

# *Town of Yemassee*

J.L. Goodwin  
Mayor

Jack Hagy  
Chief of Police

South Carolina

## POLICE DEPARTMENT

Dear Applicant:

We appreciate your interest in employment at the Yemassee Police Department. When you have completed the application and are ready to submit, please include the following documents with the application:

1. A photocopy of your birth certificate.
2. A photocopy of your Social Security card.
3. A photocopy of your driver's license.
4. For sworn positions (Police Officers and Reserve Officers) you must provide a certified driving record for the past 10 years in all states in which you were licensed and numbers. (Online Driving Records and/or NCIC driving requests are not acceptable).
5. A photocopy of the highest college degree earned and a photocopy of your high school diploma. We will need an official transcript from the college from which you graduated.
6. If you served in the U.S. Military for any period of time, a photocopy of your DD-214 (Member 4 Copy listing Characterization of Service, Separation and Re-Enlistment Codes) or photocopy of your discharge certificate.
7. If you are a certified law enforcement officer from outside S.C., a photocopy of your state certified and training academy curriculum.
8. A photocopy of any licenses or certificates which show special qualifications or skills.

Please insure all photocopies are clearly legible. Failure to include the required documentation will mean delay in processing your application. Thank you for your cooperation.

## (READ BEFORE FILLING OUT APPLICATION)

Application must be typed, written or clearly printed in blue ink. All questions must be answered. If a question is not applicable to you then indicate so by writing NOT APPLICABLE in the space provided for the answer. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of same size as this application, and number answers to correspond with questions.

APPLICATIONS WHICH ARE NOT COMPLETE AND LEGIBLE WILL NOT BE CONSIDERED.

If applicant successfully completes all phases of pre-employment testing his/her application will be placed on the active reference list for a period of six months from the date it is submitted to the Police Office.

**PART 1 – CRIMINAL HISTORY QUESTIONNAIRE**

1. Name: \_\_\_\_\_  

Last
First
Middle
2. Sex: \_\_\_\_\_
3. Race: \_\_\_\_\_
4. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  

Month
Day
Year
5. Place of Birth: \_\_\_\_\_
6. Are you a United States citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No
7. Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
8. Driver's license number & state: \_\_\_\_\_  

Number
State
9. List all other names you have ever used including nicknames, married names, maiden name, name prior to legal name change, and aliases:  


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10. Present address:  


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House or Box #
Street Name or Route #

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City
State
Zip

11. List, for the last 10 years, all addresses you have listed at for more than 30 consecutive days:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

12. Have you ever been under investigation for any criminal act?

\_\_\_\_\_ Yes \_\_\_\_\_ NO

If yes, explain in detail (when, where, and why):

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

13. Have you been arrested or charged with any criminal offense? (INCLUDING D.U.I.)

\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, list the following for each charge:

Date	Charge	Charging Agency	City or County	State
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- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

14. Are you or have you ever been a member of any organization or group that advocates the commission of act of force or violence to deny others their constitutional rights, or change the Government of the United States by unconstitutional means:

\_\_\_\_\_ Yes \_\_\_\_\_ No



Part 3 – MARITAL STATUS/CHILDREN

21. Present marital status: \_\_\_\_\_

22. Wife or husband's name and date of birth: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name D.O.B.

23. If you have been married more than once, give the name, date of birth, and the phone number for each former husband or wife:  
\_\_\_\_\_  
\_\_\_\_\_

24. If presently or previously divorce or legally separated, list date, place, and court for each divorce and/or separation:  
\_\_\_\_\_  
\_\_\_\_\_

25. Name(s) and age(s) of all children:

1.	_____	5.	_____
2.	_____	6.	_____
3.	_____	7.	_____
4.	_____	8.	_____

26. Mother's name and date of birth: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name D.O.B.

27. Father's name and date of birth: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name D.O.B.

28. List any member of your family who has been arrested or charged with any criminal offense other than traffic:

Name	D.O.B.	Offense
_____	_____	_____
_____	_____	_____

**PART 4 – POSITION APPLIED FOR:**

29. Position applied for: \_\_\_\_\_
30. Have you previously applied for employment with the Yemassee Police Department?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list dates: \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_
31. Date you can start: \_\_\_\_/\_\_\_\_/\_\_\_\_
32. If required, are you willing to move at your own expense? \_\_\_\_\_ Yes \_\_\_\_\_ No
33. If appointed to a position not requiring state certification, I agree to serve a minimum period of (1) one year. \_\_\_\_\_ Yes \_\_\_\_\_ No
34. If appointed to a position not requiring state certification, I agree to serve a minimum period of (1) one year, if I am already certified for that position. If I am not certified at the time I am employed, I agree to serve a minimum of one (1) year, from the date of certification. \_\_\_\_\_ Yes \_\_\_\_\_ No
35. Give reasons for requesting employment with the Yemassee Police Department:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
36. List any members of your family who are employed with the Yemassee Police Department:
- | Name  | Relationship | Position Held |
|-------|--------------|---------------|
| _____ | _____        | _____         |
| _____ | _____        | _____         |

**PART 5 – SCHOOL INFORMATION**

37. List the following for all High Schools, Colleges, Graduate Schools, and Professional Schools or Academics attended:

School Name	Location	Dates From-To	Degrees or Diplomas
_____	_____	_____	_____
_____	_____	_____	_____

38. Were you ever dismissed from or had any disciplinary action taken against you by a school you were attending? \_\_\_\_\_ Yes \_\_\_\_\_ NO  
If yes, list the following for each dismissal and/or disciplinary:

School Name	Date	Type Action
_____	_____	_____
_____	_____	_____

39. What, if any, foreign languages do you speak and understand well enough to communicate at basic or higher level?

\_\_\_\_\_

40. List any training you have received from the South Carolina Criminal Justice Academy or any other State's Law Enforcement training academy.

Course Name	Dates	Academy or Training Center Name
_____	_____	_____
_____	_____	_____

## PART 6 – REFERENCES

41. List three references (not relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities and have known you for at least (5) five years. Addresses and phone numbers must be accurate:

	Name	Address	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

42. List three friends in your age group including both sexes:

	Name	Address	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**PART 7 – MILITARY RECORD**

43. Are you registered for selective service? \_\_\_\_\_ Yes \_\_\_\_\_ No

44. Have you ever served on active duty in the armed forces of the United States?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes:

Which branch: \_\_\_\_\_

Dates of active duty: \_\_\_\_\_  
From To

Highest rank attained: \_\_\_\_\_

Type discharge: \_\_\_\_\_

Basis of discharge: \_\_\_\_\_

45. Was any disciplinary action taken against you while in the service?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain in detail:

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

46. Are you in the military reserves? \_\_\_\_\_ Yes \_\_\_\_\_ No

## PART 8 – EMPLOYMENT HISTORY

47. List in chronological order all jobs you have held since age (16) sixteen, including periods of unemployment or school:

1.

Employer's Name	Address	Phone Number
Dates of Employment (From-To)	Position	Name of Supervisor
Reason for Leaving		

2.

Employer's Name	Address	Phone Number
Dates of Employment (From-To)	Position	Name of Supervisor
Reason for Leaving		

3.

Employer's Name	Address	Phone Number
Dates of Employment (From-To)	Position	Name of Supervisor
Reason for Leaving		

4.

Employer's Name	Address	Phone Number
Dates of Employment (From-To)	Position	Name of Supervisor
Reason for Leaving		

5.

Employer's Name	Address	Phone Number
Dates of Employment (From-To)	Position	Name of Supervisor
Reason for Leaving		



**PART 10 – INCOME/JUDGEMENTS**

51. List any sources of income other than your salary or that of your spouse:

Source	Amount
_____	
_____	

52. Do you have any judgments or civil cases pending against you?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list the following for each one:

1.	_____	_____	_____	_____
	Type of Action	Name of Court	City	State
2.	_____	_____	_____	_____
	Type of Action	Name of Court	City	State
3.	_____	_____	_____	_____
	Type of Action	Name of Court	City	State
4.	_____	_____	_____	_____
	Type of Action	Name of Court	City	State
	_____			
	_____			
	_____			

COUNTY OF HAMPTON )  
 )  
STATE OF SOUTH CAROLINA )

AFFIDAVIT

Personally appeared before me, \_\_\_\_\_ who first being sworn, deposes and says that (s)he has read the attached memo which explains the provisions of the Gun Control Act of 1968 and (s)he answers the following questions to the best of his/her knowledge and belief and further understands that furnishing false information may be grounds for adverse personnel action as well as prosecution for false swearing.

Have you been convicted of a misdemeanor crime of domestic violence within the meaning of the statute as defined in the memo pertaining to possession of firearms/ammunition?  
\_\_\_\_\_ Yes \_\_\_\_\_ NO \_\_\_\_\_ Not Certain

(If uncertain, explain here or on attachment)

Are you subject to a current restraining order issued by any court which restrains you from harassing, stalking, or threatening a past or present intimate partners or child of such intimate partner or person, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child and which include a finding that you represent a credible threat to the physical safety of the person or by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against the person that would reasonably be expected to cause bodily harm, as defined in the memo pertaining to possession of firearms/ammunition?  
\_\_\_\_\_ Yes \_\_\_\_\_ NO \_\_\_\_\_ Not Certain

(If uncertain, explain here or on attachment)

WITNESSES, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

Sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public for South Carolina

My commission expires on \_\_\_\_\_

## YEMASSEE POLICE DEPARTMENT *EMERGENCY NOTIFICATION INFORMATION*

This information is required for every employee of the Yemassee Police Department. The availability of this information will assist the Administrative Team and Department Supervisors in the event of any incident that results in injury to one of our employees. Our desire is to provide prompt, professional notification and service to those listed as next of kin.

Employee Name: \_\_\_\_\_

In the event of an emergency requiring notification by a supervisor or member of the Administrative Team, whom should we contact: Remember to give 911 addresses since such contacts will be made in person.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address and phone# where this person can be reached at during the day:

Street	City	State	Zip
Home Phone#	Cell Phone#		

Secondary Contact Person:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address and phone# where this person can be reached at during the day:

Street	City	State	Zip
Home Phone#	Cell Phone#		

I have read and understand all the information contained in this application and any attachments hereto. I authorize the release of information concerning my qualifications, character, or prior education and employment records to the Yemassee police Department through inquiries to appropriate sources. I further certify, under penalty of perjury, that all statements made in this application and/or attachments are true and complete to the best of my knowledge and belief and that there are no misrepresentations, falsifications, or omissions of material fact. In addition, I understand misstatements or missing information is cause for rejection of application, removal of name from eligibility list, or if hired, dismissal from position. In the event that I am selected for employment, my employment will be AT WILL. This means that I or the Town may end the employment relationship with or without reason or notice.

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Signature

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Date

Mail to:  
Yemassee Police Department  
**PO Box 577**  
**Yemassee SC 29945**