

# Mauldin Police Department

P.O. Box 249

Mauldin, S.C. 29662-0249

Telephone (864) 289-8905

Fax (864) 289-8912

Dear Applicant:

Thank you for your interest in a career with the City of Mauldin Police Department. To begin the application process, all applicants are required to submit a complete application packet. Incomplete application packets will not be considered.

Requirements of applicant:

- 21 years of age for Sworn Officer or 18 years of age for all other positions
- High School Diploma or GED
- Ability to complete required training
- Possess a valid South Carolina Driver's License

Application packet must include:

- Signed Application (Available at the City's Human Resource Department or may be downloaded from [www.cityofmauldin.org](http://www.cityofmauldin.org) )
- Signed Waivers and Notarized where applicable
- Copy of Law Enforcement Certification (if previously certified)
- Copy of Social Security Card and Driver's License
- Copy of High School Diploma or State GED Certificate
- Copy of Birth Certificate or Certificate of Naturalization (if US citizen through Naturalization process)
- A Certified Copy of College Transcript(s), if you have attended or graduated from college
- A copy of DD214 (former military service members must furnish their final DD214)

As an equal opportunity employer, it is the policy of the City of Mauldin Police Department to only hire qualified applicants who are best suited for employment with our agency, without regard to race, religion, color, national origin, age, sex, marital status, sexual orientation, or affiliation, or any other unlawful discriminator(s). The following steps may occur in the employment process:

- Preliminary review of application packet (HR to determine minimum qualifications and then by the Mauldin Police Department)
- Preliminary background investigation to include at a minimum: Driver's History & Criminal History (NCIC)
- Job Related Testing
- Oral Interview Board
- Interview with Chief of Police
- Credit Check
- Online Personal History Questionnaire
- Polygraph Examination
- Conditional offer of employment
- Background Investigation
- Psychological Testing
- Drug testing and physical examination

You will be contacted if you are considered beyond the preliminary review of your application. Our process could take from one to four months depending on the department's status of hiring, the scheduling of testing and the applicant's particular background. Should you not be selected at this time, you may reapply and repeat the process after one year has passed. If your personal contact information changes during the selection process, please contact Sherry Patterson at 864 289-8905 or email her at [spatterson@mauldinpolice.com](mailto:spatterson@mauldinpolice.com) . **Please do not contact the Department to determine the status of your application. A member of the Department will contact you if you are selected to participate in the employment process beyond the review of your application package.**

Best Wishes,

*M. Bryan Turner*

**NOT A CONTRACT**

**CITY OF MAULDIN  
JOB DESCRIPTION  
TELECOMMUNICATIONS OPERATOR**

**GENERAL PURPOSE**

Performs a variety of routine clerical, administrative and technical work in receiving and dispatching routine and emergency information for police, fire, and other public emergency response agencies.

**SUPERVISION RECEIVED**

Works under the limited supervision of a Uniform Patrol Sergeant.

**ESSENTIAL DUTIES AND RESPONSIBILITIES**

Monitors telephones and radio in the dispatch center. Answers all incoming calls and ascertains nature of call. Gathers all necessary information to transmit or relay.

Dispatches police, fire, and other response vehicles for emergency responses. Broadcasts nature, location and time of incident. Contacts all required personnel and other local concerns such as the fire department in the event of an emergency situation. Ensures the presence of reserve units by contacting personnel designated for call-back. Relays information as required.

Receives fire calls, enters information into the computer aided dispatch system, and dispatches both police and fire in accordance with ISO Fire Regulations.

Maintains various logs pertaining to radio and telephone communications, including location of personnel and equipment. Maintains on-going contact with responding personnel and keeps them informed of all incoming pertinent information. Tracks various information such as malfunctioning traffic lights or closed streets and keeps emergency personnel informed.

Uses judgment in determining which calls for service have the highest priority for emergency response.

Receives complaints from public concerning crimes and police emergencies, broadcasts orders to police radio patrol units in vicinity to investigate complaint, and relays instructions or questions from remote units.

Receives messages for officers and other department personnel and logs information as necessary. Receives and transfers incoming calls to other offices within department or takes messages when appropriate.

Accesses NCIC computer for inquiries into an individual's background history, registration of vehicles, license checks, criminal history checks, and other relevant information. Uses NCIC computer to enter and delete wanted persons, stolen property and stolen vehicles. Maintains log of all criminal history checks.

Enters all police incident reports into a computerized records management system.

Records calls broadcast and complaints received in conformance with FCC regulations.

Maintains list of emergency telephone numbers and emergency contact lists for businesses. Maintains reference information for emergency situations.

Operates radios as needed and assists in radio communications; operates base radio as required.

Operates listed office machines as required.

Maintains dispatch documents and records. Prepares case reports.

Trains and evaluates probationary dispatchers.

Maintains dispatch center work area and equipment in clean and working condition.

**PERIPHERAL DUTIES**

May transmit and receive messages between divisions of own agency, other law enforcement agencies, fire departments, and emergency medical services.

Serves as a member of various employee committees.

Performs other related duties as required.

## **DESIRED MINIMUM QUALIFICATIONS**

### Education and Experience:

- (A) High school diploma or GED equivalent with specialized course work in general office practices such as typing, filing, accounting or bookkeeping, and
- (B) Two (2) years of customer service, communications, or dispatching experience, or
- (C) Any equivalent combination of related education and experience.

### Necessary Knowledge, Skills and Abilities:

- Working knowledge of computers and electronic data processing.
- Working knowledge of modern office practices and procedures.
- Working knowledge of the operations of a municipal police department.
- Skill in operation of the listed tools and equipment.
- Ability to calm hostile or hysterical persons in order to obtain information for emergency response.
- Ability to perform multiple tasks simultaneously.
- Ability to effectively meet and deal with the public.
- Ability to communicate effectively verbally and in writing.
- Ability to handle stressful situations.

## **SPECIAL REQUIREMENTS**

- Must possess NCIC Certification and E911 Communications Certification within six (6) months of hire;
- Must successfully complete periodic training programs, both internal and external.
- Must successfully complete the department's on-the-job training and evaluation program.

## **TOOLS AND EQUIPMENT USED**

Communications switchboard, including computer-aided systems; personal computer including word processing software; copy machine; fax machine; teletype; typewriter; radio transmitters and receivers; charts; reference books; Schedules; NCIC system; TDD detector.

## **PHYSICAL DEMANDS AND WORK ENVIRONMENT**

**The physical demands and work environment described are representative of activities required and work environment encountered while performing the essential functions of this job. Reasonable accommodations may be made to allow individuals with disabilities to perform the essential functions.**

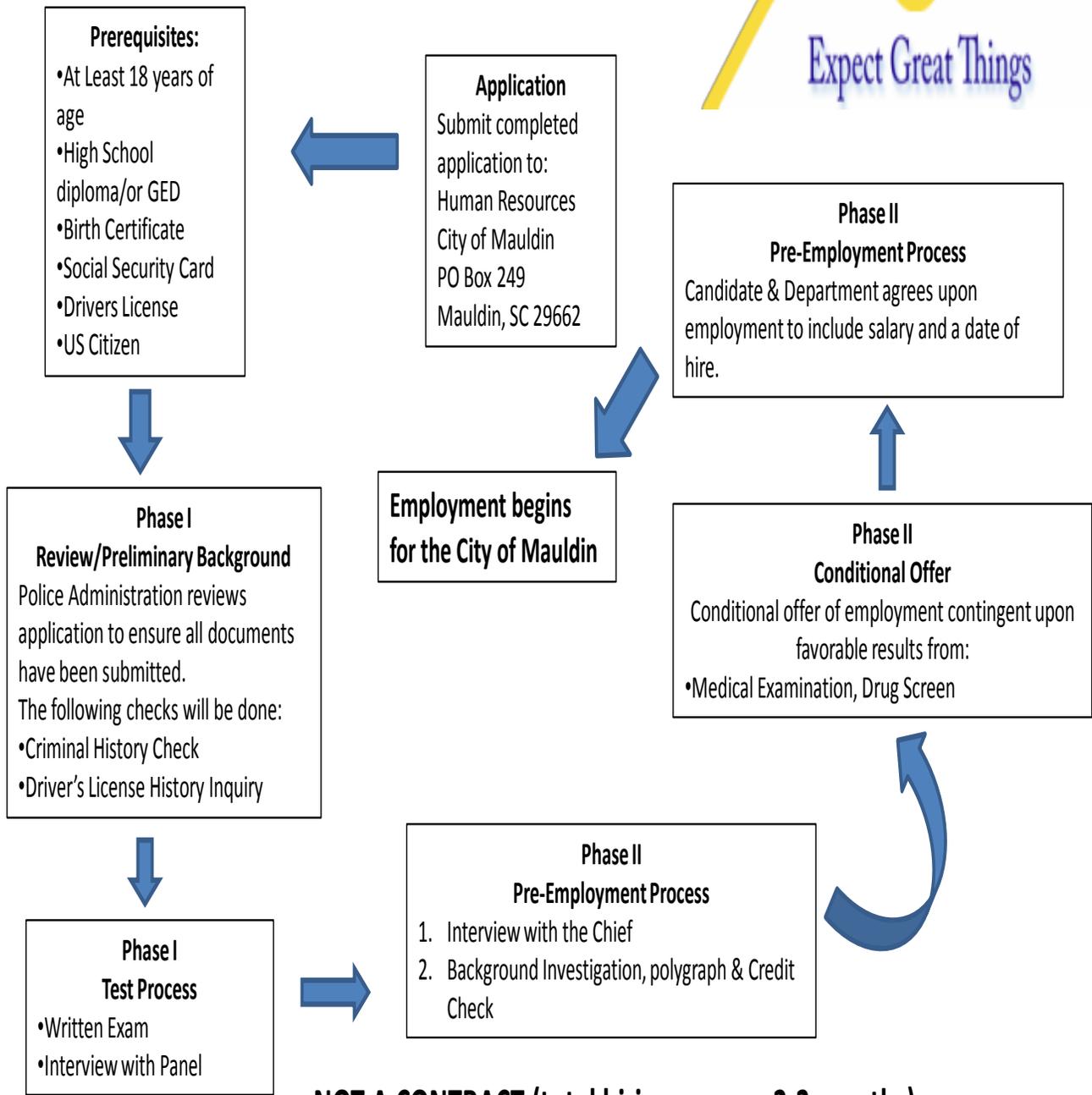
- The employee is frequently required to sit and talk or hear.
- The employee is occasionally required to walk.
- The employee is frequently required to use hands to finger, handle, or feel objects, tools, or controls; and reach with hands and arms.
- The employee must occasionally lift and/or move up to 10 pounds.
- Specific vision abilities required by this job include close vision and the ability to adjust focus.
- The work environment is stressful and fast-paced.
- The noise level in the work environment is usually moderate.

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*The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.*

*The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.*

# Mauldin Police Department Non-Sworn-Hiring Process



**NOT A CONTRACT (total hiring process 2-3 months)**

# Mauldin Police Department

## Employment Application

### IMPORTANCE OF HONESTY STATEMENT

It is extremely important that you are completely honest in all of your answers. Honesty is the most important characteristic that you must demonstrate.

The importance of honesty from the time of completion of all application documents, questionnaires and during all interviews cannot be overemphasized. Failure to respond to any questions accurately and completely, whether orally or in writing will result in disqualification. Applicants have been disqualified for dishonesty.

While filling out all documents, you are cautioned to take your time and to be thorough and specific in all answers. If you have any doubt in your mind concerning a particular question, or if you are unsure whether to include certain information, the answer is “**Yes, include it**”.

You may think that something you have done will disqualify you from further consideration. That may or may not be the case. For example, an arrest, being fired from a job, use of drugs, etc. may or may not disqualify you. Lying or distorting the truth will disqualify you.

By signing below, I acknowledge I have read and understand the contents of the “**Importance of Honesty Statement.**”

---

Printed Name of Applicant

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Applicant Signature (Sign in Blue Ink)

---

Date

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COUNTY OF GREENVILLE )  
CITY OF MAULDIN )  
STATE OF SOUTH CAROLINA )

**AFFIDAVIT**

Personally appeared before me, \_\_\_\_\_, who first being sworn, deposes and says that (s)he has read the attached memo which explains the provisions of the Gun Control Act of 1968 and (s)he answers the following questions to the best of his/her knowledge and belief further understands that furnishing false information may be grounds for adverse personnel action as well as prosecution for false swearing.

Have you been convicted of a misdemeanor crime of domestic violence within the meaning of the statute as defined in the memo pertaining to firearms/ammunition?

Yes  No  not certain

**(If uncertain, explain here or on attachment.)**

Are you subject to a current restraining order issued by any court which restrains you from harassing, stalking, or threatening a past or present intimate partner or child of such intimate partner or person? Or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child and which includes a finding that you represent a credible threat to a physical safety of the person or by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against the person that would reasonably be expected to cause bodily harm, as defined in the memo pertaining to possession of firearms/ammunition?

Yes  No  not certain

**(If uncertain, explain here or on attachment.)**

WITNESSED, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Applicant's Name **(IN BLUE INK)**

\_\_\_\_\_  
Applicant's Signature **(IN BLUE INK)**

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public for \_\_\_\_\_

My commission expires on \_\_\_\_\_

**NOT A CONTRACT**

# Mauldin Police Department

## Employment Application Supplement

**PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS AND SIGN**

**Student Loan:** State Law (59-111-50) prohibits employment with any subdivision of the State to people how have defaulted on certain student loans, unless they can prove that satisfactory arrangements have been made for repayment By my signature, I certify that I am not currently in default on a student loan.

**Signature:** \_\_\_\_\_  
**REQUIRED IN BLUE INK**

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

**Selective Service:** All males between the age of 18 and 25 are required to be registered with Selective Service. By my signature, I certify that I have registered with Selective Service.

**Signature:** \_\_\_\_\_  
**REQUIRED IN BLUE INK**

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

### SECTION A:

It is the policy of the City of Mauldin to select an applicant deemed most suitable to fill a position based on educational background, related work experience, and other work related factors. The City of Mauldin is an Equal Opportunity Employer.

It is further the policy of the City of Mauldin to recruit, hire, train and promote employees and applicants without regard to race, religion, color, national origin, age, sex, marital status, sexual orientation, or affiliation of any other unlawful discriminator(s).

The City of Mauldin has designated the following (person or office) as the contact to coordinate efforts to comply with this requirement, inquiries should be direct to: Human Resource Coordinator, City of Mauldin, P.O. Box 249, Mauldin, SC 29662.

### SECTION B: (CHECK EACH BOX AFTER READING EACH STATEMENT)

- I hereby affirm that all statements made herein or attached hereto are true and correct. I understand that all statements are subject to verification and any omission, false, misleading or incomplete statements are grounds to bar me from employment or for dismissal.
- I agree to submit to a urine drug screen, physical or other medical tests, if required for this position. The results of such may be grounds for disqualifying me or terminating my employment.
- I understand and agree that if employed, I will be an employee "at-will" and will have the right to terminate my employment at any time, with our without notice and with or without cause, and that the city has the same right.
- I understand that if hired, I must meet the eligibility verification requirements of the Federal Immigration and Nationalization Service and submit appropriate documentation to satisfy the requirements of completing INS Form I-9. This documentation will be provided to the Department of Homeland Security to confirm work authorization E-Verify.
- I authorize and request each former employer and person, firm or corporation, given as a reference, to answer any and all questions that may be asked, and to give any and all information that may be sought in connection with this application concerning my work habit, character and/or skill.
- The use of this application form in no way obligates the City of Mauldin.
- I certify that I have read, understand and agree to all the statements listed above.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

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

**REQUIRED IN BLUE INK**  
**NOT A CONTRACT**

# Mauldin Police Department

## APPLICATION FOR AT-WILL EMPLOYMENT

**This application must be completed in full and signed in blue ink. Incomplete or unsigned applications will not be considered.** Mark all areas that do not apply with "N/A" so as not to leave it to our interpretation as to why it was left blank. If you are selected for an interview, the appropriate department will notify you. Be aware that certain information contained in this completed application may be subject to the **Freedom of Information Act**. **Thank you for your interest in employment with the City of Mauldin. Attach additional pages if necessary to completely respond to a question.**

PLEASE PRINT. (This application is not, and is not intended to be, a contract of employment.)

Social Security #: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_ State & Exp Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

List ALL other names you have used. Include circumstances and dates when used. \_\_\_\_\_

Have you been convicted, pled no contest, or pled not guilty of a crime other than a minor traffic collision?  Yes  No  
NOTE: Conviction is not necessarily a bar from employment. Circumstances surrounding the conviction and job applied for are considered.

If yes, please explain: \_\_\_\_\_

Are there any charges or indictments now pending against you?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

Are you an alien lawfully authorized to work in the United States?  Yes  No

Have you ever worked or applied for a position with the City of Mauldin?  Yes  No

Currently a City employee

If yes, what department, position and when? \_\_\_\_\_

### AVAILABILITY

<input type="checkbox"/> Immediately	<b>Are you willing to work (check all that apply)</b>	<input type="checkbox"/> Inclement Weather	<input type="checkbox"/> Outdoors
<input type="checkbox"/> After two week notice		<input type="checkbox"/> Full time (40 hr per week)	<input type="checkbox"/> Nights/Weekends
<input type="checkbox"/> Other _____		<input type="checkbox"/> Part time (Less than 30 hr per week)	<input type="checkbox"/> Rotating Shifts
			<input type="checkbox"/> Holidays

Are you currently a Certified Law Enforcement Officer?  Yes  No. If yes, what state? \_\_\_\_\_

### EDUCATION

What specific academic, vocational, technical or professional education have you had that relates to this job?  
\_\_\_\_\_

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 / GED / 13 14 15 16 / Graduate School 17 18 19

NAME & LOCATION OF SCHOOL	DATES ATTENDED	GRADUATE	DEGREE	MAJOR
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		

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**SKILLS**

<p><b>Computer Software</b></p>	<p>Indicate the types of software you are skilled in using:  <input type="checkbox"/> Windows <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Access <input type="checkbox"/> Outlook  <input type="checkbox"/> WordPerfect <input type="checkbox"/> Lotus 1-2-3 <input type="checkbox"/> AutoCAD  <input type="checkbox"/> Other :</p>
<p><b>Equipment</b></p>	<p>Indicate the types of equipment you are skilled in operation:  <input type="checkbox"/> Truck/Dump trucks <input type="checkbox"/> Backhoes <input type="checkbox"/> Motor Graders  <input type="checkbox"/> Other:</p>
<p><b>Professional Registrations/Licenses/Certifications</b></p>	<p>Please list (Examples: EMT, CPR, Law Enforcement, etc...)</p>
<p><b>Other Training (any training not listed above that would be beneficial to the position you are applying for)</b></p>	

**MILITARY SERVICE**

Branch	Rank	Date Entered	Date Discharged
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Have you ever been the subject of a judicial or non-judicial disciplinary action while in the military?  Yes  No

If yes, please explain, \_\_\_\_\_

Were you ever court martialed, tried on charges or subject of a summary court, desk court, Captain's Mast, company punishment or any other type of disciplinary action while in the armed force?  Yes  No

If yes, please explain, \_\_\_\_\_

List all medals and decorations awarded during your military service. \_\_\_\_\_

Are you a member of the Reserve or National Guard?  Yes  No

Ready  Standby Unit and location: \_\_\_\_\_

List any disciplinary action taken while in the National Guard or other Reserve Unit. \_\_\_\_\_

How long have you lived at your present address? \_\_\_\_\_

List ALL previous places, states and dates of residence since age 18. (Attach a separate page, if necessary)

List the full names of person that you are currently residing with: \_\_\_\_\_

List those individuals whom you have resided with during the last five (5) years. Exclude family members.

FULL NAME	PRESENT ADDRESS	PHONE NUMBER
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Have you ever been dismissed from school or been subject to any disciplinary action, such as scholastic probation during your academic career?  Yes  No

If yes, please indicate circumstances of rules infractions and action taken by school or university.

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**REFERENCES**

List three (3) persons (not former employers or employees) whom you have known for at least three (3) years.

Name	Address	Phone	Occupation

List any relative(s) employed by the City of Mauldin (give name, department, and relationship to you).

**EMPLOYMENT HISTORY**

Please include part-time and temporary employment, as well as job-related military service for the last 20 years and any self-employment.

**Attach additional sheets if necessary.**

**May we contact your current employer?**  Yes  No

<u>Current Employer:</u>			
Name of Company: _____		Phone Number: _____	
Address: _____			
Start Date: _____	Entry Job Title: _____	Entry Salary \$ _____	per _____
End Date: _____	Ending Job Title: _____	Ending Salary \$ _____	per _____
Detailed Description of Duties: _____			
Name and Title of Supervisor: _____			
Reason for Leaving: _____			

<u>Previous Employer:</u>			
Name of Company: _____		Phone Number: _____	
Address: _____			
Start Date: _____	Entry Job Title: _____	Entry Salary \$ _____	per _____
End Date: _____	Ending Job Title: _____	Ending Salary \$ _____	per _____
Detailed Description of Duties: _____			
Name and Title of Supervisor: _____			
Reason for Leaving: _____			

<u>Next Most Recent Employer:</u>			
Name of Company: _____		Phone Number: _____	
Address: _____			
Start Date: _____	Entry Job Title: _____	Entry Salary \$ _____	per _____
End Date: _____	Ending Job Title: _____	Ending Salary \$ _____	per _____
Detailed Description of Duties: _____			
Name and Title of Supervisor: _____			
Reason for Leaving: _____			

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Next Most Recent Employer:  
 Name of Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Entry Job Title: \_\_\_\_\_ Entry Salary \$ \_\_\_\_\_ per  
 End Date: \_\_\_\_\_ Ending Job Title: \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per  
 Detailed Description of Duties: \_\_\_\_\_

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Name and Title of Supervisor: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Next Most Recent Employer:  
 Name of Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Entry Job Title: \_\_\_\_\_ Entry Salary \$ \_\_\_\_\_ per  
 End Date: \_\_\_\_\_ Ending Job Title: \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per  
 Detailed Description of Duties: \_\_\_\_\_

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Name and Title of Supervisor: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**PERSONAL INFORMATION**

Have you ever or are you now engaged in a private business?  Yes  No

If yes, list your capacity, name and dates. \_\_\_\_\_

- Do you:
- 1) Object to wearing a uniform?  Yes  No
  - 2) Object to being away from home for long period of time due to official duties?  Yes  No
  - 3) Object to working a rotating shift (6am to 6pm and 6pm to 6am)?  Yes  No

Have you ever been bonded?  Yes  No If yes, on what job(s)? \_\_\_\_\_

Do you have any physical limitations that preclude you from performing the following job duties?

Stand for long periods of time, climb, balance, stoop, kneel, crawl, crouch  Yes  No

Frequently lift or move objects up to 50 pounds and occasionally lift or move objects up to 165 pounds  
 Yes  No

Adjust vision/focus in the use of firearms and operation of motor vehicle  Yes  No

If yes, describe such restrictions and specific work limitations. \_\_\_\_\_

Do you have any physical limitations that preclude you from working in the following work environments?

All weather conditions including temperature extremes including wet, humid environments?  Yes  No

During day and night?  Yes  No

Under emergency and stressful situations?  Yes  No

Exposure to hearing alarms and gunfire?  Yes  No

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Exposure to smoke, noxious odors, fumes, chemicals, liquid chemicals, radioactive materials, solvents and oils?

Yes  No

Near moving mechanical parts, vibrations and in areas with risk of electrical shock?  Yes  No

In high, precarious places?  Yes  No

If yes, please describe such restrictions and specific work limitations. \_\_\_\_\_

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**RELATIVES/FRIENDS EMPLOYED BY GOVERNMENT**

List complete names, locations and place of employment of any close relatives or friends (including in-laws) who are employed in law enforcement. \_\_\_\_\_

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List the following information concerning relatives. If you have been married more than once, list information concerning each former spouse. If you or your spouse have stepparents, legal guardians or other with whom you lived other than your parents please include them. If you are engaged to be married in the near future, complete information should be included about your future spouse and future in-laws as well.

	FULL NAME	PRESENT ADDRESS	PHONE NUMBER
Father:	_____	_____	_____
Mother:	_____	_____	_____
Spouse, Fiancée, Former Spouse:	_____	_____	_____
Father-in-law (current):	_____	_____	_____
Mother-in-law (current):	_____	_____	_____
Children, Step-children:	_____	_____	_____
Other:	_____	_____	_____
Roommates:	_____	_____	_____

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# Mauldin Police Department

## Pre-Employment Polygraph Examination Applicant Questionnaire

Purpose:

The purpose of this questionnaire is to assist the polygraph examiner in conducting a fair and comprehensive exam. Truthful responses to these questions will identify any possible problem areas and help the examiner assist you in successfully completing the polygraph examination. Please answer each question truthfully. Your response on this questionnaire will remain confidential and the results of the polygraph alone will not disqualify you from employment.

Directions:

Follow all directions. Answer each question completely. Print or type your answers. If your answer requires more space than allotted, attach a separate page and identify the answer with the corresponding number. If you print your answers and make a mistake, do not erase or block it out. Place one line through the word(s) you are choosing not to use. Remember, these areas will be the subject of a background investigation and will be covered in the polygraph examination. If it is determined that you failed to answer each question fully and truthfully you may be disqualified from the selection process.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

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**Employment History:**

(1.) Did you falsify any part of your employment application?  Yes  No  
If yes, please explain:

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(2.) Did you intentionally leave out a previous place of employment?  Yes  No  
If so, what did you leave out and why?

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(3.) Have you ever been fired from any job that you have held in the past?  Yes  No  
If so, state the place of employment and the reason for dismissal.

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(4.) Have you ever been asked to resign from any job that you have held in the past?  Yes  No  
If so, state the place of employment and the circumstances under which you were forced to resign.

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(5.) Have you ever quit a job that you have held in the past because you thought you were going to be fired?  Yes  No If so, the place of employments and state the circumstance.

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(6.) Are you eligible for rehire at your previous place of employment?  Yes  No

(7.) Have you ever received any formal disciplinary actions on any job you have ever worked (such as a suspension, written or oral reprimand, letter of warning, counseling, etc.)?  Yes  No  
If yes, list everyone and explain:

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(8.) Have you ever been involved in a physical confrontation with a fellow employee?  Yes  No  
If yes, explain:

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(9.) Have you ever had a sexual harassment complaint made against you?  Yes  No  
If yes, explain:

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(10.) Have you ever been a Plaintiff or Defendant in a civil lawsuit?  Yes  No  
If yes, explain:

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**Driving History:**

(1.) Do you have a valid driver's license?  Yes  No Issued by what state?

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(2.) Have you ever held a driver's license from another state?  Yes  No What state?

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(3.) Have you ever had a driver's license suspended or revoked for any reason?  Yes  No  
If so, indicate the state that issued the license and the reason for the suspension.

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(4.) Have you ever been charged with any violation that would have caused your license to be suspended or revoked?  Yes  No If so, state the offense.

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(5.) List any and all traffic violations with which you have been charged:

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**Criminal History:**

(1.) Did you ever commit a crime that you were not arrested for or any crime that has gone undetected?  Yes  No If so, what was the nature of the crime?

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(2.) Have you ever been arrested other than minor traffic offenses?  Yes  No  
If so, state the reason(s) for all your arrest(s) including when and where the arrest occurred?

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(3.) Have you ever stolen money from an employer?  Yes  No If so, how much?

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(4.) Have you ever stolen any merchandise or equipment from an employer?  Yes  No

If so, identify the item(s) and value:

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(5.) Have you ever shoplifted?  Yes  No If yes, identify the value of the item(s) and at what age this last occurred:

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(6.) Have you ever given confidential information from your job to any unauthorized person or people?  Yes  No If yes, explain:

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(7.) Have you been involved or participated in the planning of a serious crime, even if you did not actually commit the crime?  Yes  No If yes, explain:

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(8.) Since age 18, have the police responded to your residence for any domestic disputes (whether or not you were involved or arrested)?  Yes  No If yes, explain:

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(9.) At any time in your life, have you ever committed any of the following crimes, even if you were never caught?

- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| A. Arson                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Assault and Battery           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Breaking Into a Motor Vehicle | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Burglary                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Criminal Domestic Violence    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Criminal Sexual Conduct       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G. Driving Under the Influence   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| H. Embezzlement                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I. Forgery                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| J. Grand Larceny                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| K. Homicide (Murder)             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| L. Indecent Exposure             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| M. Other Sexual Crimes           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| N. Petty Larceny                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| O. Vandalism                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| P. Child Pornography (possessed) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes to any of the above, please explain:

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**Vice Activities:**

(1.) Identify below any drugs/narcotics you have used and indicate the most recent time used:

<b><u>Substance</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>Most recent time used (month/year)</u></b>	<b><u>Times Used</u></b>
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hashish	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Morphine	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Codeine	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Methadone	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
LSD	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
PCP	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Quaaludes	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mescaline	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Psilocybin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Opium	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Identify any drug/narcotics that you have used that was not listed above. Also list approximate amount of times used on all "yes" answers above:

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(2.) Have you ever sold any illegal drugs or narcotics?  Yes  No  
If yes, what drugs were sold provide the drug/narcotic name(s) and date(s) sold?

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(3.) Have you ever purchased any illegal drugs or narcotics?  Yes  No  
If yes, name the drug(s)/narcotic(s) purchased and date(s) purchased?

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(4.) Have you ever abused any narcotic drug to include a prescription drug?  Yes  No

(5.) Do you drink alcoholic beverages?  Yes  No  
If yes, how much and what type on an average? What period of time, monthly, weekly, daily?

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(6.) Have you ever gone to work or school while intoxicated?  Yes  No

(7.) Have you ever operated a motor vehicle while intoxicated?  Yes  No If yes, when was the last time (days, weeks, months, etc.) and how many drinks had you consumed prior to driving intoxicated?

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(8.) Do you gamble?  Yes  No  
If yes, how often do you gamble and what is the greatest financial loss you have ever sustained due to gambling (at one time)?

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(9.) Are you currently or have you ever been a member or affiliated with a known criminal gang or illegal enterprise?  
 Yes  No If yes, what gang or illegal enterprise and when was your last association?

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(10.) Are you currently or have you ever been a member or associated with an organization that advocated the overthrow of the US government, advocated racism, or terrorism?  Yes  No  
If yes, what organization and when was your last association?

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**Law Enforcement History: (If you have no prior or currently not LEO History, go to next section)**

(1.) Have you ever applied for a position with or been associated with another law enforcement agency?  Yes  No If yes, list below and include position in which you held or applied:

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(2.) Were you ever the subject of an internal affairs investigation (Or its equivalent)?  Yes  No  
If yes, explain: \_\_\_\_\_

(3.) Have you ever quit or resigned while under investigation?  Yes  No

If yes, explain:

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(4.) Where you ever been given the opportunity to resign instead of being fired?  Yes  No

If yes, explain:

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(5.) Have you ever received any formal disciplinary actions while in law enforcement (such as a suspension, written or oral reprimand, letter of warning, counseling, etc.)?  Yes  No

If yes, list and explain:

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(6.) Did you ever drink alcoholic beverages while on duty?  Yes  No

If yes, explain:

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(7.) Did you ever use any illegal drugs while on duty?  Yes  No

If yes, provide the name(s) of the drug(s)/narcotic(s) and how many times you used the drug(s)/narcotic(s) while on duty:

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(8.) Have you ever intentionally used "excessive force" on anyone?  Yes  No

If yes, explain:

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(9.) Have you ever kept anything belonging to a suspect, witness, or victim which you did not turn in as evidence or property?  Yes  No

If yes, explain:

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(10.) Did you ever lie in a report to cover up your actions or the actions of another law enforcement officer?  Yes  No

If yes, explain:

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(11.) Have you ever accepted a gratuity valued over \$50.00 that wasn't reported?  Yes  No

If yes, explain:

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(12.) Have you been involved in any on-duty traffic accidents?  Yes  No

If yes, explain:

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(13.) Have you ever violated any policies for which you would or could have been fired if you had been caught?  Yes  No

If yes, explain:

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**Credit History:**

(1.) Is your current credit rating?  bad  poor  fair  good  excellent

(2.) Have you ever declared bankruptcy?  Yes  No

If yes, indicate when and the court that issued the bankruptcy decree:

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(3.) Have you ever had any civil actions(s) against you for failure to pay any debt (liens, judgments, lawsuits, etc.)?  
 Yes  No If yes, explain:

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(4.) Have you ever had anything repossessed (voluntarily or involuntarily)?  Yes  No If yes, explain:

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(5.) Are you behind in child support payments?  Yes  No If yes, how much?

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(6.) Have you ever had a government subsidized educational loan?  Yes  No  
If yes, have you ever received a deferment or ever been declared in default?  Yes  No.  
**(Provide dates of the loan and proof of your current standings with the loan)**

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Do you have a MySpace, Facebook, Twitter, or Skype account?  Yes  No If yes, list screen names and or email addresses associated with these accounts:

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**I understand that it is a violation of the law to give false or misleading information to any law enforcement agency. Further, I understand that the hiring process will be terminated if I intentionally have been untruthful in any of the above statements I have given. All of the above statements/answers are true and accurate to the best of my knowledge.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature **(IN BLUE INK)**

\_\_\_\_\_  
Date

# Mauldin Police Department

## Employment Application Supplement

### Notice of Obtaining Consumer Report

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Printed Name

Social Security Number

Date of Birth

In connection with your application for employment and/or your continued employment, the City of Mauldin may obtain a consumer report (as defined by the Fair Credit Reporting Act) concerning you from a consumer reporting agency. This report will be used for employment purposes.

I certify that The City of Mauldin has complied with 15 U.S.C. Section 1681b (4) (b) (2) and will comply with 15 U.S.C. Section 1681 (4) (b) (3) by providing \_\_\_\_\_ with a copy of the report and a description of his or her rights under the Fair Credit Reporting Act prior to taking adverse action based in whole or in part on the report received. I further certify that information from the consumer report will not be used in violation of any applicable Federal or State Equal Employment Opportunity Law or Regulation.

I have read and understand the above disclosure and hereby authorize the City of Mauldin to obtain a consumer report.

---

Signature (IN BLUE INK)

---

Date

---

Social Security Number

---

Date of Birth

---

Address

---

City/State

Zip Code

SWORN to before me this

\_\_\_\_\_ day of \_\_\_\_\_, A.D., 20 \_\_\_\_\_

(SEAL)

Notary Public

My Commission Expires: \_\_\_\_\_

**NOT A CONTRACT**

# Mauldin Police Department

## Employment Application Supplement

### Personal Inquiry Waiver Authority for Release of Information

To:

Any Doctor, Hospital, Medical Association, U.S. Armed Forces, U.S. Selective Service System, Maritime Service, Veterans Administration, or

Any Academic Dean, Registrar, Principal, Guidance Counselor, other authorized person at a school (college, business, trade, or high school), or

Any past or present employer, listed reference or any other individual furnishing information, or

Any County, State, or Federal Governmental Agency, or

Any other individual furnishing truthful information regarding the undersigned individual's fitness for law enforcement service.

I, \_\_\_\_\_, am aware that my entire background is to be investigated and hereby authorize and request the release of any and all information you have concerning me, excluding bank or savings and loans associated balances, to the Mauldin Police Department or its agents, I hereby designate the Mauldin Police Department as my authorized representative for the purpose of obtaining such information.

I hereby release anyone addressed above, who gives information about me in the course of an investigation covered by this authorization, from any and all liability for damages of whatever kind to me, my family, heirs, or associates as a result of giving such information.

\_\_\_\_\_  
Print Full Name Including Maiden Name

\_\_\_\_\_  
Signature of Full Name (IN BLUE INK)

\_\_\_\_\_  
Date

Date of Birth: \_\_\_\_\_

Social Security Number: XXX-XX-\_\_\_\_\_  
Last 4 Digits

SWORN to before me this

\_\_\_\_\_ day of \_\_\_\_\_, A.D., 20 \_\_\_\_\_

\_\_\_\_\_  
(SEAL)  
Notary Public

My Commission Expires: \_\_\_\_\_

**NOT A CONTRACT**

# Mauldin Police Department

## RECRUITING SURVEY

COMPLETION OF THIS  
SECTION IS VOLUNTARY

The City of Mauldin is an Equal Employment Opportunity Employer. In an effort to determine the most effective personnel recruiting method, we request that you complete this optional survey. The information contained in this survey will not be used in the selection process for the position that you have applied.

Date of Survey: \_\_\_\_\_

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

Sex: Male  Female  Race/Ethnicity: Black  White  Asian  Hispanic  Other Race/Ethnicity

Age Range: 18-24  25-31  32-38  39-45  46-52  Over 52

**How did you hear about the job position at the Mauldin Police Department that you applied?**

Newspaper Name: \_\_\_\_\_

Internet  governmentjobs.com  govtjobs.com  sciway.net  masc.org  acap.army.mil   
policeone.com  cityofmauldin.org  mauldinpolice.com   
Other \_\_\_\_\_

City of Mauldin Employee:  Employee's Name (if known): \_\_\_\_\_

Other Law Enforcement Agency:  Agency Name: \_\_\_\_\_

College or University Name: \_\_\_\_\_

Career Fair Location & Date: \_\_\_\_\_

Unsolicited Contact: \_\_\_\_\_

Other Person: \_\_\_\_\_

Other: \_\_\_\_\_

**This survey is requested for recruiting purposes only and is kept entirely separate from the application.**

**NOT A CONTRACT**

# Mauldin Police Department

## EEOE SURVEY

**COMPLETION OF THIS  
SECTION IS VOLUNTARY**

In an attempt to ensure the City of Mauldin's continued commitment to Equal Employment Opportunities, we would appreciate your taking a moment to complete the questionnaire below.

The Civil Rights Act of 1964 prohibits discrimination of employment practices because of race, color, religion, sex or national origin. P.L.90-202 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years old.

Date: \_\_\_\_\_

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

Race (check one)

Asian

African/American

Hispanic

American Indian

White

Other

Sex (check one)

Male

Female

**This survey is requested for EEO reporting purposes only and is kept entirely separate from the application.**

**NOT A CONTRACT**