



LORIS POLICE DEPARTMENT

3909 WALNUT ST. LORIS, SC 29569

BACKGROUND INVESTIGATION PACKET



DATE: _____

CHECK POSITION APPLIED FOR:

CLASS I PATROL OFFICER

OTHER

DESCRIBE: _____

SECTION 1 PERSONAL INFORMATION

FULL NAME:

LAST

FIRST

MIDDLE

ALIAS / MAIDEN NAMES: _____

HEIGHT: _____

WEIGHT: _____

HAIR: _____

EYES: _____

RACE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

PLACE OF BIRTH: _____

CITY, STATE

US CITIZEN?

YES:

NO:

DRIVER'S LICENSE NUMER: _____

STATE ISSUED BY: _____

ADDRESS

CITY

STATE

ZIP CODE

HOW LONG HAVE YOU LIVED AT THIS ADDRESS?

FROM: _____

DATE

TO: _____

DATE

Cell Phone Number: _____

Email Address: _____

SECTION 2
EDUCATION

NAME OF SCHOOL	CITY	STATE	DATES ATTENDED (MONTH/YEAR)	TYPE OF DEGREE/DIPLOMA/GED RECEIVED

IF MORE SPACE IS NEEDED, TYPE HERE:

ARE YOU DEFAULT ON ANY STUDENT LOAN DEBT?

YES NO

IF YES, EXPLAIN:

SECTION 3

LAW ENFORCEMENT EXPERIENCE

**** IF YOU HAVE NO PRIOR LAW ENFORCEMENT EXPERIENCE, YOU MAY PROCEED TO THE NEXT SECTION ****

HAVE YOU EVER BEEN EMPLOYED AS A POLICE OFFICER? YES: **NO:**

AGENCY: _____ **DATES:** _____

REASON FOR LEAVING: _____

AGENCY: _____ **DATES:** _____

REASON FOR LEAVING: _____

AGENCY: _____ **DATES:** _____

REASON FOR LEAVING: _____

AGENCY: _____ **DATES:** _____

REASON FOR LEAVING: _____

**** MUST BE SPECIFIC. "PERSONAL REASONS" IS NOT AN APPROPRIATE ANSWER ****

ARE YOU CURRENTLY CERTIFIED AS A POLICE OFFICER? YES: **NO:**

IF YES, WHERE? _____

DATE LAST WORKED AS A LAW ENFORCEMENT OFFICER: _____

IF MORE SPACE IS NEEDED, TYPE HERE:

IF APPLICABLE, WILL ALL YOUR PREVIOUS LE EMPLOYERS GIVE YOU A GOOD RECOMMENDATION?

YES NO

IF NO, EXPLAIN:

IF APPLICABLE, DID YOU RECEIVE REPRIMANDS OR SUSPENSIONS FROM A PREVIOUS LE AGENCY

YES NO

IF YES, EXPLAIN:

IF APPLICABLE, DID YOU RECEIVE COMMENDATIONS FROM A PREVIOUS LE AGENCY

YES NO

IF YES, EXPLAIN:

IN WHAT FIELDS, RELATED TO THE POSITION APPLIED FOR, DO YOU HAVE EXPERIENCE?

ONLY ANSWER THE FOLLOWING QUESTIONS IF YOU HAVE PRIOR LAW ENFORCEMENT / DETENTION / DISPATCH EXPERIENCE:

Did you ever receive a gratuity?	YES		NO	
Did you ever solicit anything for overlooking a violation?	YES		NO	
Did you ever receive anything for overlooking a violation?	YES		NO	
Did you ever make a false report?	YES		NO	
Did you ever make a false entry on a log?	YES		NO	
Did you ever warn a person they were the subject of a criminal INVESTIGATION?	YES		NO	
Did you ever use your official position for personal gain?	YES		NO	
Did you ever mishandle, misplace, or steal any criminal evidence?	YES		NO	
Did you ever mishandle, misplace, or steal any prisoner's property?	YES		NO	
Did you ever perjure yourself in court?	YES		NO	
Did you ever cover up any crime committed by another officer?	YES		NO	
Have you ever retained evidence for your personal gain?	YES		NO	
Have you ever used illegal drugs while a law enforcement officer?	YES		NO	
Have you ever received payoffs from criminals?	YES		NO	
Have you ever stolen any item or money from anyone you arrested?	YES		NO	
Have you ever accepted a bribe?	YES		NO	

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN BELOW:

SECTION 4
MILITARY EXPERIENCE

HAVE YOU COMPLIED WITH THE DRAFT LAW?

YES

NO

HAVE YOU SERVED IN THE MILITARY?

YES

NO

WHAT BRANCH?

DATES OF SERVICE:

LAST RANK OBTAINED:

JOB DESCRIPTION

HAVE YOU EVER BEEN DENIED OR HAD YOUR SECURITY CLEARANCE REVOKED?

YES

NO

IF YES, EXPLAIN:

SECURITY CLEARANCE LEVEL:

DID YOU EVER RECEIVE A COURT-MARTIAL, NON-JUDICIAL PUNISHMENT, OR ANY OTHER FORM OF DISCIPLINARY ACTION?

YES

NO

IF YES, PLEASE EXPLAIN:

DID YOU RECEIVE AN HONORABLE DISCHARGE?

YES

NO

IF NOT, WHAT TYPE DID YOU RECEIVE?

IF OTHER THAN HONORABLE OR GENERAL, EXPLAIN THE CIRCUMSTANCES:

SECTION 5
CRIMINAL HISTORY

HAVE YOU EVER BEEN CHARGED OR CONVICTED OF ANY CRIME INCLUDING TRAFFIC RELATED

YES NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN QUESTIONED, DETAINED, HELD, OR ARRESTED BY A LAW ENFORCEMENT AGENCY?

YES NO

IF YES, PLEASE EXPLAIN:

ARE YOU CURRENTLY OR HAVE YOU EVER BEEN ON PROBATION FOR A VIOLATION OF LAW?

YES NO

IF YES, PLEASE EXPLAIN:

WERE YOU EVER A PRISONER IN A JAIL, HOLDING FACILITY, OR PRISON?

YES NO

IF YES, PLEASE EXPLAIN:

HAS ANYONE EVER TAKEN A WARRANT OUT ON YOU?

YES NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN CONTACTED BY THE POLICE AS A POSSIBLE SUSPECT FOR ANY KIND OF CRIMINAL INVESTIGATION?

YES NO

IF YES, PLEASE EXPLAIN:

RIGHT NOW, ARE YOU WANTED BY ANY LAW ENFORCEMENT AGENCY ANYWHERE? YES NO

IF YES, PLEASE EXPLAIN:

WERE YOU EVER QUESTIONED BY LAW ENFORCEMENT AUTHORITIES? YES NO

IF YES, PLEASE EXPLAIN:

DID YOU EVER ALTER PRICE TAGS IN A STORE? YES NO

IF YES, PLEASE EXPLAIN:

DID YOU EVER FORGE A CHECK? YES NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER HAD, OR DO YOU NOW HAVE, ANY STOLEN MONEY, GOODS, OR MERCHANDISE IN YOUR POSSESSION? YES NO

IF YES, PLEASE EXPLAIN:

WERE YOU EVER IN COURT AS A DEFENDANT? YES NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER LIED UNDER OATH IN COURT?

YES NO

IF YES, PLEASE EXPLAIN:

DID YOU EVER LIE ON ANY OFFICIAL DOCUMENT?

YES NO

IF YES, PLEASE EXPLAIN:

DESCRIBE THE MOST SERIOUS UNDETECTED CRIME YOU WERE EVER INVOLVED IN:

PUT AN "X" IN THE BOXES THAT APPLY TO THE CRIMES YOU'VE COMMITTED THAT HAVE GONE UNDETECTED:

ARSON	<input type="checkbox"/>	ILLEGAL DRUGS	<input type="checkbox"/>	COMPUTER HACKING	<input type="checkbox"/>
BURGLARY	<input type="checkbox"/>	RAPE	<input type="checkbox"/>	TERRORISTIC THREATS	<input type="checkbox"/>
SHOPLIFTING	<input type="checkbox"/>	FISH/GAME VIOLATIONS	<input type="checkbox"/>	PUBLIC DRUNKENNESS	<input type="checkbox"/>
ASSAULT	<input type="checkbox"/>	ILLEGAL USE OF CREDIT CARDS	<input type="checkbox"/>	CRIMINAL DOMESTIC VIOLENCE	<input type="checkbox"/>
BAD CHECK(S)	<input type="checkbox"/>	CHILD MOLESTATION	<input type="checkbox"/>	INCEST	<input type="checkbox"/>
THEFT	<input type="checkbox"/>	RECEIVING STOLEN PROPERTY	<input type="checkbox"/>	BRIBERY	<input type="checkbox"/>
GAMBLING	<input type="checkbox"/>	ILLEGAL POSSESSION OF FIREARMS	<input type="checkbox"/>	PERJURY	<input type="checkbox"/>
MURDER	<input type="checkbox"/>	ILLEGAL WIRETAP	<input type="checkbox"/>	TRESPASSING	<input type="checkbox"/>
VANDALISM	<input type="checkbox"/>	VIOLATION OF CONCEALED CARRY LAW	<input type="checkbox"/>	ARMED ROBBERY	<input type="checkbox"/>
ESCAPE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>		<input type="checkbox"/>

SECTION 6
DRIVING RECORD

HOW MANY MOVING VIOLATIONS HAVE YOU RECEIVED SINCE YOU STARTED DRIVING?	
HOW MANY IN THE LAST FIVE YEARS?	
HOW MANY IN THE PAST YEAR?	
HOW MANY VEHICLE ACCIDENTS HAVE YOU BEEN INVOLVED IN AS A DRIVER?	
HOW MANY ACCIDENTS HAVE YOU BEEN FOUND TO BE AT FAULT OR CONTRIBUTING?	

HAS YOUR AUTOMOBILE INSURANCE EVER BEEN REFUSED OR CANCELLED?

YES

NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN INVOLVED IN AN ACCIDENT THAT YOU FAILED TO REPORT, EITHER TO THE POLICE OR TO THE OWNER OF THE OTHER PROPERTY INVOLVED?

YES

NO

IF YES, PLEASE EXPLAIN:

DO YOU NOW HAVE THE LEGALLY REQUIRED INSURANCE ON YOUR VEHICLE?

YES

NO

IF NO, PLEASE EXPLAIN:

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED, REVOKED OR PLACED ON PROBATION?

YES

NO

IF YES, PLEASE EXPLAIN:

TO YOUR KNOWLEDGE, ARE THERE ANY OUTSTANDING TRAFFIC WARRANTS FOR YOU?

YES

NO

IF YES, PLEASE EXPLAIN:

DO YOU OWE MONEY TO ANY COURTS FOR SETTLEMENTS, JUDGMENTS, FINES OR UNPAID TICKETS?

YES

NO

IF YES, PLEASE EXPLAIN:

SECTION 7
SECURITY

ARE YOU CURRENTLY, OR HAVE YOU EVER BEEN A MEMBER OF ANY GROUP OR ORGANIZATION WHICH ADVOCATES VIOLENT DISSENT OR THE OVERTHROW OF ANY GOVERNMENT?

YES

NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN A MEMBER OF A GROUP OR ORGANIZATION THAT ADVOCATES VIOLENCE, RACISM, OR OTHER ILLEGAL ACTIVITY?

YES

NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN REFUSED A SECURITY CLEARANCE OR BOND?

YES

NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN INVOLVED IN ANY TYPE OF RIOT, ILLEGAL DEMONSTRATION, OR ILLEGAL STRIKE?

YES

NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER PARTICIPATED IN THE USE OR MANUFACTURE OF EXPLOSIVE DEVICES OR FIREBOMBS?

YES

NO

IF YES, PLEASE EXPLAIN:

SECTION 8

ALCOHOL

DID YOU EVER CALL IN SICK BECAUSE OF A HANGOVER?

YES

NO

DID YOU EVER DRINK ON THE JOB WHEN YOU WERE NOT SUPPOSED TO?

YES

NO

HAVE YOU EVER BEEN STOPPED FOR DRIVING UNDER THE INFLUENCE, BUT NOT TAKEN TO JAIL?

YES

NO

DID YOU EVER CONSUME ALCOHOLIC BEVERAGES PRIOR TO REPORTING FOR WORK?

YES

NO

DID YOU EVER CONSUME ALCOHOLIC BEVERAGES WHILE AT WORK?

YES

NO

DID YOU EVER OPERATE A VEHICLE/BOAT WHILE UNDER THE INFLUENCE OF ALCOHOL?

YES

NO

IF ANSWERED YES TO ANY OF THE ABOVE, PROVIDE DETAILS BELOW:

SECTION 9

DRUGS

HAVE YOU EVER USED/TRIED MARIJUANA IN ANY FORM?

YES

NO

IF YES, PLEASE PROVIDE HOW MANY TIMES, DATE YOU FIRST USED AND DATE THAT YOU LAST USED:

DID YOU EVER ILLEGALLY POSSESS, PURCHASE, SELL, CULTIVATE, MANUFACTURE, AND/OR DISTRIBUTE MARIJUANA OR OTHER ILLEGAL DRUGS?

YES

NO

IF YES, PLEASE EXPLAIN:

WHEN WERE YOU LAST WITH SOMEONE WHILE THEY WERE USING MARIJUANA? :

DID YOU EVER USE ILLEGAL DRUGS OR MARIJUANA PRIOR TO REPORT FOR WORK?

YES

NO

IF YES, PLEASE EXPLAIN:

DID YOU EVER USE ILLEGAL DRUGS OR MARIJUANA WHILE AT WORK?

YES

NO

IF YES, PLEASE EXPLAIN:

PUT AN "X" IN THE BOXES THAT APPLY TO THE CRIMES YOU'VE COMMITTED THAT HAVE GONE UNDETECTED:

COCAINE		BARBITUATE		HASHISH	
THAI STICK		ANGEL DUST		CODEINE	
PERCODAN		ECSTASY		VALIUM	
DILAUDID		CRACK		METHADONE	
QUAALUDES		OPIUM		PEYOTE	
MDA		AMPHETAMINE		HASH OIL	
CRANK		PRELUDIN		MORPHINE	
HEROIN		MESCALINE		PCP	
SPEED		MUSHROOMS		METHAQUALONE	
LSD		HUFFING (GLUE, PAINT, ETC.)		OTHER	

FOR ANY DRUGS CHECKED ABOVE, LIST THE DRUG AND A DATE FOR INITIAL USE AS WELL AS A DATE FOR THE LAST USE BELOW:

EXPLAIN THE SPECIFICS SURROUNDING USE:

WHEN WERE YOU LAST WITH SOMEONE WHILE THEY WERE USING ILLEGAL DRUGS OTHER THAN MARIJUANA?

APPROXIMATELY HOW MANY OF YOUR FRIENDS OR ASSOCIATES USE MARIJUANA OR ANY OTHER TYPE OF ILLEGAL DRUGS?

HAVE YOU EVER, OR DO YOU NOW, POSSESS OR USE DRUG RELATED OBJECTS OR PARAPHERNALIA?

YES

NO

IF YES, PLEASE EXPLAIN:

DO YOU NOW, OR HAVE YOU EVER, USED ANY TYPE OF STEROIDS OR PERFORMANCE ENHANCING DRUGS?

YES

NO

IF YES, PLEASE EXPLAIN:

DID YOU EVER USE SOMEONE ELSE'S PRESCRIPTION DRUG?

YES

NO

IF YES, PLEASE EXPLAIN:

DID YOU EVER FORGE OR ALTER A DRUG PRESCRIPTION?

YES

NO

IF YES, PLEASE EXPLAIN:

SECTION 10
GAMBLING

DO YOU EVER GAMBLE?

YES

NO

DO YOU OWE ANY GAMBLING DEBTS?

YES

NO

DID YOU EVER BORROW MONEY TO PAY A GAMBLING DEBT?

YES

NO

DID YOU EVER STEAL MONEY TO PAY A GAMBLING DEBT?

YES

NO

IF ANSWERED YES TO ANY OF THE ABOVE, PROVIDE DETAILS BELOW:

WHAT IS THE LARGEST AMOUNT OF MONEY YOU LOST AT ONE TIME?

WHAT IS THE EXTENT OF YOUR GAMBLING HABIT?

NONE

LIGHT

MEDIUM

HEAVY

SECTION 11
CREDIT STATUS & UNPAID DEBTS

DO YOU FEEL THAT YOU NOW HAVE A GOOD CREDIT RATING? YES NO

IF ANSWERED NO, PROVIDE DETAILS BELOW:

DO YOU NOW HAVE ANY UNPAID DEBTS PAST DUE? YES NO

HAVE YOU EVER BEEN SUED, OR TO YOUR KNOWLEDGE, ARE YOU ABOUT TO BE SUED? YES NO

HAVE YOU EVER FILED BANKRUPTCY? YES NO

HAVE YOU EVER HAD YOUR WAGES ATTACHED OR GARNISHED? YES NO

DID YOU EVER "SKIP OUT" ON A DEBT? YES NO

DID YOU EVER HAVE AN ARTICLE REPOSSESSED? YES NO

ARE YOU LATE OR DEFAULT ON ANY OF YOUR STUDENT LOAN PAYMENTS? YES NO

IF ANSWERED YES TO ANY OF THE ABOVE, PROVIDE DETAILS BELOW:

SECTION 12
REFERENCES

Personal: In the space provided below, list at least 4 (four) personal references. These should be individuals who you know and who ARE NOT family members.

NAME: _____ **ADDRESS:** _____

CITY, STATE, ZIP: _____ **PHONE #:** _____

HOW DO YOU KNOW THIS PERSON? _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____

WHAT IS THE BEST TIME OF DAY TO CONTACT THEM? _____

NAME: _____ **ADDRESS:** _____

CITY, STATE, ZIP: _____ **PHONE #:** _____

HOW DO YOU KNOW THIS PERSON? _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____

WHAT IS THE BEST TIME OF DAY TO CONTACT THEM? _____

NAME: _____ **ADDRESS:** _____

CITY, STATE, ZIP: _____ **PHONE #:** _____

HOW DO YOU KNOW THIS PERSON? _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____

WHAT IS THE BEST TIME OF DAY TO CONTACT THEM? _____

NAME: _____ **ADDRESS:** _____

CITY, STATE, ZIP: _____ **PHONE #:** _____

HOW DO YOU KNOW THIS PERSON? _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____

WHAT IS THE BEST TIME OF DAY TO CONTACT THEM? _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

HOW DO YOU KNOW THIS PERSON? _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____

WHAT IS THE BEST TIME OF DAY TO CONTACT THEM? _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

HOW DO YOU KNOW THIS PERSON? _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____

WHAT IS THE BEST TIME OF DAY TO CONTACT THEM? _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

HOW DO YOU KNOW THIS PERSON? _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____

WHAT IS THE BEST TIME OF DAY TO CONTACT THEM? _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

HOW DO YOU KNOW THIS PERSON? _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____

WHAT IS THE BEST TIME OF DAY TO CONTACT THEM? _____

Employment: In the space provided below, list all previous employers starting with most recent.

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

IMMEDIATE SUPERVISOR _____

HOW LONG WERE YOU EMPLOYED? _____

DATE HIRED: _____

DATE EMPLOYMENT ENDED: _____

REASON FOR LEAVING (BE SPECIFIC):

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

IMMEDIATE SUPERVISOR _____

HOW LONG WERE YOU EMPLOYED? _____

DATE HIRED: _____

DATE EMPLOYMENT ENDED: _____

REASON FOR LEAVING (BE SPECIFIC):

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

IMMEDIATE SUPERVISOR _____

HOW LONG WERE YOU EMPLOYED? _____

DATE HIRED: _____

DATE EMPLOYMENT ENDED: _____

REASON FOR LEAVING (BE SPECIFIC):

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

IMMEDIATE SUPERVISOR _____

HOW LONG WERE YOU EMPLOYED? _____

DATE HIRED: _____

DATE EMPLOYMENT ENDED: _____

REASON FOR LEAVING (BE SPECIFIC):

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

IMMEDIATE SUPERVISOR _____

HOW LONG WERE YOU EMPLOYED? _____

DATE HIRED: _____

DATE EMPLOYMENT ENDED: _____

REASON FOR LEAVING (BE SPECIFIC):

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

IMMEDIATE SUPERVISOR _____

HOW LONG WERE YOU EMPLOYED? _____

DATE HIRED: _____

DATE EMPLOYMENT ENDED: _____

REASON FOR LEAVING (BE SPECIFIC):

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

IMMEDIATE SUPERVISOR _____

HOW LONG WERE YOU EMPLOYED? _____

DATE HIRED: _____

DATE EMPLOYMENT ENDED: _____

REASON FOR LEAVING (BE SPECIFIC):

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

IMMEDIATE SUPERVISOR _____

HOW LONG WERE YOU EMPLOYED? _____

DATE HIRED: _____

DATE EMPLOYMENT ENDED: _____

REASON FOR LEAVING (BE SPECIFIC):

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

IMMEDIATE SUPERVISOR _____

HOW LONG WERE YOU EMPLOYED? _____

DATE HIRED: _____

DATE EMPLOYMENT ENDED: _____

REASON FOR LEAVING (BE SPECIFIC):

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

IMMEDIATE SUPERVISOR _____

HOW LONG WERE YOU EMPLOYED? _____

DATE HIRED: _____

DATE EMPLOYMENT ENDED: _____

REASON FOR LEAVING (BE SPECIFIC):

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

IMMEDIATE SUPERVISOR _____

HOW LONG WERE YOU EMPLOYED? _____

DATE HIRED: _____

DATE EMPLOYMENT ENDED: _____

REASON FOR LEAVING (BE SPECIFIC):

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

IMMEDIATE SUPERVISOR _____

HOW LONG WERE YOU EMPLOYED? _____

DATE HIRED: _____

DATE EMPLOYMENT ENDED: _____

REASON FOR LEAVING (BE SPECIFIC):

DID YOU INTENTIONALLY OMIT ANY PLACES OF EMPLOYMENT FROM YOUR APPLICATION THAT YOU FEEL WOULD BE DETRIMENTAL TO YOU?

YES

NO

IF ANSWERED YES, PROVIDE DETAILS BELOW:

HAVE YOU EVER BEEN TERMINATED FROM EMPLOYMENT FOR ANY REASON?

YES

NO

IF ANSWERED YES, PROVIDE DETAILS BELOW:

HAVE YOU EVER QUIT A JOB IN LIEU OF BEING TERMINATED?

YES

NO

IF ANSWERED YES, PROVIDE DETAILS BELOW:

HAVE YOU EVER BEEN ASKED TO RESIGN FROM A JOB?

YES

NO

IF ANSWERED YES, PROVIDE DETAILS BELOW:

ARE THERE ANY OF YOUR PAST EMPLOYERS THAT YOU FEEL WOULD GIVE YOU OTHER THAN A GOOD RECOMMENDATION?

YES

NO

IF ANSWERED YES, PROVIDE DETAILS BELOW:

HAVE YOU EVER STOLEN ANYTHING FROM A FORMER EMPLOYER?

YES NO

IF ANSWERED YES, PROVIDE DETAILS BELOW:

HAVE YOU EVER APPLIED FOR A JOB WITH ANY OTHER LAW ENFORCEMENT AGENCY?

YES NO

IF ANSWERED YES, PROVIDE DETAILS BELOW:

HAVE YOU EVER CHEATED AN EMPLOYER? (UNAUTHORIZED SICK LEAVE, PADDED EXPENSE ACCOUNTS)

YES NO

IF ANSWERED YES, PROVIDE DETAILS BELOW:

HAVE YOU EVER BEEN REPRIMANDED AT WORK?

YES NO

IF ANSWERED YES, PROVIDE DETAILS BELOW:

DID YOU EVER HAVE ANY TROUBLE (JOB DISAGREEMENTS, ETC.)? WHILE WORKING WITH OTHERS?

YES NO

IF ANSWERED YES, PROVIDE DETAILS BELOW:

SECTION 13
RESIDENCES

In the space provided below, list all places you have lived in the past ten (10) years.

ADDRESS: _____ CITY, STATE, ZIP: _____

HOW LONG AT THIS RESIDENCE: _____ DID YOU RENT OR OWN THIS RESIDENCE: _____

IF RENTAL, NAME & PHONE # OF LANDLORD: _____

OTHER PERSONS LIVING AT THE RESIDENCE:

ADDRESS: _____ CITY, STATE, ZIP: _____

HOW LONG AT THIS RESIDENCE: _____ DID YOU RENT OR OWN THIS RESIDENCE: _____

IF RENTAL, NAME & PHONE # OF LANDLORD: _____

OTHER PERSONS LIVING AT THE RESIDENCE:

ADDRESS: _____ CITY, STATE, ZIP: _____

HOW LONG AT THIS RESIDENCE: _____ DID YOU RENT OR OWN THIS RESIDENCE: _____

IF RENTAL, NAME & PHONE # OF LANDLORD: _____

OTHER PERSONS LIVING AT THE RESIDENCE:

ADDRESS: _____ CITY, STATE, ZIP: _____

HOW LONG AT THIS RESIDENCE: _____ DID YOU RENT OR OWN THIS RESIDENCE: _____

IF RENTAL, NAME & PHONE # OF LANDLORD: _____

OTHER PERSONS LIVING AT THE RESIDENCE:

ADDRESS: _____ CITY, STATE, ZIP: _____

HOW LONG AT THIS RESIDENCE: _____ DID YOU RENT OR OWN THIS RESIDENCE: _____

IF RENTAL, NAME & PHONE # OF LANDLORD: _____

OTHER PERSONS LIVING AT THE RESIDENCE:

ADDRESS: _____ CITY, STATE, ZIP: _____

HOW LONG AT THIS RESIDENCE: _____ DID YOU RENT OR OWN THIS RESIDENCE: _____

IF RENTAL, NAME & PHONE # OF LANDLORD: _____

OTHER PERSONS LIVING AT THE RESIDENCE:

ADDRESS: _____ CITY, STATE, ZIP: _____

HOW LONG AT THIS RESIDENCE: _____ DID YOU RENT OR OWN THIS RESIDENCE: _____

IF RENTAL, NAME & PHONE # OF LANDLORD: _____

OTHER PERSONS LIVING AT THE RESIDENCE:

SECTION 14

Medical Examination Data (This information may be used for Polygraph)

DO YOU HAVE ANY PHYSICAL CONDITION WHICH YOU FEEL MAY AFFECT YOUR ABILITY TO TAKE A POLYGRAPH EXAMINATION?

YES NO

HAVE YOU BEEN A PATIENT IN ANY HOSPITAL IN THE LAST TWO (2) YEARS FOR TREATMENT WHICH MAY AFFECT YOUR ABILITY TO SIT FOR A POLYGRAPH EXAMINATION?

YES NO

HAVE YOU EVER HAD TROUBLE WITH NERVES REQUIRING MEDICATION?

YES NO

HAVE YOU EVER BEEN TREATED FOR ANY HEART PROBLEMS?

YES NO

ARE YOU CURRENTLY TAKING ANY TYPE OF PRESCRIPTION MEDICATION?

YES NO

DO YOU HAVE HIGH BLOOD PRESSURE?

YES NO

IF ANSWERED YES TO ANY OF THE ABOVE, PROVIDE DETAILS BELOW:

SECTION 14
Additional Polygraph Information

HAVE YOU EVER HAD A POLYGRAPH EXAMINATION?

YES NO

IF YES, PLEASE EXPLAIN:

TO THE BEST OF YOUR KNOWLEDGE, DID YOU ANSWER ALL THE QUESTIONS ON YOUR EMPLOYMENT APPLICATION TRUTHFULLY?

YES NO

IF NO, PLEASE EXPLAIN:

DID YOU INTENTIONALLY OMIT ANY FACTS FROM YOUR EMPLOYMENT APPLICATION THAT YOU FEEL MIGHT DISQUALIFY YOU FROM THIS POSITION?

YES NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER, AT ANY TIME, USED AN ALIAS?

YES NO

IF YES, PLEASE EXPLAIN:

SECTION 14

Truthfulness

HAVE YOU EVER LIED ABOUT ANYTHING REALLY IMPORTANT?

YES NO

IF YES, PLEASE EXPLAIN:

DID YOU EVER TELL A LIE TO STAY OUT OF SERIOUS TROUBLE?

YES NO

IF YES, PLEASE EXPLAIN:

HAVE YOU INTENTIONALLY FALSIFIED ANY ANSWERS ON THIS QUESTIONNAIRE?

YES NO

IF YES, PLEASE EXPLAIN:

DID YOU INTENTIONALLY OMIT ANY FACTS FROM ANY QUESTIONS ON THIS QUESTIONNAIRE THAT YOU FEEL MIGHT DISQUALIFY YOU FROM THIS POSITION?

YES NO

IF YES, PLEASE EXPLAIN:

DID YOU DELIBERATELY FAIL TO ANSWER A QUESTION ON THIS QUESTIONNAIRE IN LIEU OF DISCUSSING THE MATTER WITH THE DEPARTMENT?

YES NO

IF YES, PLEASE EXPLAIN:

DO YOU AFFIRM OR ATTEST THAT ALL THE ANSWERS YOU HAVE PROVIDED TO QUESTIONS IN THIS QUESTIONNAIRE ARE TRUE AND CORRECT?

YES NO

IF NO, PLEASE EXPLAIN:

By my signature I hereby state that I understand that providing false, fictitious, or misleading information on this questionnaire is grounds for immediate termination of the application process.

**DISCLAIMER: By typing your name below, you are signing this request electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.*

Signature: _____

Date: _____

PLEASE ATTACH A SEPARATE, TYPED ADDENDUM EXPLAINING IN DETAIL YOUR ANSWERS TO ANY OF THE PRECEEDING QUESTIONS THAT YOU FEEL MAY HAVE A DETRIMENTAL IMPACT ON YOUR EMPLOYMENT POTENTIAL WITH THE LORIS POLICE DEPARTMENT.

RELEASE AND WAIVER

To Whom It May Concern:

I hereby authorize a representative of the Loris Police Department bearing this release (or a copy of it), to obtain copies of any information in your files concerning me, or information pertaining to my employment, including but not limited to documents concerning my credit history or education, academic achievement, attendance, athletics, personal history, work performance, background investigations, polygraph examinations, and any and all internal affairs investigations and discipline, including any files which are deemed to be confidential, and or sealed.

I hereby direct you to release this information upon request to the bearer of this document (or a copy of it). This release is executed with full knowledge and understanding that the information is for the official use of the Loris Police Department.

I further understand that I waive any right or opportunity to read or review any information provided in the background investigation report prepared by the Loris Police Department.

I hereby release you, as my employer, former employer or representative of either of them, any school, college, university, or other educational institution, credit bureau, lending institution, consumer reporting agency, or related personnel, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, or my assigns because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy.

NAME (PRINT):

SIGNATURE:

DATE:

DATE OF BIRTH:

CURRENT ADDRESS:

PHONE NUMBER:

****** THIS FORM MUST BE SIGNED AND SENT BACK EITHER BY EMAIL, IN-PERSON, OR BY MAIL ******

This allows the Loris Police Department to complete a comprehensive background investigation on you. Failure to return this signed document will result in your background investigation being incomplete and will hamper your ability to be considered for job openings.

NOTICE

Please read this carefully

The following **MUST** be turned in to the Loris Police Department with this package:

- One photocopy of your current driver license
- One photocopy of your birth certificate **
- One photocopy of your Social Security Card
- One photocopy of your DD 214, Discharge from Military Duty (if applicable)
- One photocopy of your high school diploma or equivalency certificate
- Full & complete Credit report from one of the recognized credit bureaus
- One Ten Year Driver History from the State of South Carolina (SC Residents only) ** NOTE: SC residents who have obtained a driver license from any other state in the past five years must provide a five-year driver history from those states in addition to the Ten-Year SC Driver History.
- One Driver History for the past five years from each state in which you have obtained a driver license (out-of-state residents only) **
- Photocopies of all Law Enforcement related certificates to include a copy of the curriculum from the Academy you attended if that Academy is outside of S.C. (if applicable)

NOTE: Items above marked ** may be copies. In the event you are hired, you will be required to provide CERTIFIED copies of those documents the date you are hired. The South Carolina Criminal Justice Academy will only accept certified copies of those documents during the registration process. Please insure you comply with this request.

Packages that are submitted incomplete **WILL NOT** be considered in the hiring process.

Please return all completed documents to:

**LORIS POLICE DEPARTMENT
Attn: Hiring Manager
3909 Walnut St
Loris, South Carolina 29569**