



Jackson Police Department
Employment Application
Sworn Personnel



General Instructions: This Application Packet consists of several sections. Each section must be completed to have the application accepted for consideration. If a particular question does not apply to you, indicate such with an “N/A”.

Demographic Information

Last Name:		DOB:	
First Name:		SS Number:	
Middle Name:		Place of Birth	
Street Address:		Mothers Maiden Name	
City:		Marriage Status:	
State:			
Zip Code:			

Address History

Past Addresses	Start Date:	End Date:

Family (List the Following: Father, Mother, Stepparents, Brothers, Sisters, Stepbrothers, Stepsisters)

Name	Relationship	Living / Deceased

Name	Relationship	Living / Deceased

Vehicle Operator License History (Start with current)

Number:	State:	Issue Date:	Expiration Date:

Have you ever had your Operator License Revoked?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	NO
--	--------------------------	-----	--------------------------	----

Criminal History (list of all Misdemeanor convictions and Felony convictions from any jurisdiction, including traffic related offenses)

Conviction:	Conviction Date:	Conviction Jurisdiction:

Affiliations and Memberships to Organizations

Organization Name:	Purpose	Dates of Affiliation:

Subversive Groups

Have you ever been a member of the following organizations:

	Yes	No
Klu Klux Klan		
Arian Nation		
Crips		
Bloods		
Latin Kings		
Any other Racial hate group or Gang		
Communist Party		
Any group that advocates for the overthrow of the United States:		

Education

(College, Technical School, High School)

School	Address	Dates	Graduated (YES/NO)

Special Qualifications / Skills

Hobbies and Sports Activities

Employment History

Employer:		Job Title:	
Dates Employed:		Supervisor Name:	
Reason For Leaving:		Supervisor Phone Number:	
Employer:		Job Title:	
Dates Employed:		Supervisor Name:	
Reason For Leaving:		Supervisor Phone Number:	
Employer:		Job Title:	
Dates Employed:		Supervisor Name:	
Reason For Leaving:		Supervisor Phone Number:	
Employer:		Job Title:	
Dates Employed:		Supervisor Name:	
Reason For Leaving:		Supervisor Phone Number:	

Employment Continued

Employer:		Job Title:	
Dates Employed:		Supervisor Name:	
Reason For Leaving:		Supervisor Phone Number:	
Employer:		Job Title:	
Dates Employed:		Supervisor Name:	
Reason For Leaving:		Supervisor Phone Number:	
Employer:		Job Title:	
Dates Employed:		Supervisor Name:	
Reason For Leaving:		Supervisor Phone Number:	
Employer:		Job Title:	
Dates Employed:		Supervisor Name:	
Reason For Leaving:		Supervisor Phone Number:	
Employer:		Job Title:	
Dates Employed:		Supervisor Name:	
Reason For Leaving:		Supervisor Phone Number:	

Employment Termination Explanation

Military Service

Have you ever served in the Armed Forces?		Yes		NO
Do you Clam Veteran Preference?				
Were you ever convicted of a UCMJ Offense?				
Are you presently a member of the US Guard or Reserve?				
Have you received discharge status other than Honorable?				

Alcohol and Drug Use

Do you take medication prescribed by a physician that would prohibit the operation of a motor vehicle or inhibit mental clarity?		Yes		NO
Do you or have you in the past, consumed, used or sold illicit drugs?				
Do you consume alcohol to excess?				

Miscellaneous Questions

Have you ever had a protection order issued against you?		YES		NO
Have you ever been the subject of a criminal investigation?				
Have you knowingly issued a bad check?				
Do you have gambling debt?				
Do you have any debt that is past due longer than 90 days				
Have you ever lied or intentionally misrepresented yourself on an employment application?				

Explanation for any "YES" answers

(UCMJ OFFENSE, MILITARY DISCHARGE, DRUG & ALCOHOL USE, MISC QUESTIONS)

- ***All applications must be accompanied by a credit report that is within thirty (30) days of the application date in order for the application to be accepted.***
- ***All Applications Must be accompanied by a copy of the applicant's driver's license and Birth Certificate.***
- The information that I have provided herein is the truth, to the best of my knowledge. I understand that false misrepresentation or statements on this application are grounds for immediate termination in the future.
- I understand that that completion of the South Carolina Criminal Justice Academy and retention of certification by the South Carolina Criminal Justice Academy are required for employment with the Jackson Police Department.
- I understand that I am required to cooperate with any and all internal affairs investigations, after being provided a Garrity Statement of Rights, failure to do so or untruthful statements will result in immediate termination of employment.

Applicants Signature: _____ Date: _____