

2. Residences

a. Present Residence Address:

_____ (Street and Number)

_____ (City, State, Zip Code)

Telephone: _____ Home _____ Work _____

b. Complete mailing address if different from residence address:

_____ (Street and Number)

_____ (City, State, Zip Code)

c. List chronologically ALL residences in the past 10 years. Include addresses while attending school (if away from home) and all military addresses, including any off military base.

| Date | | APT No | Street Address | City | State |
|------|----|--------|----------------|------|-------|
| From | To | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

3. Education

| Name of School | Location | From | To | Course Pursued | Degree/ Diploma |
|-----------------|----------|------|----|----------------|-----------------|
| High School | | | | | |
| College(s) | | | | | |
| Graduate School | | | | | |
| Other | | | | | |

List any special abilities, interests, sports or hobbies with degree of proficiency.

4. Military Record

- a. Are you registered for Selective Service? No Yes
 Selective Service # _____ Local Board _____
 Current Classification _____
- b. Have you ever served on active duty in the Armed Forces of the United States?
 No Yes
1. Highest Rank Attained _____
 2. Branch of Military Service _____
 3. Serial Number _____
 4. Dates of Active Duty _____ to _____
 5. Type of Discharge _____
 6. Basis for Discharge _____
 7. Was any type of disciplinary action taken against you in the service?
 No Yes Nature _____
- c. Are you a member of the Reserve or National Guard? No Yes
1. Ready Standby
 2. Service Branch _____
- d. Have you ever served in the Armed Forces of a foreign country?
 No Yes, Specify Countries/Dates _____

5. Court Record

- a. Have you ever been arrested or charged with any violation? No Yes
 List all such matters even if not formally indicted or no court appearance, found not guilty, or matter settled by payment of fine or forfeiture of collateral.

| Date | Place | Charge | Final Disposition | Details |
|------|-------|--------|-------------------|---------|
| | | | | |
| | | | | |

- b. List all traffic citations but not parking tickets

| Date | Place | Charge | Final Disposition | Details |
|------|-------|--------|-------------------|---------|
| | | | | |
| | | | | |

- c. Have you ever been a plaintiff or defendant in a court action including divorce actions? No Yes Give date, place, court, names of parties involved, nature of action and final disposition. Place copy with application.

- d. Have you ever had your motor vehicle operator's license suspended?
 No Yes Provide details _____

- e. Have you ever had your motor vehicle tags suspended?
 No Yes Provide details _____

- f. Obtain a notarized certificate from the Clerk of Court in your jurisdiction showing there are no civil judgments against you and attach to this document.

6. Organization Membership

- a. List all clubs, societies or organizations of which you are or have been a member.

| Organization | City & State | Former/Present Member & Position Held |
|--------------|--------------|---------------------------------------|
| | | |
| | | |
| | | |

- b. Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which is totalitarian, fascist, communist or subversive, or which has adopted, shows a policy of advocating the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of Government of the United States by any unconstitutional means? No Yes

7. Credit Record

- a. Has your credit record ever been considered unsatisfactory or have you ever been refused credit? No Yes If yes, give dates, places, names of creditors and circumstances.

| Date | Creditor | City/State | Amount | Circumstance |
|------|----------|------------|--------|--------------|
| | | | | |
| | | | | |
| | | | | |

- b. Have you ever filed for bankruptcy? No Yes If yes, provide details and attach documentation.

8. Relatives / Friends Employed by Government

- a. List the complete names of any of your close relatives (including in-laws) who are employed in law enforcement

| Complete Name | Relation | Agency Where Employed | Location |
|---------------|----------|-----------------------|----------|
| | | | |
| | | | |
| | | | |

- b. Friends or acquaintances employed by Federal, State or Local Law Enforcement

| Complete Name | Agency Where Employed | Length of Acquaintance |
|---------------|-----------------------|------------------------|
| | | |
| | | |
| | | |

9. References

- a. List three references who are responsible adults of reputable standing in their communities, such as property owners, business or professional persons who have known you well for at least five years, preferably within the past five years. If the person is retired, list former occupation. *Do not list relatives, present or past employers, fellow employees or schoolteachers.*

| | |
|-------------------|---------------------|
| Complete Name: | Occupation: |
| Business Address: | Telephone No: |
| Home Address: | # Years Acquainted: |

9. References (Continued)

| | |
|-------------------|---------------------|
| Complete Name: | Occupation: |
| Business Address: | Telephone No: |
| Home Address: | # Years Acquainted: |
| Complete Name: | Occupation: |
| Business Address: | Telephone No: |
| Home Address: | # Years Acquainted: |

9. References (Continued)

- b. List three social acquaintances in your own age group and provide requested information.

| | |
|-------------------|---------------------|
| Complete Name: | Occupation: |
| Business Address: | Telephone No: |
| Home Address: | # Years Acquainted: |
| Complete Name: | Occupation: |
| Business Address: | Telephone No: |
| Home Address: | # Years Acquainted: |
| Complete Name: | Occupation: |
| Business Address: | Telephone No: |
| Home Address: | # Years Acquainted: |

10. Relatives

- a. Complete information concerning relatives must be provided. If you have been married more than once, give the requested information concerning each former spouse. Even if a relative is deceased, list all information requested and indicate last residence and year of death. Include step- or half-brothers/sisters. If you or your spouse has step-parents, legal guardians or others with whom you have lived other than your parents, requested information should be furnished concerning them as well as your legal parents. If you are engaged or contemplating marriage in the near future, complete information should be included for your future spouse and future in-laws and clearly indicated that such relationship is a future one.

| Complete Name and Address | Occupation – Name and Address of Employer |
|-------------------------------------|---|
| Father | |
| Address | |
| Date of Birth | |
| Mother | |
| Address | |
| Date of Birth | |
| Spouse (Include Maiden Name) | |
| Address | |
| Date of Birth | |

| | |
|----------------------------------|---|
| Complete Name and Address | Occupation – Name and Address of Employer |
| Children Name | |
| Address | |
| Date of Birth | |
| Name | |
| Address | |
| Date of Birth | |
| Name | |
| Address | |
| Date of Birth | |
| Name | |
| Address | |
| Date of Birth | |
| Brothers Name | |
| Address | |
| Date of Birth | |

| | |
|------------------------|---------------------------------------|
| Name | Occupation – Name/Address of Employer |
| Address | |
| Date of Birth | |
| Name | |
| Address | |
| Date of Birth | |
| Sisters Name | |
| Address | |
| Date of Birth | |
| Name | |
| Address | |
| Date of Birth | |
| Name | |
| Address | |
| Date of Birth | |

| | | | |
|--|---------------------|--|----------|
| Father-In-Law Name | | Occupation – Name/Address of Employer | |
| Address | | | |
| Date of Birth | | | |
| Mother-In-Law Name | | | |
| Address | | | |
| Date of Birth | | | |
| Other Relatives With Whom You Have Resided for an Extended Time | | | |
| Name | Occupation/Employer | | Relation |
| Address | | | |
| Date of Birth | | | |
| Name | Occupation/Employer | | Relation |
| Address | | | |
| Date of Birth | | | |
| Name | Occupation/Employer | | Relation |
| Address | | | |
| Date of Birth | | | |

11. Employment

- a. Have you ever been dismissed or asked to resign from any employment or position you have held? No Yes

If yes, Employer's Name _____

Reason / Explanation _____

- b. List chronologically all employment beginning with your present position. Include summer and part-time employment while attending school. All time must be accounted for; list any lengthy periods of unemployment and state dates.

| Name & Address Of Employer | Dates | | Salary | Position/ Type Work | Reason Left |
|---|-------|----|--------|------------------------|----------------|
| | From | To | | | |
| <p>_____ Employer</p> <p>_____ Address</p> <p>_____ Supervisor</p> <p>_____ A/C & Telephone</p> | | | | | |
| <p>_____ Employer</p> <p>_____ Address</p> <p>_____ Supervisor</p> <p>_____ A/C & Telephone</p> | | | | | |

| Name & Address Of Employer | Dates | | Salary | Position/ Type Work | Reason Left |
|--|-------|----|--------|------------------------|----------------|
| | From | To | | | |
| <hr/> Employer <hr/> Address <hr/> Supervisor <hr/> A/C & Telephone | | | | | |
| <hr/> Employer <hr/> Address <hr/> Supervisor <hr/> A/C & Telephone | | | | | |
| <hr/> Employer <hr/> Address <hr/> Supervisor <hr/> A/C & Telephone | | | | | |
| <hr/> Employer <hr/> Address <hr/> Supervisor <hr/> A/C & Telephone | | | | | |

12. Documents

a. The following documents will be submitted with this completed information form:

- 1) Full-face photograph taken within last three (3) months, no larger than 3" X 4".
- 2) Copy of High School Diploma or G.E.D.
- 3) All College Transcripts for Classes Attended.
- 4) Copy of all DD-214's (for Individuals Who Have Served in the Armed Forces).
- 5) Certified Copy of Birth Certificate.
- 6) Copy of Current Driver's License
- 7) Copy of Social Security Card
- 8) Copy of Military ID Card if Currently Serving in the Reserve or National Guard.
- 9) Ten Year (10) Original Certified Driver's License Record, including South Carolina plus any and all states where a license was issued to applicant.
- 10) Copy of any Police Academy Diploma's.

b. When completing the Authorization for Release of Personal Information form:

- 1) Print your full name in the first paragraph of the form.
- 2) Sign Authorization Before a Witness and Make Certain the Witness also signs.
- 3) Print Information at the Bottom of Authorization.

13. Acknowledgement of Information

I understand and my signature below certifies that the foregoing statements are true and complete to the best of my knowledge and belief. I hereby authorize the verification of all information set forth in this application for employment. I also authorize the review of my credit history, review of my criminal record (if any), and any other inquiries, which may be necessary in arriving at an employment decision. I understand that any false, incomplete, or misleading information will be grounds for rejection of this application or, if subsequently discovered, grounds for termination. I understand that any employment will be "at will," which means that I may terminate the employment relationship at any time, with or without notice or cause, and that the employer retains the same rights.

Signature of Applicant

Printed Name of Applicant

Date

MAYOR
LYNN WOOD WILSON



POLICE CHIEF
DAN FURR

City of Georgetown

POLICE DEPARTMENT
OFFICE (843) 545-4302
FAX (843) 545-4306

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Georgetown, Department of Police, or to any authorized agent of a criminal justice agency or any private agency upon request of the City of Georgetown, Department of Police, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of educational institution; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records where filed; medical and psychiatric treatment and/or consultation including hospital, clinics, private practitioners, and the U.S. Veteran's Administration; any and all medical reports, histories, findings, prognosis, bills, information and other documents relating to any medical treatment, hospitalization, prescription drugs, or other medical services or supplies, including treatment for alcoholism or drug abuse, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I, the undersigned person, understand and hereby acknowledge that the information above or certain portions thereof may be protected from disclosure without this signed authorization of federal and state privacy and confidentiality laws.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Georgetown, Department of Police. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photocopy of this authorization will serve as an original, even though the said photocopy does not contain an original writing of my signature.

Witness

Signature (including Maiden Name)

Date

Address

Social Security Number

Date of Birth

GPD 141

2222 Highmarket Street
Georgetown, S.C. 29440

Telephone Number