

**CLOVER POLICE DEPARTMENT**  
**EMPLOYMENT APPLICATION**

Instructions: You must complete this application yourself. It may be printed in ink or typed. Your ability to completely and honestly complete this application is part of the process to determine your suitability for employment. If you intentionally leave out any information that might be detrimental to obtaining a job, such as past drug use or other crimes, it will automatically eliminate you from consideration for employment. The fact that you may have used drugs, committed a theft or another illegal act will not automatically eliminate you, but the omission of it during the application process will.

-Once submitted, this application becomes the property of the Clover Police Department and Town of Clover.

**APPLICANT INFORMATION**

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ Middle \_\_\_\_\_

Please list any other names that you have used: \_\_\_\_\_

**CONTACT INFORMATION:**

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Alt: (\_\_\_\_) \_\_\_\_\_

**PERSONAL INFORMATION**

Social Security Number: \_\_\_\_\_ Driver License Number \_\_\_\_\_ State \_\_\_\_\_

Place of birth (City and State): \_\_\_\_\_

**Position Applying For:** \_\_\_\_\_ **Date You Can Start:** \_\_\_\_\_ **Desired Salary:** \_\_\_\_\_

Are You Currently Employed \_\_\_Yes \_\_\_No May we contact this Employer? \_\_\_\_\_

1. Are you at least 21 years of age? \_\_\_Yes \_\_\_No

2. Do you have a legal right to work in the United States? (Check one)  
\_\_\_ U.S. Citizen \_\_\_ Permanent Resident Status \_\_\_\_\_ Other (specify) \_\_\_\_\_

3. Are you a Certified as A Police Officer in the State of South Carolina? \_\_\_Yes \_\_\_No  
a. If yes, what year did you graduate from SCCJA? \_\_\_\_\_ Academy ID #: \_\_\_\_\_ Class# \_\_\_\_\_  
b. Has your Certification ever been suspended? \_\_\_Yes \_\_\_No  
(If yes, explain the circumstances on a separate sheet.)

4. Are you a commissioned/certified as a police officer in another state of the U.S.? \_\_\_Yes \_\_\_No  
a. If yes, in which state did you receive your commission/certification? \_\_\_\_\_

5. Have you applied for a position with Clover Police Department Before? \_\_\_Yes \_\_\_No  
a. If yes, when and previous position(s) applied for: \_\_\_\_\_

6. Have you applied for a position with Town of Clover Before? \_\_\_Yes \_\_\_No  
a. If yes, when and previous position(s) applied for: \_\_\_\_\_

**MILITARY INFORMATION**

Please make copies of all applicable service records including any discharge papers and attach to this application.

Branch: \_\_\_\_\_ Date of service: \_\_\_\_\_ to \_\_\_\_\_ Reserve \_\_\_Yes \_\_\_No

Type of discharge: \_\_\_\_\_ If not honorable, explain: \_\_\_\_\_

**EDUCATION**

Please complete the information that applies and attach copies of your diplomas or degrees

1. Did you complete High School \_\_\_ Yes \_\_\_ No (if yes answer education questions 2-4)
2. Name of High School \_\_\_\_\_
3. Address of High School \_\_\_\_\_
4. Date of Graduation: \_\_\_\_\_

If you did not complete high school, do you have a GED? \_\_\_ Yes \_\_\_ No

1. If yes, Please Attach a Copy of GED to Application

**HIGHER EDUCATION / SPECIALIZED TRAINING** (please attached completion documentation with application)

| Name of School / Location | Type of Training / Subject Studied | Yrs Attended | Date Graduated |
|---------------------------|------------------------------------|--------------|----------------|
|                           |                                    |              |                |
|                           |                                    |              |                |
|                           |                                    |              |                |
|                           |                                    |              |                |
|                           |                                    |              |                |

Do you speak another language other than English? \_\_\_ Yes \_\_\_ No

Fluent? \_\_\_ Yes \_\_\_ No If yes, please list: \_\_\_\_\_

Briefly list any computer skills you have.

If you have copies of any certificates for computer training you have received, please attach them to the application:

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Briefly list any training or skills, including firearms, that would be of assistance in the job you are applying for.

**If you have any copies of certificates for any training, please attach them to the application.**

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**SOCIAL MEDIA**

List any social internet sites (Facebook, MySpace, personal blogs, Etc) that you have an active or past account with:

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**PERSONAL HISTORY**

- 1. Do you know of any reason that you could not pass a background check? \_\_\_ Yes \_\_\_ No
- 2. Have you ever been fired or asked to resign from a job? \_\_\_ Yes \_\_\_ No
- 3. Have you ever received disciplinary action from an employer? \_\_\_ Yes \_\_\_ No
- 4. Have you ever stolen from an employer? \_\_\_ Yes \_\_\_ No
- 5. Have you ever committed a crime for which you were not arrested? \_\_\_ Yes \_\_\_ No
- 6. Have you ever assisted someone in committing a crime? \_\_\_ Yes \_\_\_ No
- 7. Have you ever falsified a police report? \_\_\_ Yes \_\_\_ No
- 8. Have you ever accepted money not to report a crime? \_\_\_ Yes \_\_\_ No
- 9. Have you ever slept on the job? \_\_\_ Yes \_\_\_ No
- 10. Has any driver's license issued to you ever been suspended or revoked? \_\_\_ Yes \_\_\_ No
- 11. Have you ever used, sold, or otherwise handled in an illegal manner any type of controlled substance? \_\_\_ Yes \_\_\_ No
- 12. Have you ever been bonded? \_\_\_ Yes \_\_\_ No
- 13. Have you ever been refused bond? \_\_\_ Yes \_\_\_ No

\*\*If you answered yes to any of the questions listed above, please write a brief explanation for that question. List the question by number. If you are interviewed, you will be asked about any "yes" answers. Any "yes" answers will be closely examined during a background check. A "yes" answer does not automatically eliminate you from consideration for employment. Your omission of these facts will automatically eliminate you from consideration. Traffic, Civil Court, and Criminal Record Please list your history of any traffic citations, any civil court actions in which you were or are a defendant, any arrests, convictions, and court actions. If additional space is needed, list on a separate sheet.

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**EMPLOYMENT HISTORY**

NOTICE: Start with your current job, if employed, and list your past employment in reverse order. Include all employment from high school to the present. Account for any time that you were unemployed by stating the nature of your activities. If additional space is needed, list on a separate sheet.

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT or PT  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT or PT  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT or PT  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT or PT  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT or PT  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT or PT  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT or PT  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_



**RESIDENCES**

List all residences where you have lived during the past five years. Begin with your present address and work backwards.

| RESIDENCE ADDRESS | FROM | TO | REFERENCE / CONTACT |
|-------------------|------|----|---------------------|
|                   |      |    |                     |
|                   |      |    |                     |
|                   |      |    |                     |
|                   |      |    |                     |

**Personal References**

List three personal references that are not related to you. Do not use former or current employers.

| Name | Address | Phone Number(s) | How you know this individual | Yrs Known |
|------|---------|-----------------|------------------------------|-----------|
|      |         |                 |                              |           |
|      |         |                 |                              |           |
|      |         |                 |                              |           |

Read Carefully Before Signing This Application I declare that the foregoing statements are true and correct to the best of my knowledge and belief. I realize that falsification of any information on this application is grounds for disqualification. I further understand that any misrepresentation or omission of facts upon this application will be sufficient cause for cancellation and/or separation from employment if I have been employed.

ALL EMPLOYEES OF THE TOWN OF CLOVER ARE EMPLOYED AT WILL AND MAY QUIT OR BE TERMINATED AT ANY TIME AND FOR ANY REASON. NOTHING IN ANY OF THE TOWN’S RULES, POLICIES, HANDBOOKS, PROCEDURES OR OTHER DOCUMENTS RELATING TO EMPLOYMENT CREATES ANY EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT. NO PAST PRACTICES OR PROCEDURES, WHETHER ORAL OR WRITTEN, FORM ANY EXPRESS OR IMPLIED AGREEMENT TO CONTINUE SUCH PRACTICES OR PROCEDURES. NO PROMIESE OR ASSURANCES, WHETHER ORAL OR WRITTEN, WHICH ARE CONTRART TO OR INCONSISTENT WITH THE LIMITATIONS SET FORTH IN THIS PARAGRAPH CREATE ANY CONTRACT OR EMPLOYMENT UNLESS: 1) THE TERMS ARE PUT IN WRITING; 2) THE DOCUMENT IS LABELED “CONTRACT”; 3) THE DOCUMENT STATES THE TERM OF EMPLOYMENT; AND 4) THE DOCUMENT IS SIGNED BY THE MAYOR OR APPROVED VOTE BY COUNCIL.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT AND I AUTHORIZE RELEASE, WITHOUT RESERVATION ANY PERSONAL INFORMATION NECESSARY TO COMPLETE MY EMPLOYMENT APPLICATION.

I HAVE READ IN FULL AND UNDERSTAND THE ABOVE STATEMENT.

Applicant Printed Name: \_\_\_\_\_  
 Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CLOVER POLICE DEPARTMENT**  
**WAIVER OF LIABILITY AND RELEASE FORM**  
**DO NOT SIGN BEFORE READING**

In consideration of the Clover Police Department and the Town of Clover, South Carolina, hereinafter referred to as the Agency, processing my application for employment, I, \_\_\_\_\_ hereby irrevocably agree to the following terms and conditions:

1. The term “background investigation” as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.
2. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent, or employee of the Agency who may conduct my background investigation.
3. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all person and entities who shall furnish any information or opinions to the officers, agents, or employees of the Agency who conduct my background investigation.
4. I authorize any person or entity contacted by the Agency’s officers, agents, or employees during the course of my background investigation, to furnish such officer, agents, or employees any information opinions they may have, and hereby expressly waive any and all legal privileges, the clergyman – penitent privilege, the husband-wife privilege, and the accountant – client privilege.
5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background check.
6. I expressly waive all of my legal rights and causes of actions to the extent that the Agency background check may violate or infringe upon these legal rights and causes of action.
7. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing such information must of necessity remain confidential.

**DO NOT SIGN BEFORE READING** This release from liability given by me to the political division, the Agency, its officers, agents and employees, and all others as mentioned above, shall apply to my right of action of any nature whatsoever that might accrue to myself, my heirs, or my personal representative.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver’s License Number: \_\_\_\_\_ State: \_\_\_\_\_

Date: \_\_\_\_\_ Witnessed by: \_\_\_\_\_

**CLOVER POLICE DEPARTMENT  
 Authorization for Release of Information  
 DO NOT SIGN BEFORE READING**

I, \_\_\_\_\_ (Printed Full Legal Name), DOB: \_\_\_\_\_, Operators License Number: \_\_\_\_\_ State: \_\_\_\_\_, do hereby and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal or civilian courts, certification/licensing commission, military organization, National Personnel Records Center, Air Force Personnel Center, Air Reserve Personnel Center, Coast Guard Personnel Center, Marine Corps Manpower Management Records & Performance, Marine Forces Reserve, Army Human Resources Command, Navy Personnel Command, Department of Veterans Affairs, Division of Commissioned Corps Officer Support, and any other individual agency to produce and provide copies of any and all information to the Clover Police Department regarding myself, whether of a privileged or confidential nature.

Moreover, I hereby release the Clover Police Department from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my application for certification. I hereby release the issuing agency and its agents and employees, both individual and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all rights to inspect or review any information compiled in reference to my application for certification as allowed by law. I do further authorize the Clover Police Department, its agents and employees, to release copies or any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but not limited to: South Carolina Criminal Justice Academy, agencies of other states and the federal government, and the applicant's/officer's employing agency.

I hereby acknowledge that this authorization is valid for (1) year or until the employment application or investigative process has been completed, whichever is later.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

\_\_\_\_\_  
 Print Full Legal Name and Sign Full Signature (include maiden name, if applicable) \_\_\_\_\_  
 Date

State of \_\_\_\_\_  
 County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public for said County and State do hereby certify that \_\_\_\_\_ personally appeared before me this date and Witness my hand and notary seal this day of \_\_\_\_\_.

Notary Public: \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_

*Seal*