



Bluffton Police Department

101 Progressive Street
Bluffton SC 29910

Bluffton Police Department Citizen Police Academy Application

Applicant Information

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

Address: _____
Street Address Apartment / Unit #

City State Zip Code

Phone: _____ Email Address: _____

Date Available: _____ Desired Salary: \$ _____

Position Applied For: _____

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 can you work? _____

Are there specific times when you cannot work? _____

Can you perform the essential functions of the job you are applying for? _____

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 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: _____ Starting Salary: _____ Ending Salary: _____
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: _____ Starting Salary: _____ Ending Salary: _____
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: _____ Starting Salary: _____ Ending Salary: _____
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: _____