



# Town of Summerville Employment Application

**An Equal Opportunity Employer**

**This application must be completed in full and signed. Incomplete or unsigned applications will not be considered.** By filling out this application you are neither guaranteed an interview nor a job. The Town of Summerville is an employment at will organization and, therefore, has no permanent employees. If you are selected for an interview, you will be notified by the Human Resources Department.

**Mailing Address: Town of Summerville, HR Department, 200 S. Main St., Summerville, SC 29483 ▪ Fax# 843-695-6029**

|                                                                |                                                                           |                                                                               |                                                                                                                                           |
|----------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Position Applied For:<br><i>(one position per application)</i> |                                                                           |                                                                               | Date of Application                                                                                                                       |
| Last Name                                                      | First Name                                                                | Middle Name                                                                   | Telephone Number(s)                                                                                                                       |
| Address                                                        |                                                                           | City                                                                          | State<br>Zip Code                                                                                                                         |
| Referral Source                                                | <input type="checkbox"/> Newspaper Ad<br><input type="checkbox"/> JobLine | <input type="checkbox"/> Town Website<br><input type="checkbox"/> Job Service | <input type="checkbox"/> Town Employee<br><input type="checkbox"/> Walk-In<br><input type="checkbox"/> Other <i>(specify below)</i> _____ |

Are you currently a Town of Summerville employee?  Yes  No If yes, specify dept. \_\_\_\_\_

Are you able to provide proof that you are authorized to work in the United States?  Yes  No

Have you been employed here before?  Yes  No If yes, \_\_\_\_\_  
Position Dates

Do you have any relatives employed here?  Yes  No If yes, \_\_\_\_\_  
Name Department Relation

Have you been convicted of anything other than a minor traffic offense in the past 10 years?  Yes  No  
 If yes, please specify date(s) and nature of offense(s): \_\_\_\_\_

Do you have a valid Driver's License?  Yes  No or a Class A Commercial Driver's License?  Yes  No  
 State/License Number: \_\_\_\_\_ a Class B Commercial Driver's License?  Yes  No

**AVAILABILITY**

|                               |                                                                                                                                                                                                                                                                                                     |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date available to begin work: | Are you willing to work (check all that apply):<br><input type="checkbox"/> Full-Time (40 or more hours per week) <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends<br><input type="checkbox"/> Part-Time (Less than 30 hours per week) <input type="checkbox"/> Rotating Shifts |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**EDUCATION**

Beginning with High School, provide information on all schools attended including colleges, special courses and trade schools.

| Name and Location of School | Did you Graduate?                                        | Completion Date | Name of Degree or Certificate | Major/Minor |
|-----------------------------|----------------------------------------------------------|-----------------|-------------------------------|-------------|
|                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |                               |             |
|                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |                               |             |
|                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |                               |             |

List any special training, skills, certifications or volunteer experience that may be pertinent to the job for which you are applying:

**The Town of Summerville is an Equal Opportunity Employer. All applicants are considered for employment without regard to color, race, sex, religion, age, national origin, marital status, veteran status, disability or genetics. If you believe you have been discriminated against for any of these reasons on consideration of your application, please notify the Human Resources Manager, Town of Summerville, 200 S. Main St., Summerville, SC 29483. It is also your right to notify the Equal Employment Opportunity Commission, Office of Federal Contract Compliance Programs or any appropriate local or state agency of your complaint.**

**EMPLOYMENT EXPERIENCE**

List jobs starting with your *present or most recent job*. Include any military experience. A Résumé may be attached but does not take the place of this form. If you need more space, please attach a separate sheet or request an Additional Employment Experience form. May we contact your present employer?  Yes  No

|                  |                    |                                 |
|------------------|--------------------|---------------------------------|
| Company Name     | Telephone ( )      | Dates Employed<br>From To       |
| Address          |                    | Number of Hours Worked Per Week |
| Job Title        | Name of Supervisor | Hourly Rate<br>Start Last       |
| Describe Duties: |                    | Reason for Leaving              |
|                  |                    |                                 |
| Company Name     | Telephone ( )      | Dates Employed<br>From To       |
| Address          |                    | Number of Hours Worked Per Week |
| Job Title        | Name of Supervisor | Hourly Rate<br>Start Last       |
| Describe Duties: |                    | Reason for Leaving              |
|                  |                    |                                 |
| Company Name     | Telephone ( )      | Dates Employed<br>From To       |
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| Job Title        | Name of Supervisor | Hourly Rate<br>Start Last       |
| Describe Duties: |                    | Reason for Leaving              |
|                  |                    |                                 |

**REFERENCES**

Provide the names of three work-related references other than relatives:

| Name | Address | Phone Number | Relationship | Years |
|------|---------|--------------|--------------|-------|
|      |         |              |              |       |
|      |         |              |              |       |
|      |         |              |              |       |

**YOU MUST SIGN THIS APPLICATION. READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN.**

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize any reference checks, background and criminal checks needed to establish my suitability for hire, including a background financial investigation as authorized under the Fair Credit Reporting Act if I have applied for a position which includes the handling of money. I further authorize the investigation of all statements contained in this application for employment that may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. If selected for employment, I further understand that my employment is contingent upon passing a pre-employment physical, the aforementioned background investigations and/or a drug test. If selected for employment, I am hereby certifying that I will abide by the employment policies of the Town of Summerville.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

# Town of Summerville

An Equal Opportunity Employer

## Additional Employment Experience

To be used as a continuation of the Application for Employment.

|                  |                    |                                                |
|------------------|--------------------|------------------------------------------------|
| Company Name     | Telephone (    )   | Dates Employed<br>From                      To |
| Address          |                    | Number of Hours Worked Per Week                |
| Job Title        | Name of Supervisor | Hourly Rate<br>Start                      Last |
| Describe Duties: |                    | Reason for Leaving                             |
|                  |                    |                                                |
| Company Name     | Telephone (    )   | Dates Employed<br>From                      To |
| Address          |                    | Number of Hours Worked Per Week                |
| Job Title        | Name of Supervisor | Hourly Rate<br>Start                      Last |
| Describe Duties: |                    | Reason for Leaving                             |
|                  |                    |                                                |
| Company Name     | Telephone (    )   | Dates Employed<br>From                      To |
| Address          |                    | Number of Hours Worked Per Week                |
| Job Title        | Name of Supervisor | Hourly Rate<br>Start                      Last |
| Describe Duties: |                    | Reason for Leaving                             |
|                  |                    |                                                |
| Company Name     | Telephone (    )   | Dates Employed<br>From                      To |
| Address          |                    | Number of Hours Worked Per Week                |
| Job Title        | Name of Supervisor | Hourly Rate<br>Start                      Last |
| Describe Duties: |                    | Reason for Leaving                             |
|                  |                    |                                                |

# Town of Summerville

An Equal Opportunity Employer

## EEO Information

• *Not for Interview Purposes* •

The Town of Summerville is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Town invites applicants to voluntarily self-identify their race or ethnicity. 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 and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. We ask for your cooperation in completing and returning the following information. This form will be separated from your application and not used in the screening or interviewing processes.

|                                                                  |                                                                                                                                                  |                                                                                                                                                                                                         |                                                                                                                                                                    |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name                                                             |                                                                                                                                                  | Social Security Number                                                                                                                                                                                  | Date of Birth                                                                                                                                                      |
| Address                                                          |                                                                                                                                                  |                                                                                                                                                                                                         | Telephone Number                                                                                                                                                   |
| Driver's License/ CDL Number                                     | State where issued/Date issued                                                                                                                   | Do you have a Class A or B Commercial Driver's License?<br>If no, do you have a CDL Permit?                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                               |
| <input type="checkbox"/> Female<br><input type="checkbox"/> Male | <input type="checkbox"/> American Indian<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Black/African American<br><input type="checkbox"/> White<br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Two or more races (Not Hispanic or Latino) | Check one, if applicable:<br><input type="checkbox"/> Disabled Individual<br><input type="checkbox"/> Disabled Veteran<br><input type="checkbox"/> Vietnam Veteran |
| Position Applied For:                                            |                                                                                                                                                  |                                                                                                                                                                                                         |                                                                                                                                                                    |

I hereby authorize any city, county, state or federal agency, department or bureau to release any information in their files under the above name. I understand and realize that the information so released may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I further release all personnel whomever from any liability arising out of or resulting from the release of this information.

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

Date: \_\_\_\_\_

### NOTICE TO INDIVIDUALS WITH DISABILITIES, DISABLED VETERANS AND VIETNAM ERA VETERANS

Federal government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era; and section 503 of the Rehabilitation Act of 1973, as amended, which requires the same of qualified disabled individuals.

If you are a disabled veteran or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will not adversely affect any consideration you may receive for employment.

If you wish to be identified, sign here: \_\_\_\_\_

***Please Do Not Write Below This Line***

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Background Check Results:

|                                       |                                           |                                                              |
|---------------------------------------|-------------------------------------------|--------------------------------------------------------------|
| Warrant:                              | <input type="checkbox"/> No Warrant Found | <input type="checkbox"/> Active Warrant Indicated            |
| Local Record:                         | <input type="checkbox"/> No Record Found  | <input type="checkbox"/> Prior Record <i>(Please Attach)</i> |
| DL#:                                  | <input type="checkbox"/> Status Clear     | <input type="checkbox"/> Status Suspended                    |
| Signature of Person Conducting Check: |                                           |                                                              |



# Summerville Police Department



## Authorization to Release Information

To: Any Doctor, Hospital, Medical Association, US Armed Forces, US Selective Service System, Maritime Service, Veterans Administration, or

Any Academic Dean, Registrar, Principal, Guidance Counselor, other authorized person as a school (college, business, trade or high school), or

Any past or present employer, or

Any Credit Bureau or Retail Merchants Association, Bank, Financial Institution or any other Credit Extending Organization, or

Any Municipal, County, State, or Federal Governmental Agency.

I, \_\_\_\_\_, am aware that my entire background is to be investigated, and hereby authorize and request the release of any and all information you have concerning me, excluding bank and savings and loan association balances, to the Summerville Police Department or its agents. I hereby designate the Summerville Police Department as my authorized representative for the purpose of obtaining such information.

I hereby release anyone addressed above, who gives information about me in the course of an investigation covered by this authorization, from any and all liability for damages of whatever kind to me, my family, heirs or associates as a result of giving such information, except that I do not release anyone who gives information that he knows is false, deliberately intending to harm me or one of my family, heirs or associates.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Notary Public for SC

My Commission Expires: \_\_\_\_\_]



## SUMMERVILLE POLICE DEPARTMENT

BRUCE E. OWENS  
CHIEF OF POLICE



### PERSONAL REFERENCES

Applicant Name \_\_\_\_\_

Please provide three personal references. All information must be provided or your application may be dropped from consideration. **Personal references should not be current or former employers or family members.**

1. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

2. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

3. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_



## **PHYSICAL AGILITY TEST WAIVER**

### **AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT RELATIVE TO EMPLOYMENT TESTING.**

Whereas: \_\_\_\_\_ being over the age of 21 and having applied to the Summerville Police Department for employment as a Police Officer and,

Whereas: the Summerville Police Department is willing to allow me to participate in the Physical Agility Test required for employment with the Summerville Police Department.

Now, therefore, in consideration of the permission given me to participate in said test, I do hereby agree and affirm:

- That I am not afflicted with any form of disease or disability.
- That I have not had any recent operations or accidents, which would impair my ability to participate in, said Physical Agility Test.
- That I am not presently under doctor's care.
- That I am in satisfactory physical condition to perform all of the requirements of said Physical Agility Test.
- That the Town of Summerville, Bruce Owens, Chief of Police, his sureties, all members of the Summerville Police Department, their sureties, shall not be responsible or liable for any injury, damage, loss or expense, either to me or my property during, after or as a result of said Physical Agility Test.
- For myself, my heirs, executors, administrators, and assigns to defend and indemnify the Summerville Police Department, their sureties, and each of them, against any and all manner of actions, causes of actions, suits, debts, claims, demands, or damage or liability or expenses of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission of mine during or after said Physical Agility Test.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

\_\_\_\_\_  
Applicant Signature / Date

\_\_\_\_\_  
Witness Signature / Date





# SUMMERVILLE POLICE DEPARTMENT



**BRUCE E. OWENS**  
CHIEF OF POLICE

## SOCIAL NETWORKING AFFIDAVIT For Police Department Applicants

STATE OF SOUTH CAROLINA  
COUNTY OF DORCHESTER  
TOWN OF SUMMERVILLE

\_\_\_\_\_, being first duly sworn on oath, states as follows:

My name is \_\_\_\_\_. I am applying for an employment position with Summerville Police Department. As part of my background investigation, I have been asked to provide this sworn affidavit to attest to whether I have any social network accounts. I understand that as a condition of employment, this background investigation requires that I voluntarily provide access to any such social network accounts I may have. This is necessary to ensure that I meet the criteria for employment with the Summerville Police Department. I understand that this information in itself will not disqualify me from employment, but will provide the agency with additional information that will assist in a reasonable employment background investigation.

\_\_\_\_\_  
Applicant Signature

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of South Carolina

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



## **SUMMERVILLE POLICE DEPARTMENT** **APPLICATION PROCESS**



You must also include the following documents with your application in order to be considered for a position with the Summerville Police Department:

- Copy of High School Diploma, GED or College Degree
- Copy of Birth Certificate
- Current Driver's History from SC DMV and any state licensed in within past 5 years
- Copy of credit history from within past six months
- DD214 (If applicable)
  - Separation Code: \_\_\_\_\_ Reenlistment Code: \_\_\_\_\_ Branch: \_\_\_\_\_
  - Discharge Character: (Honorable, Dishonorable, General): \_\_\_\_\_
- Resume and/or certificates from prior law enforcement training



# SUMMERVILLE POLICE DEPARTMENT

**BRUCE E. OWENS**  
CHIEF OF POLICE



## Willingness Questionnaire For Police Officer/ 911 Communications Operator

**The Law Enforcement/911 Communications Operator profession can be a very rewarding job experience. You are able to make a difference in someone’s life and form special bonds that will last for years to come. We do need to make applicants aware that it is an unusual job career that does not fit the normal nine-to-five work place profile. Please read the following statements concerning the position for which you have applied for. Please check yes or no beside each and initial acknowledging that you agree and understand each concern.**

|                                                                                                                                                                                                                                                                                 | <u>NO</u> | <u>YES</u> | <u>Initial</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|----------------|
| I am willing to work an irregular shift schedule during my training period<br>And understand that I may be on days one week and nights the next.                                                                                                                                | ___       | ___        | _____          |
| I am willing to work weekends and holidays.                                                                                                                                                                                                                                     | ___       | ___        | _____          |
| I am willing to rotate to any of the Shifts/Teams as needed to cover any<br>shortages or as my Supervisor/Division Commander deems necessary.                                                                                                                                   | ___       | ___        | _____          |
| I am willing to accept last minute changes in my work schedule that may<br>require me to cancel personal plans in order to cover a short shift or as my<br>Supervisor/Division Commander deems necessary,                                                                       | ___       | ___        | _____          |
| I am willing to stay for days at a time in the event of a major incident<br>such as a hurricane/inclement weather and understand that if I accept the<br>position, it will be mandatory that I do stay and may require me to be<br>separated from my family during this period. | ___       | ___        | _____          |
| I understand I may be subjected to abusive and profane language on the phone<br>and deal with it unemotionally and professionally.                                                                                                                                              | ___       | ___        | _____          |
| I am willing to take directions from a supervisor in front of my peers.                                                                                                                                                                                                         | ___       | ___        | _____          |
| I understand that I work in an unusual work atmosphere with paid breaks<br>And that there will be times when I may have to forgo lunch, coffee and<br>Smoke breaks due to understaffing and shift activity.                                                                     | ___       | ___        | _____          |
| I am willing to be at a console that restricts my movements to a<br>six-foot radius.                                                                                                                                                                                            | ___       | ___        | _____          |

**ADDITIONAL INSTRUCTIONS Willingness Questionnaire  
For  
Police Officer/ 911 Communications Operator**

**(Continued)**

*NO* *YES* *Initial*

I am willing to learn all functions of the job including but not limited to changing Printer cartridges, filing, faxing, data entry, changing paper un various printers, cleaning, keeping log books accurate as well as any other functions that may be required to complete the job at hand.

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

I am willing to attend my training or classes away from home and understand that I may have to stay overnight and up to a week or more for those training classes.

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

I understand that if I process a call incorrectly, it could contribute to someone's Property being lost or damaged, or being seriously injured or dying.

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

I am willing to be closely supervised and questioned routinely about why I followed a certain course of action without taking it personally.

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

I understand that this job requires I copy information as it is being received, Simultaneously digest what I have heard, and respond immediately and that This is a crucial part of this job position. (Multi-Tasking)

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

I understand that I must deal calmly and professionally with angry people even if the problem is not my fault.

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

I understand that I will have to handle a wide range of complaints and calls including but not limited to: a barking dog, a child dying, and officer injured in the line of duty, sexual assaults, irate citizens, etc. and deal with them calmly and professionally.

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

If you answered “**NO**” to any of the above questions, please reconsider accepting the position that you have applied for.

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

**Witness** \_\_\_\_\_ **Date** \_\_\_\_\_



Town of Summerville  
An Equal Opportunity Employer

# Application for Employment

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*(Fold Line)*

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*(Fold Line)*

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|                        |
|------------------------|
| Place<br>Stamp<br>Here |
|------------------------|

Please fold, seal and mail to:

**Town of Summerville**  
Human Resources Department  
200 South Main Street  
Summerville, SC 29483