

TOWN OF SALEM POLICE DEPARTMENT

POLICE OFFICER

Mail Application To:
Town of Salem
Human Resources Department (kalexander@salem-sc.us)
5-A Park Avenue
Salem, SC 29676

Personal Information

Full Name _____
(First) (Middle) (Last)

Address _____
(Number) (Street)

(City) (State) (Zip)

E-Mail Address _____

Social Security Number _____ Date of Birth _____

Home Phone _____ Work Phone _____

Cell Phone _____ Best time to contact? _____

Have you ever had your name changed? Yes _____ No _____ If "Yes,"
a. Previous Name(s) _____
b. Date of Change _____
c. County/State _____
d. Reason for Change _____

Emergency Contact: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Citizenship Information

Are you a U.S. citizen? Yes _____ No _____

Did you obtain U.S. citizenship by naturalization? Yes _____ No _____

Naturalization: Date _____ Location _____

Number _____

Education

High School _____ Years Completed: ___ 1 ___ 2 ___ 3 ___ 4

College _____ Years Completed: ___ 1 ___ 2 ___ 3 ___ 4

Major: _____

Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities _____

Law Enforcement Experience

1. Are you currently employed as a law enforcement officer? Yes _____ No _____ If yes,

Agency Name _____

Address _____

Agency Phone _____

Current Rank _____ Current Division _____

Current Supervisor's Name _____

Date of Hire _____

If not currently employed as a law enforcement officer, what was the last law enforcement agency you worked for?

Agency Name _____

State _____ Dates of Employment _____ to _____

Total number of years and months experience as a law enforcement officer:

Years _____ Months _____

Please list any law enforcement certifications you currently hold. Attach additional sheets if necessary.

Certificate _____ Date _____

Certificate _____ Date _____

Certificate _____ Date _____

Certificate _____ Date _____

Certificate _____ Date _____

Certificate _____ Date _____

Do you speak any foreign languages? Please list:

Language _____

Language _____

Language _____

Employment History

Describe below all of your past employment to the best of your recollection:

1. Employer _____ Date _____

Address _____

Phone _____ Position Held _____

Supervisor _____ Type of Business _____

Reason for Leaving _____

2. Employer _____ Date _____
Address _____
Phone _____ Position Held _____
Supervisor _____ Type of Business _____
Reason for Leaving _____

3. Employer _____ Date _____
Address _____
Phone _____ Position Held _____
Supervisor _____ Type of Business _____
Reason for Leaving _____

Have you ever been disciplined by an employer? If Yes Please list the nature of the discipline:

Have you ever been terminated or asked to resign from a job? _____

If you have law enforcement experience, have you ever been or are you currently the subject of an internal affairs investigation? Please list agency, dates, nature of investigation and the final outcome:

Personal References

Name: _____ Phone _____

Address _____

Occupation _____ Work Phone _____

Name: _____ Phone _____

Address _____

Occupation _____ Work Phone _____

Name: _____ Phone _____

Address _____

Occupation _____ Work Phone _____

Name: _____ Phone _____

Address _____

Occupation _____ Work Phone _____

Permission For Job Background Investigation

I, the undersigned Applicant, agree and authorize the Town of Salem to investigate all areas of my employment background in connection with my application for employment. I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers' compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further, I understand that the Town of Salem will be requesting information from various Federal, State, local and other agencies which contain my past activities.

Print your name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Drivers License- State: _____ Number: _____

For Identification Purposes:

Date of Birth: (Month) _____ (Day) _____ (Year) _____

Other or Former Names: _____

Professional License- State _____ Type: _____ Number: _____

Applicant's Signature

Date Signed

Witness Signature: _____