Neurontin
Cocaine	Morphine	Steroid/Synthetic Steroid Hormone
Crack/Chemically Purified Cocaine	Psychedelic Mushrooms	LSD/Lysergic Acid Diethylamide
Speed/Amphetamine	PCP/Phencyclidine	Inhalants (includes amyl nitrate)
Ecstasy	Sleeping Pills/Barbiturate	

If you checked any of the above, please list number of times and the last time used:

Have you ever taken medication not prescribed to you? If yes, describe drug, number of times and last time used:

Have you sold, held or passed illegal drugs or substances? If yes, describe drug, number of times and last time used:

Have you ever been convicted of domestic violence? If yes, please provide date and reason:

Have you ever sexually harassed someone or been a part of a sexual harassment lawsuit? If yes, please describe in detail:

Do you have any racial, ethnic, religious, sexual, or other prejudices that will affect your job performance? If yes, please describe:

Have you ever been a subject of a lawsuit? If yes, please explain your involvement:

Do you have any past due debts or filed bankruptcy? If yes, please explain in detail:

Have you ever been arrested for a misdemeanor or a felony, excluding minor traffic offences? If yes, list offence charged, agency, state, date and disposition of arrest:

Have you ever been convicted of a felony? If yes, list offence charged, agency, state, date and disposition of arrest:

Have you ever stolen anything? If yes, please explain:

Have you ever stolen from an employer? If yes, please explain:

Have you ever been involved in an investigation of theft at any place of employment? If yes, please explain:

Have you ever used your position for personal gain? If yes, please explain:

Have you ever resigned from a job while under investigation or resigned in lieu of being fired for any reason? If yes, please explain:

Have you ever been discharged or asked to resign from a job? If yes, please explain:

Have you ever received a written reprimand for being late to work? If yes, please explain:

Have you ever had conflicts with a fellow employee? If yes, explain:

Have you recently applied to any other police agency? If yes, list agency and date:

Have you ever been rejected by a police agency? If yes, list agency and reason provided for rejection:

## **Please send application with copies of the following:**

- Driver's License
- Birth Certificate
- Social Security Card
- High School and College Diplomas
- 10-year driving record
- Resume
- Credit report that consist of all credit reporting bureaus  
(Applicants can get a free copy from [www.annualcreditreport.com](http://www.annualcreditreport.com))
- Cover letter
- If prior military, DD214 is required
- Any prior law enforcement training certificates