



# Honea Path Police Department

34 North Main Street

Honea Path, S.C. 29654

Chief Chris Miller



## APPLICATION FOR EMPLOYMENT

Position(s) Applied For: \_\_\_\_\_

Date of Application: \_\_\_\_\_  
\_\_\_\_\_

How Did You Learn About Us?

- Advertisement
- Social Media
- Relative
- Friend
- Inquiry
- Other

Last Name	First Name	Middle Name
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Address Number Street	City	State	Zip Code
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Telephone Number(s)	Date of Birth	Social Security Number
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Best time to contact you is .....:..... am / pm Are you

If you are under 18 years of age, can you provide required proof of your eligibility to work? .....  Yes  No

Have you ever filed an application with us before? .....  Yes  No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? .....  Yes  No

If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? .....  Yes  No

Are you currently employed? .....  Yes  No

May we contact your present employer? .....  Yes  No

Immigration Status

Proof Q/citizenship or immigration status will be required upon employment  Yes  No

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range?

Are you available to work:

- Full-Time (please indicate 1 2 3 shift)  
 Part-Time (please indicate Mornings Afternoon Evenings)  Temporary  
(please indicate dates availab \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall? \_\_\_\_\_  No  
Can you travel if a job requires it?.....  Yes  NO

## EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

I Employer:

Telephone Number:

Address: \_\_\_\_\_  
\_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Date Employed: From    /    /    To    /    /    Hourly Rate/Salary: Start    Final     
Work Performed: \_\_\_\_\_  
\_\_\_\_\_

2. Employer: Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Date Employed: From    /    /    To    /    /    Hourly Rate/Salary: Start    Final     
Work Performed: \_\_\_\_\_  
\_\_\_\_\_

3. Employer: Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Date Employed: From    /    /    To    /    /    Hourly Rate/Salary: Start    Final     
Work Performed: \_\_\_\_\_  
\_\_\_\_\_

4. Employer: Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Date Employed: From    /    /    To    /    /    Hourly Rate/Salary: Start    Final     
Work Performed: \_\_\_\_\_

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If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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## **ADDITIONAL INFORMATION**

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

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Specialized Skills: (Check Skills/Equipment Operated)

Terminal                      Spreadsheet  
 PC/MAC                      Word Processing  
 Typewriter      Shorthand      WPM  
                                WPM

Production, Mobile Machinery, Other (list):

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Social Media: List all social media account along with user names they can be found by.

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State any additional information you feel may be helpful to us in considering your application.

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIRMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

References:

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_
4. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_
5. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

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## APPLICANT'S STATEMENT

I certify those answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at the time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will " nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

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Date

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## FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied for Is Open:  Yes  No

Position(s) Considered for:

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Arrange Interview:  Yes  No

Remarks:

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Interviewer:

Date:

Employed:  Yes  No

Date of Employment:

Job Title:            Department:            Hourly Rate/Salary:

By:

Date:

\_\_\_\_\_  
Name and Title



**Chris Miller Chief of Police**

### AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I,do hereby authorize a review of full disclosure of all records of any

\_\_\_\_\_  
(Print Full Name) part thereof, concerning myself, by and to the TOWN OF HONEA PATH, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals, and balances or checking and savings accounts and loans, also the records of commercial or retail credit agencies, including credit reports and/or ratings; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the US Veteran's Administration; public utilities, employment and pre-employment records, including background reports, sufficiency ratings, complaints or grievances filed by or against me, and salary records, real and personal, property tax statements and records wherever filed; records of complaints, arrest, trial and/or conviction for alleged or actual violations of the law, including criminal and/or traffic records, records of complaints of a civil nature made by or against

me, wheresoever located, and to include the records and recollection of attorneys-at-law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest. It is the intent of this authorization to provide full and free access to the background and history of my personal life, for their specific purpose of pursuing a background investigation which may provide pertinent data for the Police Department to consider in determining my suitability for employment by the Town of Honea Path It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the 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. I have had explained to me, and I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature

Signature \_\_\_\_\_

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

DOB \_\_\_\_\_ DL#: \_\_\_\_\_ SS Number: \_\_\_\_\_

On \_\_\_\_\_ this day of 20 before me personally appeared and known to me to be the individual described in and who executed the foregoing instrument, and who duly acknowledged to that he/she executed the same for the purposes therein contained

In Witness Whereof I hereunto set my hand

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

34 North Main Street  
Honea Path, SC 29654  
Phone: (864) 369-0532 Fax: (864) 369-6939