

AYNOR POLICE DEPARTMENT
P.O. Box 66
Aynor, SC 29511

I _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself to any duly authorized agent of the Aynor Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions: financial or credit institutions, including records of deposits, withdrawals and balances or checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration, public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records and other financial statements and records wherever files; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Aynor Police Department to consider in determining my suitability for employment by that department.

It is my specific intent to provide access to personal information, however personal or confidential it may appear to be; and the sources of information specifically enumerated above is not intended to deny access to any records not specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Aynor Police Department. I have had explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. I understand that any information obtained will be confidential and for the use of the Aynor Police Department.

Name: _____

Address: _____

DOB: _____ SSN: _____

Witness: _____



Town of Aynor

600 South Main Street
P.O. Box 66
Aynor, SC 29511
townofaynor@sccoast.net

Telephone
(843) 358-6231
Fax (843) 358-0754

The Town of Aynor is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Please fill out sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Birth: _____ SSN: _____

Employment Position

Position(s) applying for: _____

How did you hear about this position? _____

What days are you available for work? _____

What hours or shifts are you available for work? _____

If needed, are you available to work overtime? Yes No

Are you willing to accept part-time employment Yes No

On what date can you start working if you are hired? _____

Do you have reliable transportation to and from work? _____

Salary desired? _____

Personal Information

Have you ever applied to or worked for The Town of Aynor? Yes No

If yes, when? _____

Do you have friends, relatives working for The Town of Aynor? Yes No

If yes, state name and relationship: _____

Are you 21 years of age or older? Yes No

Are you a US citizen or approved to work in the United States? ____Yes ____No

Have you ever been denied employment by a criminal justice agency? ____Yes ____No

Are you presently using illegal drugs? ____Yes ____No

Are you presently using a controlled substance without a prescription? ____Yes ____No

What Document can you provide as proof of citizenship or legal status? _____

Will you consent to a mandatory controlled substance test? ____Yes ____No

Do you have any condition which would require job accommodations? ____Yes ____No

If yes, please describe accommodations required. _____

Have you ever been convicted of a criminal offense (felony or misdemeanor)? ____Yes ____No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment sole on the grounds of conviction of a criminal offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Job Skills/Qualifications

Please List below the skills and qualifications you possess for the position for which you are applying:

(Note: The Town of Aynor complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services? _____

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position?

Previous Employment

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City,State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Starting/Ending Salary Start: _____ Ending: _____

Reason for leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City,State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Starting/Ending Salary Start: _____ Ending: _____

Reason for leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City,State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Starting/Ending Salary Start: _____ Ending: _____

Reason for leaving: _____

Employer Name: _____
 Job Title: _____
 Supervisor Name: _____
 Employer Address: _____
 City, State and Zip Code: _____
 Employer Telephone: _____
 Dates Employed: _____
 Starting/Ending Salary Start: _____ Ending: _____
 Reason for leaving: _____

References

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

Additional Information:

Do you currently hold a Class I Certification Yes No

At-Will Employment

The relationship between you and The Town of Aynor is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, from you or The Town of Aynor. No representative of The Town of Aynor has authority to enter into any agreement contrary to the forgoing “employment at will,” and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status.

Applicant Signature: _____ Dated: _____

ACKNOWLEDGMENT:

I understand that all appointments are probationary for a period of six months, during which time I must demonstrate my fitness for continued employment with the Town of Aynor. I further understand that any appointment offered me will be contingent upon the results of a complete background investigation, and I am aware that willfully providing false or misleading information on this form will be cause for disqualification for further consideration for employment. I agree to the above conditions, and I hereby certify that all statements made on this form are true and accurate to the best of my knowledge.

- **As an applicant for employment with the Town of Aynor Police Department, I have furnished information for use in determining my qualifications for employment. I hereby authorize the Town of Aynor Police Department to conduct a thorough background investigation to further support the statements contained herein. The background investigation will include, but not limited to a Credit History Report, Criminal History Check (including sealed and juvenile records), and driving history.**
- **I hereby affirm that I have never been the subject of a domestic restraining or protective order, or have ever been previously convicted of a domestic violence related Incidents.**
- **As an applicant for employment with the Town of Aynor Police Department, I understand and agree to furnish any social networking site that I participate in, and shall include the names of the sites. I further understand and agree to provide the police department access to these sites as part of any background investigation.**

Signature of Applicant

Date: _____