



## SPRINGDALE POLICE DEPARTMENT

### IMPORTANT INFORMATION FOR APPLICANTS



Thank you for your interest in the Town of Springdale Police Department. Please complete the application you have received and return it to the Police Department or a completed application may be scanned and emailed to [sjonas@springdalesc.com](mailto:sjonas@springdalesc.com). Insert all forms in the application itself.

Usually, the application process for a police officer position is a long, arduous task. In order to expedite the process, it is in your best interest to submit a complete application. Your application is our first impression of you. Read and follow all of the directions carefully and submit a **complete application**. Incomplete applications will **NOT** be considered.

The following documents need to be included:

- A copy of your high school diploma, GED, college degree, or any other academic certificate
- A copy of a valid driver's license and discloser of any other states you possessed a driver's license in within the last ten (10) years.
- A certified copy of your ten (10) year driving history report from any state you have had a driver's license issued to you
- A copy of your Social Security card. Note – disclosure of your SSN is voluntary, but the failure or refusal to do so may hinder your application processing.
- A copy of your birth certificate.
- A copy of any relevant certificates of training.
- A copy of your DD214 if prior military service.
- A copy of your credit report.
- Complete and full contact information on your references. References and past employers may not be contacted during the application stage, but the candidate will present appropriate releases prior to administrative follow up.

The application and selection process includes:

- Initial Application with above documents.
- Screening for qualifications
- Pre-Employment Physical Fitness Test
- Nelson Denny Test
- Questionnaire
- Selection Board Interview
- Background Investigation
- Psychological Test
- Drug Test and Physical
- Final Interview

Again, thank you for your interest in the Town of Springdale Police Department  
*"The Town of Springdale Police Department is an Equal Opportunity Employer"*

Please print or type.

Number of attachments \_\_\_\_\_

Position title \_\_\_\_\_

# Town of Springdale, South Carolina

An Equal Opportunity Employer



## Instructions Application for Employment

Employees of the Town of Springdale and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by contacting the Town Administrator.

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE APPLICANT AND THE TOWN OF SPRINGDALE, THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE TOWN RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.**

**\*\*REASONABLE ACCOMODATIONS MAY BE AVAILABLE TO DISABLED APPLICANTS AND EMPLOYEES UNDER THE ADA/ADAA, IF GIVEN NOTICE BY THE APPLICANT OR EMPLOYEE.\*\***

### INSTRUCTIONS TO APPLICANTS

**TO BE CONSIDERED FOR TOWN EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM NOT OTHERWISE LISTED AS OPTIONAL.**

#### WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- APPLY FOR ONE VACANCY PER APPLICATION. RESUMES MAY BE SUBMITTED WITH, BUT NOT IN LEIU OF APPLICATION.
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE). INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.
- SEPARATELY LIST EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST. THE TOWN OF SPRINGDALE WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

IF YOU WILL NEED REASONABLE ACCOMMODATIONS TO PARTICIPATE IN THE SELECTION PROCEDURES (E.G., INTERVIEW, WRITTEN TESTS, OR JOB DEMONSTRATION), THEN PLEASE CONTACT THE TOWN ADMINISTRATOR.

Mailing Address: Springdale Town Hall  
Town Administrator  
2915 Platt Springs Road  
West Columbia, SC 29170

Physical Address for  
Non-Postal Delivery:

Springdale Town Hall  
Town Administrator  
2915 Platt Springs Road  
Springdale, SC 29170

Phone: (803) 794-0408

Fax: (803) 791-0567

www.springdaleesc.com

# Town of Springdale, South Carolina

An Equal Opportunity Employer



Please print or type.

Number of attachments \_\_\_\_\_

Position title \_\_\_\_\_

## Application for Employment

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### I. POSITION APPLYING FOR:

Position applied for \_\_\_\_\_ Department or Office \_\_\_\_\_  
(one per application)

### II. CONTACT INFORMATION:

Full legal name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_ Email Address \_\_\_\_\_

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

Home Phone ( ) Alternate Phone ( ) Notification Preference  Mail  Email

### III. OTHER PERSONAL INFORMATION

Do you possess a valid driver's license?  Yes  No If Yes, provide State and Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Class (Check One)  A  B  C  D  E  F  M  G  CDL

Are you willing to relocate?  Yes  No Can you, after employment, submit proof of your legal right to work in the United States?  Yes  No

What type of job are you looking for?  Full Time  Part Time  Temporary  Internship

What types of work will you accept?  Full Time  Part Time

What shifts are you available for work?  Day  Evening  Night  Rotating  On Call (As Needed)

Are you at least 18 years of age?  Yes  No Are you at least 21 years of age?  Yes  No (Police Dept. Applicants Only)

### IV. EDUCATION

Are you a high school graduate?  Yes  No Highest Grade Completed \_\_\_\_\_ Year Completed \_\_\_\_\_

If you did not complete high school, do you have a high school equivalency diploma?  Yes  No Date Received \_\_\_\_\_

Check number of years of post high school education  1  2  3  4  5  6  7

| Starting with High School, provide complete information on all schools attended. Include any special courses or training school | Hrs | Degree Received | Major or Specialty | Minor | Dates Attended |
|---|-----|-----------------|--------------------|-------|----------------|
| 1.  |     |                 |                    |       |                |
| 2.  |     |                 |                    |       |                |
| 3.  |     |                 |                    |       |                |

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected and completion date: \_\_\_\_\_

## V. EXPERIENCE

Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. **A resume may not be substituted for this section. However, a resume may be attached upon full completion of the application.**

You may list significantly different jobs within the same organization as separate items. **May we contact your present supervisor?**

Yes  No

|                                      |           |   |   |
|--------------------------------------|-----------|---|---|
| 1. <b>Job Title</b> _____            |           | <b>Duties:</b> _____                                |   |
| Employer _____                       |           | _____   |   |
| Address _____                        |           | _____   |   |
| _____ Phone _____                    |           | _____   |   |
| Type of business _____               |           | _____   |   |
| Immediate supervisor _____           |           | _____   |   |
| Title _____                          |           | Number and titles of employees you supervised _____ |   |
| Salary (start) _____ (finish) _____  |           | Equipment used _____                                |   |
| Dates (mo/yr) _____ to (mo/yr) _____ |           | Reason for leaving _____                            |   |
| Full-time                            | Part-time | Hours/week  | Your name if different from present _____ |

|                                      |           |   |   |
|--------------------------------------|-----------|---|---|
| 2. <b>Job Title</b> _____            |           | <b>Duties:</b> _____                                |   |
| Employer _____                       |           | _____   |   |
| Address _____                        |           | _____   |   |
| _____ Phone _____                    |           | _____   |   |
| Type of business _____               |           | _____   |   |
| Immediate supervisor _____           |           | _____   |   |
| Title _____                          |           | Number and titles of employees you supervised _____ |   |
| Salary (start) _____ (finish) _____  |           | Equipment used _____                                |   |
| Dates (mo/yr) _____ to (mo/yr) _____ |           | Reason for leaving _____                            |   |
| Full-time                            | Part-time | Hours/week  | Your name if different from present _____ |

|                                      |           |   |   |
|--------------------------------------|-----------|---|---|
| 3. <b>Job Title</b> _____            |           | <b>Duties:</b> _____                                |   |
| Employer _____                       |           | _____   |   |
| Address _____                        |           | _____   |   |
| _____ Phone _____                    |           | _____   |   |
| Type of business _____               |           | _____   |   |
| Immediate supervisor _____           |           | _____   |   |
| Title _____                          |           | Number and titles of employees you supervised _____ |   |
| Salary (start) _____ (finish) _____  |           | Equipment used _____                                |   |
| Dates (mo/yr) _____ to (mo/yr) _____ |           | Reason for leaving _____                            |   |
| Full-time                            | Part-time | Hours/week  | Your name if different from present _____ |

|                                      |           |   |   |
|--------------------------------------|-----------|---|---|
| 4. <b>Job Title</b> _____            |           | <b>Duties:</b> _____                                |   |
| Employer _____                       |           | _____   |   |
| Address _____                        |           | _____   |   |
| _____ Phone _____                    |           | _____   |   |
| Type of business _____               |           | _____   |   |
| Immediate supervisor _____           |           | _____   |   |
| Title _____                          |           | Number and titles of employees you supervised _____ |   |
| Salary (start) _____ (finish) _____  |           | Equipment used _____                                |   |
| Dates (mo/yr) _____ to (mo/yr) _____ |           | Reason for leaving _____                            |   |
| Full-time                            | Part-time | Hours/week  | Your name if different from present _____ |

|                                      |           |   |   |
|--------------------------------------|-----------|---|---|
| 5. <b>Job Title</b> _____            |           | <b>Duties:</b> _____                                |   |
| Employer _____                       |           | _____   |   |
| Address _____                        |           | _____   |   |
| _____ Phone _____                    |           | _____   |   |
| Type of business _____               |           | _____   |   |
| Immediate supervisor _____           |           | _____   |   |
| Title _____                          |           | Number and titles of employees you supervised _____ |   |
| Salary (start) _____ (finish) _____  |           | Equipment used _____                                |   |
| Dates (mo/yr) _____ to (mo/yr) _____ |           | Reason for leaving _____                            |   |
| Full-time                            | Part-time | Hours/week  | Your name if different from present _____ |

## VI. ADDITIONAL INFORMATION

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:

Licenses, certificates, or other authorization to practice a trade or profession.

| Type | License Number | Granted by (licensing board) |
|------|----------------|------------------------------|
|      |                |                              |
|      |                |                              |

## VII. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
|      |         |       |              |
|      |         |       |              |

## VIII. ADDITIONAL INFORMATION

Have you ever been convicted for any violation(s) of law, including moving traffic violations.  Yes  No. If YES, please provide the following:

| Charges | Location | Date | Disposition / Status |
|---------|----------|------|----------------------|
|         |          |      |                      |
|         |          |      |                      |

*Note: Omit minor vehicle violations and any offense committed before your 17<sup>th</sup> birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction will be evaluated individually.*

Do you have any relatives employed with the Town of Springdale?  Yes  No. If YES, please provide the name and relationship of the

Have you ever been discharged or forced to resign from any job?  Yes  No. If YES, please explain below:

## IX. CONSENT TO CONDUCT CERTAIN BACKGROUND CHECKS

By providing the information below and by my signature, I consent to allow authorized officers, agents, and employees of the Town of Springdale, South Carolina to conduct certain background checks to include, but not limited to, law enforcement, a criminal records check, a credit check, a driving records check and other background investigations as applicable. I release the organization, educational entity, present and former employers, law enforcement organizations, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment. **I understand that providing my identification information below is optional, but may be required prior to being offered employment with the Town of Springdale, South Carolina. Failure to submit your date of birth and social security number on this form will not prohibit employment consideration.**

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

## X. CERTIFICATIONS – All applications must be signed to be considered

**AUTHORITY TO RELEASE INFORMATION**—By my signature, I consent to the release of information that may be lawful obtained to authorized officers, agents, and employees of the Town of Springdale, South Carolina which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service records; law enforcement records; and any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and employees of the Town of Springdale, South Carolina to make inquiries of third parties. I further release the organization, educational entity, present and former employers, law enforcement organizations, all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

**CERTIFICATION OF APPLICANT**—By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentations, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_