



All-America City

**HARTSVILLE**

South Carolina

*Hartsville Police Department*



Dear Prospective Police Applicant:

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

Requirement of applicant:

- \* 21 years of age
- \* High School Diploma or equivalent
- \* Ability to complete the South Carolina Criminal Justice Academy (9 weeks)
- \* Possess valid South Carolina driver's license
- \* Vision correctable to 20/20

Application packet must include:

- \* Signed application (submitted to City Human Resources office at 133 West Carolina Avenue)
- \* Signed waivers and notarized where applicable
- \* Ten-year driving record (Driving records must cover all states where a license was held over the past 10 years)
- \* Copy of social security card and driver's license
- \* Copy of High School Diploma or State GED certificate
- \* Copy of birth certificate (You must include a copy of your Certificate of Naturalization if you became a United States citizen through the 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)

Candidates for employment are prohibited from having visible tattoos while in uniform. Males will not wear earrings while on duty except on duty except in undercover situations and with prior approval.

As an equal opportunity employer, it is the policy of the City of Hartsville 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 (Human Resources to determine minimum qualifications and then By the hiring Department)
- \* Preliminary background investigation to include at a minimum:
  - o Driver's license, criminal history (NCIC), and credit check
  - o Verification of prior employment, education and experience
- \* Interview with background investigator (may occur more than once)
- \* Contact references (in person where practical)
- \* Thorough investigation of any adverse disclosures or discoveries
- \* Physical agility testing - A detailed task orientation will be given on the day of the test.
- \* Written Testing
- \* Oral Interviews
- \* Interview with Command staff and/or Professional Board
- \* Interview with Chief of Police, HR Director, City Manager
- \* Conditional offer of employment
- \* Psychological Testing
- \* Polygraph Exam
- \* Drug testing and physical examination
- \* Orientation for employment

You will be contacted if you are considered beyond the preliminary review of your application. Our process could take from one to three 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. Please feel free to call with any questions.

Best Wishes,

L. Tim Kemp  
Chief of Police



**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 Hartsville.**

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

Date \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

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

Have you ever been denied a license, permit or privilege to operate a motor vehicle or had your license, permit or privilege suspended or revoked?  Yes  No  
 If yes, provide details: \_\_\_\_\_

Have you been convicted, pled no contest, or pled not guilty of a crime other than a minor traffic violation?  Yes  No  
 NOTE: Conviction is not necessarily a bar to 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 for the City of Hartsville?  Yes  No  I am currently a City employee  
 If yes, what department, position and when? \_\_\_\_\_

Have you ever been terminated or forced to resign from any job?  Yes  No  
 If yes, please explain: \_\_\_\_\_

**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"/> Overtime
			<input type="checkbox"/> Holidays

**EDUCATION**

What specific academic, vocational, technical or professional education(s) 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 / College 13 14 15 16 / Graduate School 17 18 19

NAME & LOCATION OF SCHOOL	DATES ATTENDED	GRADUATE		DEGREE	MAJOR
		Yes _____	No _____		
		Yes _____	No _____		
		Yes _____	No _____		
		Yes _____	No _____		

**SKILLS**

<b>Computer Software</b>	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: _____
<b>Equipment</b>	Indicate the types of equipment you are skilled in operating: <input type="checkbox"/> Trucks/Dump trucks <input type="checkbox"/> Backhoes <input type="checkbox"/> Motor Graders <input type="checkbox"/> Other _____
<b>Professional Registrations/Licenses/Certifications</b>	Please list (Examples: CPA, EMT, CPR, Water and Wastewater certifications):
<b>Other Training (Include Military)</b>	

**MILITARY SERVICE**

Branch \_\_\_\_\_ Rank \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

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 martialled, 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 forces? [ ] Yes [ ] No  
If yes, please explain. \_\_\_\_\_

List all medals and decorations awarded you 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 complete name 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

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 infraction and action taken by school or university. \_\_\_\_\_

Are you currently a certified law enforcement officer? [ ] Yes [ ] No  
If yes, please list state(s) of certification. \_\_\_\_\_

Have you ever applied to any law enforcement agency in South Carolina or any other state? [ ] Yes [ ] No  
If yes, give name of the agency(s) and date(s) of application. \_\_\_\_\_

Have you ever worked for any law enforcement agency in South Carolina or any other state? [ ] Yes [ ] No  
If yes, give the name of the agency(s) and dates of employment. \_\_\_\_\_

**CREDIT RECORD**

Has your credit record ever been considered unsatisfactory due to collections, charge-offs with a balance, liens, involuntary repossession, failure to pay just debts, judgments or foreclosures? [ ] Yes [ ] No  
If yes, please explain. \_\_\_\_\_

**DRIVER'S LICENSE RECORD**

Have you ever possessed a driver's license issued by another state/ [ ] Yes [ ] No  
If yes, please give the state, number and expiration date. \_\_\_\_\_  
If you answered yes, was your license ever suspended or revoked? [ ] Yes [ ] No  
If yes, please give reason, state, date and reinstatement date. \_\_\_\_\_  
Are your driving privileges restricted? [ ] Yes [ ] No  
If yes, please list restrictions. \_\_\_\_\_  
Have you ever had a lapse in automobile liability insurance? [ ] Yes [ ] No  
List the current liability insurance you have on your motor vehicles. \_\_\_\_\_

**REFERENCES**

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

Name	Address	Phone	Occupation

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

**EMPLOYMENT HISTORY**

Please include part-time and temporary employment, as well as job-related military service. List any self-employment. **Attach additional sheets if necessary.**

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

**Current Employer:**  
Name of Company \_\_\_\_\_ Address \_\_\_\_\_  
Telephone Number ( ) \_\_\_\_\_  
Starting Date \_\_\_\_\_ Entry Job Title \_\_\_\_\_ Entry Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Ending Date \_\_\_\_\_ Ending Job Title \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Detailed Description of Duties \_\_\_\_\_  
Name and Title of Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**Previous Employer:**  
Name of Company \_\_\_\_\_ Address \_\_\_\_\_  
Telephone Number ( ) \_\_\_\_\_  
Starting Date \_\_\_\_\_ Entry Job Title \_\_\_\_\_ Entry Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Ending Date \_\_\_\_\_ Ending Job Title \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Detailed Description of Duties \_\_\_\_\_  
Name and Title of Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**Next Most Recent Employer:**  
Name of Company \_\_\_\_\_ Address \_\_\_\_\_  
Telephone Number ( ) \_\_\_\_\_  
Starting Date \_\_\_\_\_ Entry Job Title \_\_\_\_\_ Entry Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Ending Date \_\_\_\_\_ Ending Job Title \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Detailed Description of Duties \_\_\_\_\_  
Name and Title of Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**Next Most Recent Employer:**  
Name of Company \_\_\_\_\_ Address \_\_\_\_\_  
Telephone Number ( ) \_\_\_\_\_  
Starting Date \_\_\_\_\_ Entry Job Title \_\_\_\_\_ Entry Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Ending Date \_\_\_\_\_ Ending Job Title \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Detailed Description of Duties \_\_\_\_\_  
Name and Title of Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**Next Most Recent Employer:**  
Name of Company \_\_\_\_\_ Address \_\_\_\_\_  
Telephone Number ( ) \_\_\_\_\_  
Starting Date \_\_\_\_\_ Entry Job Title \_\_\_\_\_ Entry Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Ending Date \_\_\_\_\_ Ending Job Title \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Detailed Description of Duties \_\_\_\_\_  
Name and Title of Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**COURT/CRIMINAL RECORD**

Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which is totalitarian, fascist, communist or subversive, or shows a policy of advocating the commission of acts of force or violence to deny other people their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?  Yes  No

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

List all traffic citations except parking tickets. \_\_\_\_\_  
\_\_\_\_\_

Were you ever arrested or charged with any violation? List below even if there were no formal charges, no court appearance, found not guilty or other disposition. \_\_\_\_\_  
\_\_\_\_\_

List any court action where you have ever been a plaintiff or defendant, including divorce. \_\_\_\_\_  
\_\_\_\_\_

Has any court:

- 1) Placed you on probation?  Yes  No
- 2) Prohibited you from possessing a firearm?  Yes  No

If yes to either, please give details including dates, when, where and why. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been:

- 1) Required to appear before a juvenile court for an act which would have been a crime if committed by an adult?  Yes  No
- 2) Reported to law enforcement as a missing person or runaway?  Yes  No
- 3) Questioned by law enforcement authorities?  Yes  No
- 4) Been contacted by the police as a possible suspect for any type of criminal investigation?  Yes  No
- 5) Charged with a crime?  Yes  No
- 6) Convicted of a felony?  Yes  No

If you answered yes to any of the above please explain. If more room is required, please attach additional sheets. \_\_\_\_\_  
\_\_\_\_\_

Have you ever:

- 1) Lied about anything really important?  Yes  No
- 2) Told a lie to stay out of trouble?  Yes  No
- 3) Had a warrant taken out on you?  Yes  No
- 4) Participated in an *undetected* crime?  Yes  No
- 5) Altered price tags in a store?  Yes  No
- 6) Lied under oath in court?  Yes  No
- 7) Lied on an official document?  Yes  No
- 8) Stolen anything?  Yes  No
- 9) Had any traffic violation?  Yes  No
- 10) Habitually use(d) alcoholic beverages to excess?  Yes  No

If you answered yes to any of the above please explain. If more room is required please attached additional sheets. \_\_\_\_\_  
\_\_\_\_\_

Have you ever used illegal drugs?  Yes  No

If yes, please list the type of drug, dates first and last used. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been treated for illegal drug addiction?  Yes  No

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

Have you ever sold illegal drugs?  Yes  No

If yes, were you convicted?  Yes  No

If convicted, was the conviction a felony or a misdemeanor? \_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION**

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

If yes, list your capacity, name of business 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 regular shift (8am to 5pm)?  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 vehicles  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 and 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
- 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. \_\_\_\_\_

**RELATIVES/FRIENDS EMPLOYED BY GOVERNMENT**

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

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 has 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:	_____	_____	_____
Father-in-law:	_____	_____	_____
Mother-in-law:	_____	_____	_____
Children:	_____	_____	_____
Other:	_____	_____	_____



**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 who 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** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Required in blue ink**

**Selective Service:** All males between the ages 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** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Required in blue ink**

**SECTION A:**

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

It is further the policy of the City of Hartsville 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 Hartsville has designated the following (person or office) as the contact to coordinate efforts to comply with this requirement. Inquiries should be directed to: Sherron L. Skipper, Administrative Services Director

Post Office Drawer 2497  
Hartsville, South Carolina 29551  
(843) 383-3018

**SECTION B:**

- 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 or 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 Naturalization 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 through 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 Hartsville.
- I certify that I have read, understand and agree to all the statements listed above.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**Required in blue ink**



**RELEASE OF INFORMATION**

I hereby request and authorize my former employers or other agencies to provide any information requested by the City of Hartsville concerning my employment, including but not limited to, information or opinions as to my character, habit, ability, work record, and reasons for leaving employ; and to investigate and ascertain any and all information concerning my background and my character which may pertain to my qualifications to be considered for employment with said agency. I understand that such information may be obtained from any person, document, or other source, and I hereby expressly authorize the release of any such information and/or document.

I understand that if I am applying for employment with certain departments within the City of Hartsville that my credit rating will also be checked. I further understand that if the City of Hartsville is unable, through the exercise of reasonably diligent investigative methods, to obtain information concerning my background, credit rating, and character necessary to evaluate my qualifications to be accepted for employment by the City of Hartsville, I may be rejected for such employment.

I hereby release the City of Hartsville, any person or entity acting on their behalf, and any and all of my former employers, their officers, agents, and employees, from any and all claims, liability, or damage of any kind, whether due to negligence, error or any other cause, as a result of releasing said information to any member of the City of Hartsville, or any person or entity acting on their behalf. I further understand that in consideration for said release, the City of Hartsville will regard all information so obtained as confidential and shall not release the same to any person without my express consent.

A copy or fax of this authorization shall be as effective and valid as the original.

\_\_\_\_\_  
Print your name

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

\_\_\_\_\_  
Signature (Required in Blue Ink)

\_\_\_\_\_  
Date





**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. What will certainly disqualify you is lying or distorting the truth. For example, an arrest, being fired from a job, use of drugs, etc. may or may not disqualify you; however, lying about it will disqualify you from further consideration.

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

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Applicant Signature (Sign in blue ink)

\_\_\_\_\_  
Date





**CITY OF HARTSVILLE**  
**NOTICE OF OBTAINING CONSUMER REPORT**  
**(Consumer Report & Investigative Consumer Report)**

To: \_\_\_\_\_  
(Name of Applicant)

In connection with your application for employment, The City of Hartsville 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.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employer

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant



**CITY OF HARTSVILLE**  
**CERTIFICATION**  
**(Consumer Report & Investigative Consumer Report)**

I certify that The City of Hartsville has complied with 15 U.S.C. Section 1681b(4)(b)(2) and will comply with 15 U. S. C. Section 1681b(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.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

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

Phone: 1-800-345-2746  
Fax: 1-888-571-7222  
Email: ics11@bellsouth.net



INNOVATIVE CREDIT SOLUTIONS, INC.

PO Box 1386  
Columbia, SC 29202  
[www.icscredit.com](http://www.icscredit.com)  
[www.creditcommander.com/icscredit](http://www.creditcommander.com/icscredit)

AUTHORIZATION FOR RELEASE OF PERSONAL BACKGROUND INFORMATION

I, the undersigned, authorize Innovative Credit Solutions (ICS), and/or any and all financial institutions, credit bureaus, credit processing companies or other credit assembling entities to provide documentation of my current credit status & criminal records (including felony and misdemeanor records) to:

City of Hartsville, South Carolina  
(NAME OF COMPANY REQUESTING REPORT)

Person reports are requested on:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security: \_\_\_\_\_ DOB: \_\_\_\_\_

Present Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ ZIP (required): \_\_\_\_\_

\*A copy of the prospective employee's application may be needed for processing some of the pre-employment reports.

PHONE 1-800-345-2746 FAX 1-888-571-7222

INNOVATIVE CREDIT SOLUTIONS, INC.  
1011 HEYWARD STREET  
P.O. BOX 1386  
COLUMBIA, SC 29202  
[www.icscredit.com](http://www.icscredit.com) email: ics11@bellsouth.net

## MEMORANDUM

**TO: All Sworn Personnel**  
**FROM:** Personnel Director  
**RE:** Change in Law Pertaining to Possession of Firearms/Ammunition  
**DATE:** September 10, 1997

Two recent amendments to the Gun Control Act of 1968 have significant impact on Law Enforcement Officers by restricting an officer's ability to possess a firearm. The 1996 amendment adds sections that make it illegal to provide a firearm or possess a firearm if the person:

has been convicted in any court of a misdemeanor crime of domestic violence.  
18 USC 922(d)(9); also see 18 USC 922(g)(9).

As defined in the new law, a "misdemeanor crime of domestic violence" means any offense, whether or not explicitly described in a statute as a crime of domestic violence, which has, as its factual basis, the use or attempted use of physical force (i.e., simple assault, assault and battery), or the threatened use of a deadly weapon, committed by the victim's current or former domestic partner, parent or guardian.

There is no time limit on the conviction. Thus any law enforcement officer with such a disability would be in violation of Federal Law if he currently possessed a firearm even if the criminal domestic violence conviction occurred prior to the passage of the law.

The 1994 amendment added sections which make it illegal to provide a firearm to any person or for that person to possess a firearm if the person:

is subject to a court order that restrains such person from harassing, stalking, or threatening an intimate partner of such person 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... 18 USC 922(d)(8); also see 18 USC 922(g)(8).

The restraining order has to meet three conditions:

- A. issued after a hearing of which the person had actual notice and an opportunity to participate;
- B. restrains the person from harassing, stalking, or threatening an intimate partner, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury;
- C. includes a finding that the person represents a credible threat to the physical safety of the partner or by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against the intimate partner that would reasonably be expected to cause bodily harm.

All employees who are in possession of an agency issued firearm and/or ammunition or who have received authority to carry a privately owned firearm/ammunition in the performance of his/her duties or while off duty under agency policy must complete the attached affidavit and return it to his/her supervisor by September 12, 1997. Failure to return the affidavit or to provide false information in the affidavit will subject you to agency disciplinary procedures and may be used in a prosecution for false swearing as provided by law. **YOUR ANSWERS OR INFORMATION GAINED BY REASON OF YOUR ANSWERS CANNOT BE USED AGAINST YOU IN ANY CRIMINAL PROSECUTION FOR A VIOLATION OF 18 USC SECTION 922 (g) 9, 922 (g) 8, 922 (d) 8, or 922 (d) 9.**

If you answer "yes" or "not certain" to either of the questions in the affidavit, you must immediately turn over any agency issued firearms/ammunition to your immediate supervisor.

This is a continuing obligation. Thus if you are the subject of a restraining order or convicted of Criminal Domestic Violence in the future, you must immediately notify your supervisor.

If you have any questions about this memorandum, please contact your agency attorney.

COUNTY OF DARLINGTON )  
CITY OF HARTSVILLE )  
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 and 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 possession of 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 the 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 Signature (In Blue Ink)

\_\_\_\_\_  
Applicant Printed Name (In Blue Ink)

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

\_\_\_\_\_  
Notary Public for South Carolina

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

## Applicant Data Record

Name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

The information requested below is needed for state and federal reporting and internal personnel research. This information will be kept in a confidential file within the Human Resources Office.

Qualified applicants are considered for all positions and are treated without discrimination as to race, religion, color, national origin, age, sex, marital status, sexual orientation, or affiliation or any other unlawful discriminator(s).

DATE OF BIRTH \_\_\_\_\_ SEX  Male  Female

ETHNIC BACKGROUND (check one)  White  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 Asian  
 Hispanic or Latino  
 American Indian or Alaska Native  
 Two or more races

### How were you referred to the City of Hartsville? Check which one(s) apply.

Walk-In  Friend or Relative  College Placement  City Employee  Newspaper Ad  
 Internet  Agency  Other \_\_\_\_\_

**In cooperation with the Family Independence Act of 1995, we are actively recruiting Family Independence, Welfare and food stamp recipients. If you are eligible, you may also qualify for special job training.**

Are you currently receiving AFDC or food stamps?  Yes  No

### To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

Vietnam Era Veteran (served between 1964-1975)  Disabled Veteran  Individual with a disability



## An Equal Opportunity Employer

Please contact Sherron Skipper at (843) 383-3018 to give advance notice if you need a reasonable accommodation.