

## Re: Application Process

To speed your application process, only submit your application after you have obtained all the following information:

Complete an application for employment

1. Copy on ONE sheet of 8.5 x 11 paper:
  - a. Your birth certificate.
  - b. Your driver's license
  - c. Your high school diploma, or highest degree earned
  - d. Your social security card with correct legal name
2. If you are a certified officer, provide a copy of your SCCJA Basic Certification diploma. Do not send any other SCCJA diplomas or forms.
3. If you were a member of the U. S. Armed Forces, provide a completed DD214 form.
4. Authorization to Release Information Form

Résumés are accepted only with a complete application package. Submission of an application does not guarantee an interview or offer of employment with this agency.

### **Note: We do not buy out Law Enforcement Contracts.**

Mail all information to:

City of Chesnee Police Department  
201 W Cherokee Street  
Chesnee, SC 29323

You can obtain a copy of your birth certificate by sending your full name, date of birth, hospital name, city, and county of hospital to: Office of Vital Records, 2600 Bull Street, Columbia, SC 29201, phone (803) 734-4830. The cost is \$8.00.

You can obtain a copy of your high school diploma or GED by sending your full name, name of school, year graduated and county of school to: SC Department of Education, 1429 Senate Street, Rutledge Building, Room 708, Columbia, SC 29201, phone (803) 734-8333 (HS Diploma) or (803) 734-8347 (GED). The cost is \$2.00.

If a conditional offer of employment is made, you will be required to provide the following additional information:

1. A certified copy of your driving record for the past 10 years.
2. A notice of judgment from the Clerk of Court in the county in which you reside stating that there are no outstanding civil judgments against you.
3. A sealed copy of your credit report from Experian, Equifax, or TransUnion.

**AUTHORIZATION FOR RELEASE  
OF INFORMATION**

**TO WHOM IT MAY CONCERN:**

**Re: Applicant for Employment –**      **Name** \_\_\_\_\_

**DOB** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I hereby authorize a representative of the City of Chesnee, bearing this release, or copy thereof, to obtain any information in your files pertaining to my reputation, police records, medical records, credit/financial records, school records, past and present employment records and military records including all information of a confidential or privileged nature, and photostats of the same if requested. In applying for employment with the City of Chesnee Police Department, I hereby waive my rights of access to the letters relating to police records, medical, credit, school, military, or employment history and letters of recommendation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

SC

\_\_\_\_\_  
Zip Code

**City of Chesnee Police Department Applicants**

**SUBJECT: Compliance with Omnibus Consolidated Appropriations Act of 1997**

**The Omnibus Consolidated Appropriations Act of 1997 amends the Gun Control Act of 1968, making it unlawful for any person convicted of "misdemeanor crime of domestic violence" to ship, transport, possess or receive firearms or ammunition. Therefore, in an effort to assure compliance with this act, all officers of the City of Chesnee Police Department must complete and sign this memorandum and return it with your application. Additionally, should any officer's situation change in such a way as to fall within the guidelines of this act, he/she must immediately notify the Chief immediately.**

**HAVE YOU EVER BEEN CONVICTED OF A CRIME OF DOMESTIC VIOLENCE?**

Yes

No

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_



# CITY OF CHESNEE

201 West Cherokee St.  
Chesnee, SC 29323  
(P) 864.461.2225  
(F) 864.461.3659



Mayor: Bruce Mahaffey  
City Attorney: Lawrence E. Flynn  
City Administrator: Delisa Coggins

Chief: Main  
Lieutenant: Poteat  
Clerk of Court: Amanda Killian

## City of Chesnee Police Department 201 W Cherokee St Chesnee, SC 29323

### APPLICATION FOR EMPLOYMENT

(Please Print)

**We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, or any other legally protected status.**

DATE OF APPLICATION \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Social Security Number)

Present Address: \_\_\_\_\_  
(Street, Apt. #, or P.O. Box) (City) (County) (State) (Zip Code)

Phone No. (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

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

May we call you at work? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you 21 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Have you ever been convicted, pled guilty, or pled no contest to a crime other than minor traffic violations?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Note: A "yes" answer to this question will not necessarily bar you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying are considered.**

If yes, list charge(s), where convicted, date, disposition, or status

\_\_\_\_\_

Were you in the U. S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list Branch and Rank at Discharge \_\_\_\_\_

Dates of Duty: From (month, day, year): \_\_\_\_\_ To (month, day, year): \_\_\_\_\_

**EDUCATION:**

<b>Name of High School - Location</b>	<b>Highest Yr. Completed</b>	<b>Did you Graduate?</b>	<b>Degree/Diploma</b>	<b>Dates Attended:</b>
				From: To:
<b>GED:</b>	<b>Date:</b>			
<b>Name of College – Location</b>	<b>Highest Yr. Completed</b>	<b>Did you Graduate?</b>	<b>Degree/Diploma</b>	<b>Dates Attended:</b>
				From: To:
<b>Other – Location</b>	<b>Highest Yr. Completed</b>	<b>Did you Graduate?</b>	<b>Degree/Diploma</b>	<b>Dates Attended:</b>
				From: To:
<b>Trade or Vocational School – Location</b>	<b>Highest Yr. Completed</b>	<b>Did you Graduate?</b>	<b>Degree/Diploma</b>	<b>Dates Attended:</b>
				From: To:

Do you possess a valid S.C. Driver’s License? \_\_\_\_\_

Driver’s License Number and State \_\_\_\_\_

Are you currently registered or licensed for a profession in South Carolina? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list profession/craft, license number, and expiration date

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List any equipment or machines with which you are proficient and other skills, qualifications, awards, training courses, etc., related to the position for which you are applying.

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**WORK HISTORY**

Begin with your present or most recent position. List all positions held, including military service, if any. Copy and attach additional pages if needed. Please answer all questions in this section in complete detail. We may contact your previous employers.

1. Name of Company \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Starting Date: \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Ending Date: \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Title of Immediate Supervisor \_\_\_\_\_

May we contact this Employer? \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

2. Name of Company \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Starting Date: \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Ending Date: \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Title of Immediate Supervisor \_\_\_\_\_

May we contact this Employer? \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

3. Name of Company \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Starting Date: \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Ending Date: \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Title of Immediate Supervisor \_\_\_\_\_

May we contact this Employer? \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Please list the Police Jurisdictions in which you have lived for the past ten (10) years.

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List three references who are not relatives or previous supervisors that have known you for a minimum of three (3) years:

Name	Address	Phone #

Please make any additional comments you feel may aid in the evaluation of this application:

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**CERTIFICATION OF APPLICANT**

**I affirm, agree, and/or understand that all statements on this form are true and accurate; any misrepresentation or omission of facts may result in my being disqualified; my background may be investigated, including a fingerprint check; I may be required to successfully pass a medical examination as a condition of employment; if I have requested herein that my present employer not be contacted, an offer of employment may be conditional upon acceptable information and verification from such employer prior to beginning work. I understand that if hired I am employed at-will and may be discharged at any time, without notice.**

**Applicant's Signature** \_\_\_\_\_

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