

Woodruff Police Department

231 E. Hayne Street
Woodruff, S.C. 29388

Telephone (864) 476-8131

Fax (864) 476-6457

Dear Applicant:

Thank you for your interest in a career with the City of Woodruff 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 Hall and the Police Department's webpage at www.cityofwoodruff.com)
- 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 Woodruff 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 to determine minimum qualifications
- 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 two 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 Tamesha Strong at 864 476-8131 or email her at tstrong@cityofwoodruff.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,

Gregory J. Ryan
Chief of Police

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Woodruff Police Department

JOB DESCRIPTION

Position Title: Patrol Officer

Statement of Duties

Position provides highly responsible law enforcement and crime prevention functions for the Police Department. Responsibilities include enforcing laws and ordinances, investigating misdemeanor and felony crimes, arresting offenders of the law, responding to dispatch calls involving traffic accidents, medical and other emergencies, civil disputes, family disturbances and other calls requiring police assistance.

Supervision

Employee works under the general supervision of a shift supervisor. Prior training and experience guide the employee in necessary actions to take on specific field situations. Employee operates with a degree of independence but must inform superior officer of any unusual situation(s), and secure additional instructions, dependent upon the gravity of each situation. Work is reviewed through written and verbal reports, by complaints of citizens and observation by superior officer(s). Pertinent laws and court decisions must be observed and followed. Employee uses judgment and experience to solve problems and determine work methods. Questionable cases are referred to the supervisor. Employee has access to criminal investigation and records material related to specific cases.

Employee has access to some access to confidential information including criminal records.

Employee does not have any supervisory responsibilities.

Job Environment

Employee works within numerous standard operating procedures, as detailed in the department rules and regulations, the police manual, and applicable state, federal, and local laws, that often require additional interpretation. Responsibilities are diverse and require understanding, common sense and the application of a variety of techniques and practices learned in law enforcement training. Employee must be aware of and understand human behavior under stressful conditions, fact-finding, and investigative techniques. While many guidelines and laws are available and need to be observed, the enactment of new laws and court decisions occur often. Employee must exercise good judgment and initiative in meeting unforeseen situations and emergencies, and insures equal application of law without bias.

Errors can result in a delay or loss of service, personal injury/loss, injury to others, legal repercussions, damage to buildings and/or equipment and monetary loss. The position's responsibility is to provide the protection of lives and property under hazardous and emergency conditions, and may require decisions that can have catastrophic consequences to the city if improperly made.

The position has constant contact with the public to receive and respond to calls, enforce laws, conduct educational programs, attend and participate in meetings, respond to inquiries and complaints, and/or provide information and assistance. The position has daily contact with other city departments, fire department, EMS, animal control, school department, other law enforcement agencies, court personnel, attorneys, suspects, witnesses, victims, professionals, various agencies and organizations for the purpose of giving or receiving information, conducting research and investigations, coordinating activities, and/or providing information and assistance. Contact usually occurs in person or on the phone.

Position Functions

The essential functions or duties listed below are intended only as illustration of the various types of work that maybe 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, or extension of, the position.

Essential Functions

1. Works on rotating shifts performing security patrols, traffic control, investigation and minor first aid at vehicular collisions, detection, investigation and arrest of persons involved in crimes or misconduct.
2. Maintains normal availability by radio or telephone for consultation on major emergencies or precedent.
3. Patrols City streets, parks, commercial and residential areas to preserve the peace and enforce the law, control vehicular traffic, prevent or detect and investigate misconduct involving misdemeanors, felonies and other law violations and to otherwise serve and protect.

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4. Responds to emergency radio calls and investigates vehicular collisions, robberies, civil disturbances, domestic disputes, fights, drunkenness, missing children, prowlers, abuse of drugs, or other situations, and takes appropriate law enforcement action.
5. Interrogates suspects, witnesses and drivers; preserves evidence; arrests violators; investigates and renders assistance at scene of vehicular collisions; summons ambulances and other law enforcement vehicles; takes measurements and draws diagrams of scene.
6. Conducts follow-up investigations of crimes committed during assigned shift; seeks out and questions victim, witnesses and suspects; develops leads and tips; searches scene of crimes for clues; analyzes and evaluates evidence and arrests offenders; prepares cases for giving testimony and testifies in court proceedings.
7. Prepares a variety of reports and records including officer's Daily Log, reports of investigation, field interrogation report, alcohol reports, DUI reports, breathalyzer check list, bad check form, vehicle impoundment form, traffic hazard report, and other reports.
8. Undertakes community oriented police work, and assists citizens with such matters as stalled vehicles, crime prevention, traffic safety, and other matters.
9. Participates in investigating criminal law violations occurring within the City limits, obtaining evidences and compiling information regarding these crimes, preparing cases for filing of charges, testifying in court, and related activities.
10. Conducts patrol activities including directing traffic, investigation of reported or observed violations of law, and conducting patrol activities.
11. Coordinates activities with other officers or other City departments as needed, and exchanges information with officers in other law enforcement agencies.
12. Maintains contact with police supervisory personnel to coordinate investigation activities, provide mutual assistance during emergency situations and provides general information about Department activities.
13. Maintains departmental equipment, supplies and facilities.
14. Maintains contact with general public, court officials, and other City departments in the performance of police operating activities.
15. May serve as a member of various employee committees.
16. Performs other related duties as required.

Recommended Minimal Qualifications

Physical and Mental Requirements

Employee primarily works outdoors on patrol in a police car. Employee may be exposed to outdoor weather conditions, high places, toxic or caustic chemicals, fumes or airborne particles, extremes of heat and cold, moving mechanical parts, risk of electric shock, work with explosives, risk of radiation, dangerous people and/or situations, stress, traffic, and biological hazards up to 2/3'd of the time. Employee is required to stand, walk, talk, listen, use hands, climb, balance, stoop, kneel, crouch, crawl, reach with hands and arms, and taste or smell up to 2/3 rd of the time; and sit up to 1/3 rd of the time. Employee frequently lifts up to 10 lbs., and occasionally lifts up to or more than 100 lbs. Normal vision is required for this position. Equipment operated may include automobile, light equipment, medical equipment, office machines, computers, firearms, and other tools of the trade.

Education and Experience

A candidate for this position should have a High school diploma or GED equivalent supplemented by training in law enforcement, criminal justice administration, or a related field; and ability to successfully complete South Carolina Criminal Justice Academy training.

Special Requirements

A candidate for this position must also have a valid South Carolina driver's license with no prior convictions for any violation which would have or did cause their driving privileges to be suspended, and the ability to meet the department's physical standards.

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Knowledge, Skills and Abilities

A candidate for this position should have knowledge of

- State and local laws as well as principles, practices, and methods related to law enforcement and crime prevention
- Constitutional and civil rights
- Investigative techniques
- Geographical and demographical information of the city

Skill in:

- Handling hostile or difficult situations effectively
- Effectively communicating with people of all backgrounds and ages
- Effectively operate required vehicle and equipment

And ability to:

- Gather information and conduct thorough investigations
- Produce accurate and precise reports of incidents
- Properly handle and maintain evidence
- Maintain professional demeanor and make sound decisions under stress
- Detect hazardous situations
- Resolve problems
- Prioritize tasks and perform multiple tasks simultaneously
- Ensure the rights and equitable treatment of citizens
- Perform the physical requirements of the position

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.

Woodruff 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

Applicant Signature (Sign in Blue Ink)

Date

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Woodruff Police Department

Employment Application

TO: All Sworn Personnel / Applicants

FROM: Human Resources

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 offence, whether or not explicitly described in a statute as a crime of domestic violence, which has, as its factual basis, the use or attempt use of physical force (i.e., simple assault and battery), or the threatened use of 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 or 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 any 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) 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.

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COUNTY OF SPARTANBURG)
CITY OF WOODRUFF)
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 _____

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Employment Application

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 Woodruff 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 Woodruff is an Equal Opportunity Employer.

It is further the policy of the City of Woodruff 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 Woodruff has designated the following (person or office) as the contact to coordinate efforts to comply with this requirement, inquiries should be direct to: Chief Greg Ryan, City of Woodruff, P.O. Box 1389, Woodruff, SC 29388.

~~SECTION B: CHECK EACH BOX AFTER READING EACH STATEMENT~~
I agree 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 Woodruff.
- I certify that I have read, understand and agree to all the statements listed above.

APPLICANT'S SIGNATURE: _____
REQUIRED IN BLUE INK

DATE: _____

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Woodruff 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 Woodruff. 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.) **Date of Application:** _____

Name: _____ **Date of Birth:** _____

Social Security #: _____ **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 Woodruff? Yes No
 Currently a City employee
 If yes, what department, position and when? _____

AVAILABILITY

| | | | |
|--|---|---|--|
| <input type="checkbox"/> Immediately | Are you willing to work (check all that apply) | <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 |

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

| | |
|---|--|
| Computer Software | 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 : |
| Equipment | 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: |
| Professional Registrations/Licenses/Certifications | Please list (Examples: EMT, CPR, Law Enforcement, etc...) |
| Other Training (any training not listed above that would be beneficial to the position you are applying for) | |

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 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 |
|-----------|-----------------|--------------|

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.

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 Woodruff (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: _____ | |

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: _____

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: _____

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?

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

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

3) 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?

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

2) During day and night? Yes No

3) Under emergency and stressful situations? Yes No

4) Exposure to hearing alarms and gunfire? Yes No

5) Exposure to smoke, noxious odors, fumes, chemicals, liquid chemicals, radioactive materials, solvents and oils? Yes No

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

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7) In high, precarious places? Yes No

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

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. _____

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: | _____ | _____ | _____ |

Woodruff 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:

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

(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.

(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.

(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.

(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:

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

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

(10.) Have you ever been sued or named in lawsuit at any place you have ever worked? Yes No
If yes, explain:

Driving History:

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

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

(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.

(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.

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

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?

(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?

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

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

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

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

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

(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:

(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:

(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:

| <u>Substance</u> | <u>Yes</u> | <u>No</u> | <u>Most recent time used (month/year)</u> | <u>Times Used</u> |
|-------------------------|--------------------------|--------------------------|--|--------------------------|
| 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:

(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?

(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?

(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?

(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)?

(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?

(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?

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:

(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:

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

If yes,
explain:

(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:

(6.) Did you ever drink alcoholic beverages while on duty? Yes No
If yes, explain:

(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:

(8.) Have you ever intentionally used "excessive force" on anyone? Yes No
If yes, explain:

(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:

(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:

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

(12.) Have you been involved in any on-duty traffic accidents? Yes No
If yes, explain:

(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:

(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:

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

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

(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)

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

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

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Woodruff Police Department

Employment Application

Notice of Obtaining Consumer Report

Printed Name

Social Security Number

Date of Birth

In connection with your application for employment and/or your continued employment, the City of Woodruff 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 Woodruff 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 Woodruff 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: _____

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Woodruff Police Department

Employment Application

Personal Inquiry Wavier 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 Woodruff Police Department or its agents, I hereby designate the Woodruff 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: _____

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Woodruff Police Department

RECRUITING SURVEY

COMPLETION OF THIS
SECTION IS VOLUNTARY

The City of Woodruff 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 Woodruff Police Department that you applied?

Newspaper Name: _____

Internet governmentjobs.com govtjobs.com sciway.net masc.org acap.army.mil
 policeone.com cityofWoodruff.org Woodruffpolice.com
Other _____

City of Woodruff 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.

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Woodruff Police Department

EEOE SURVEY

COMPLETION OF THIS SECTION IS VOLUNTARY

In an attempt to ensure the City of Woodruff'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)

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Asian | <input type="checkbox"/> African/American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> White | <input type="checkbox"/> Other |

Sex (check one)

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

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

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