



Bluffton Police Department

101 Progressive Street
Bluffton SC 29910

Bluffton Police Department Volunteer Application Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment / Unit #

City State Zip Code

Phone: _____ Email Address: _____

Date Available: _____

Are you a U.S. Citizen? YES: ____ NO: ____ If no, Are you authorized to work in the U.S.? YES: ____ NO: ____

Have you ever worked for the Town of Bluffton? YES: ____ NO: ____ If yes, When? _____

What hours and days are you available? _____

Are there specific times when you are not available? _____

Have you ever worked under a different name? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you Graduate? YES: ____ NO: ____ Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you Graduate? YES: ____ NO: ____ Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you Graduate? YES: ____ NO: ____ Degree: _____

References

Please list three professional or personal references.

1. Full Name: _____ Relationship: _____

Company: _____ Phone Number: _____

Address: _____

2. Full Name: _____ Relationship: _____
Company: _____ Phone Number: _____
Address: _____

3. Full Name: _____ Relationship: _____
Company: _____ Phone Number: _____
Address: _____

Previous Employment

1. Employer Name: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for leaving: _____
May we contact your previous supervisor for a reference? YES: ____ NO: ____

2. Employer Name: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for leaving: _____
May we contact your previous supervisor for a reference? YES: ____ NO: ____

3. Employer Name: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for leaving: _____
May we contact your previous supervisor for a reference? YES: ____ NO: ____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Is your driver's license in danger of being revoked, suspended, or canceled in this state or any other state?

YES: ____ NO: ____ If yes, Explain: _____

Have you ever been discharged from a job?

YES: ____ NO: ____ If yes, Explain: _____

Have you ever been charged, convicted of and/or plead no contest to a misdemeanor or felony, including traffic offenses?

YES: ____ NO: ____ If yes, Explain: _____

(a conviction is not an automatic bar to employment).

Disclaimer and Signature

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that by signing this application I am giving my permission to contact the references listed on this application of employment.

I understand that employment at this company is "at will", which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the Town Manager, has the authority to alter the foregoing.

The Town of Bluffton is an Equal Opportunity Employer.

Signature: _____ Date: _____



AUTHORIZATION FOR RELEASE OF CREDIT/PERSONAL BACKGROUND INFORMATION

I, the undersigned, authorize any and all financial institutions, credit bureaus, credit processing companies or other credit assembling entities to provide documentation of my current credit status to:

TOWN OF BLUFFTON, SC

As this authorization is used for pre-employment purposes, I, the undersigned, also grant permission for criminal records (including felony and misdemeanor records), motor vehicle records, and employment (including worker's compensation investigation) and education backgrounds to be released to the above-named company.

Is this request for employment screening: Yes No

Print Name: _____

Social Security Number: _____

Date of Birth: _____ (Required for Criminal Background Only)

Address: _____

City: _____ State: _____ Zip Code (required) _____

Driver's License: (State/expiration/number) _____

Signature: _____ Date: _____

For office use only line below:

Credit Check

Education Verification

Criminal Background Check

Worker's Compensation Investigation

DMV Check

Expected hire date: _____ Department & Job Title _____

This background check was a request from (Name) _____

Personal and Professional References checked: Yes/No # of checks _____

Name of person conducted reference checks: _____

VOLUNTEER APPLICATION DOCUMENTS

**PLEASE RETURN APPLICATION WITH
PHOTOCOPIES OF THE FOLLOWING:**

- **DRIVER'S LICENSE**
- **SOCIAL SECURITY CARD**
- **HIGH SCHOOL OR COLLEGE DIPLOMAS**
- **BIRTH CERTIFICATE**
- **IF PRIOR MILITARY, A COPY OF YOUR DD214**

* IF YOU ARE NOT ABLE TO MAKE PHOTOCOPIES OF THESE DOCUMENTS, PLEASE BRING THE ORIGINALS WITH YOU WHEN YOU SUBMIT THE APPLICATION AND WE WILL GLADLY COPY THEM FOR YOU.