



I want to personally thank you for your interest in employment opportunities with the Rock Hill Police Department. The Rock Hill Police Department is currently looking for officers who add to the professionalism and performance that we offer to our citizens. As a recruiter, I am here to help you through the application process by answering any questions that you may have during this time and assisting you with scheduling. The first step toward employment with our department is for you to complete the application. Once the application is fully completed it is submitted to the Professional Standards for review and evaluation.

The starting salary for the position of Police Officer I is \$50,000. The Rock Hill Police Department also offers a program which allows officers to advance in rank and in pay after completion of the requirements set forth in our General Order. In addition to the highly competitive starting salary and an advancement program, we also offer a take home car program, health insurance and retirement savings plan as well as the state police retirement pension. For additional information on any of these programs, please do not hesitate to contact me.

If you are up for the challenge, then I encourage you to apply today!

Sincerely,

**Officer Jerry Sanders**

Recruiting Officer  
Professional Standards Unit  
Email: [jerry.sanders@cityofrockhill.com](mailto:jerry.sanders@cityofrockhill.com)  
Phone: 803-326-2433  
Fax: 803-329-7290

The City of Rock Hill is an equal opportunity employer

Position applying for: \_\_\_\_\_

Full name: \_\_\_\_\_

email address: \_\_\_\_\_

### 3 – Eligibility

---

All finalists for the position of certified police officer with the City of Rock Hill must meet the South Carolina Minimum Requirements as set forth in Section 23-6-44 of the South Carolina Code of Laws as amended in 1976

Are you at least 21 years of age?

Yes No

Do you have a high school diploma or the equivalent?

Yes No

Do you hold a valid driver's license, with no DUI or serious traffic violation convictions within the past 10 years?

Yes No

You also must:

Agree to a credit check with favorable results.

Provide fingerprints for F.B.I. check to verify that you have no criminal convictions which would preclude employment.

---

## 4 - General Information

---

What position are you applying for? \_\_\_\_\_

Desired Salary \_\_\_\_\_

Full Name \_\_\_\_\_

Present Address

Please provide your current address. If your permanent mailing address is different from your current address, provide that in the permanent address field below . Every address on your application must include **street address, city, state, and zip code.**

Street Address \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Permanent Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Year Driver's License was issued \_\_\_\_\_

Driver's License State \_\_\_\_\_

Driver's License Expiration \_\_\_\_\_

Commercial Driver's License Number \_\_\_\_\_

Commercial Driver's License Class \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

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

Are you a citizen of the United States?

Yes No

Are you an alien lawfully authorized to work in the United States?

Yes No

---

# 5 - Application Data Record

---

Qualified applicants are considered for all positions and treated without discrimination as to race, color, religion, sex, national origin, age, marital status, medical condition, or disability.

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 Department.

Date of Birth \_\_\_\_\_

Sex    Male    Female

Ethnic Background (optional) \_\_\_\_\_

Other Ethnic Background \_\_\_\_\_

How were you referred to the City of Rock Hill? Please circle all that apply.

Friend or Relative (please give their name) \_\_\_\_\_

Name of Newspaper \_\_\_\_\_

Internet

RHPD Recruitment Website

Name of Employee \_\_\_\_\_

Name of University \_\_\_\_\_

Name of Career Fair \_\_\_\_\_

Name of Military Base \_\_\_\_\_

Name and City of Radio Station \_\_\_\_\_

Name and City of Television Station \_\_\_\_\_

Location of Billboard \_\_\_\_\_

Other \_\_\_\_\_

## 6 – Education

---

Last grade completed: \_\_\_\_\_

Please provide information regarding as many schools as you wish to share with us below . If you would like to provide more education history, you can provide more information at the bottom of this page.

### Most Recent School

Name & Location of School \_\_\_\_\_

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

Degree \_\_\_\_\_

Major \_\_\_\_\_

### Next Most Recent School

Name & Location of School \_\_\_\_\_

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

Degree \_\_\_\_\_

Major \_\_\_\_\_

### Next Most Recent School

Name & Location of School \_\_\_\_\_

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

Degree \_\_\_\_\_

Major \_\_\_\_\_

### Next Most Recent School

Name & Location of School \_\_\_\_\_

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

Degree \_\_\_\_\_

Major \_\_\_\_\_

Other schools or training (trade, vocational, business, military).

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

# 7 - Office & Computer Skills

---

Office Skills & Equipment

Equipment You Can Operate

---

---

---

---

Other

---

---

---

---

Computer Skills

---

---

---

---

Professional Registrations/Licenses/Certifications

---

---

---

---

Other Training

---

---

---

---

---

---

---

---

---

---



---

---

## 8 - Past Employment

---

List below your experience record.

Please include part-time and temporary employment, as well as job-related military service.

Start with your present or most recent job. Account for any gaps in your employment history.

List any self-employment. Under specific duties, describe the kind of work you did, machines or equipment operated, and the number and title of employees you supervised, if any.

Attach additional sheets if necessary.

Have you previously worked for the City of Rock Hill?

Yes No

If yes, what department and when?

---

---

---

---

---

---

---

---

---

---

Please provide information regarding all of your previous jobs. Attach additional sheets if necessary.

### Last or Current Job

Company Name \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Company Address \_\_\_\_\_

Your Title \_\_\_\_\_

Start Date \_\_\_\_\_

End date \_\_\_\_\_

Starting Salary \_\_\_\_\_

Ending Salary \_\_\_\_\_

Specific Duties

---

---

---

---

Reason for leaving

---

---

---

---

May we contact this employer?

Yes No

Next Most Recent Job

Company Name\_\_\_\_\_

Supervisor's Name\_\_\_\_\_

Phone Number\_\_\_\_\_

Company Address\_\_\_\_\_

Your Title\_\_\_\_\_

Start Date\_\_\_\_\_

End date\_\_\_\_\_

Starting Salary\_\_\_\_\_

Ending Salary\_\_\_\_\_

Specific Duties

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer?

Yes No

Next Most Recent Job

Company Name \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Company Address \_\_\_\_\_

Your Title \_\_\_\_\_

Start Date \_\_\_\_\_

End date \_\_\_\_\_

Starting Salary \_\_\_\_\_

Ending Salary \_\_\_\_\_

Specific Duties

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer?

Yes No

Next Most Recent Job

Company Name \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Company Address \_\_\_\_\_

Your Title \_\_\_\_\_

Start Date \_\_\_\_\_

End date \_\_\_\_\_

Starting Salary \_\_\_\_\_

Ending Salary \_\_\_\_\_

Specific Duties

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer?

Yes No

Next Most Recent Job

Company Name \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Company Address \_\_\_\_\_

Your Title \_\_\_\_\_

Start Date \_\_\_\_\_

End date \_\_\_\_\_

Starting Salary \_\_\_\_\_

Ending Salary \_\_\_\_\_

Specific Duties

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer?

Yes No

Next Most Recent Job

Company Name \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Company Address \_\_\_\_\_

Your Title \_\_\_\_\_

Start Date \_\_\_\_\_

End date \_\_\_\_\_

Starting Salary \_\_\_\_\_

Ending Salary \_\_\_\_\_

Specific Duties

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer?

Yes No

**Next Most Recent Job**

Company Name \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Company Address \_\_\_\_\_

Your Title \_\_\_\_\_

Start Date \_\_\_\_\_

End date \_\_\_\_\_

Starting Salary \_\_\_\_\_

Ending Salary \_\_\_\_\_

**Specific Duties**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for leaving**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer?

Yes No



(Attach additional sheets if necessary)

## 9 – References

---

Please provide contact information for five (5) references who are **not related** to you.

### **First Reference**

Reference Name \_\_\_\_\_

Reference Occupation \_\_\_\_\_

Your Relationship to Reference \_\_\_\_\_

Reference Address \_\_\_\_\_

Reference Daytime Phone Number \_\_\_\_\_

Reference Nighttime Phone Number \_\_\_\_\_

Best Time to Contact Reference \_\_\_\_\_

### **Second Reference**

Reference Name \_\_\_\_\_

Reference Occupation \_\_\_\_\_

Your Relationship to Reference \_\_\_\_\_

Reference Address \_\_\_\_\_

Reference Daytime Phone Number \_\_\_\_\_

Reference Nighttime Phone Number \_\_\_\_\_

Best Time to Contact Reference \_\_\_\_\_

**Third Reference**

Reference Name \_\_\_\_\_

Reference Occupation \_\_\_\_\_

Your Relationship to Reference \_\_\_\_\_

Reference Address \_\_\_\_\_

Reference Daytime Phone Number \_\_\_\_\_

Reference Nighttime Phone Number \_\_\_\_\_

Best Time to Contact Reference \_\_\_\_\_

**Fourth Reference**

Reference Name \_\_\_\_\_

Reference Occupation \_\_\_\_\_

Your Relationship to Reference \_\_\_\_\_

Reference Address \_\_\_\_\_

Reference Daytime Phone Number \_\_\_\_\_

Reference Nighttime Phone Number \_\_\_\_\_

Best Time to Contact Reference \_\_\_\_\_

**Fifth Reference**

Reference Name\_\_\_\_\_

Reference Occupation\_\_\_\_\_

Your Relationship to Reference\_\_\_\_\_

Reference Address\_\_\_\_\_

Reference Daytime Phone Number\_\_\_\_\_

Reference Nighttime Phone Number\_\_\_\_\_

Best Time to Contact Reference\_\_\_\_\_

List the name, department, and relationship to you of any relatives presently working for the City of Rock Hill.

\_\_\_\_\_

List name, department and relationship of person presently residing with you who works for the City of Rock Hill.

\_\_\_\_\_

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

## 10 - Personal Information

---

The Rock Hill Police Department has a community-based policing philosophy. To help us determine job related skills and experiences you have gained outside of an employment setting, please list below your hobbies special skills, and abilities, etc.

---

---

---

---

List social, civic, and professional organizations that you belong to or have belonged to in the past

---

---

---

---

Please indicate type of special license such as pilot, radio operator, etc. including licensing authority, where the license was first issues, and the date your current license expires.

---

---

---

---

Special skills you possess and machines and equipment you can use.

---

---

---

---

List any foreign languages in which you are fluent. Please indicate whether you can read, write, and/or speak the language.

---

Are you related by blood or marriage to any person(s) now employed by the Rock Hill Police Department?

Yes No

If yes, give name(s) and details

---

Is(Are) any member(s) of your immediate family now in prison or on probation or parole?

Yes No

If yes, give name(s) and details

---

---

---

Have you ever been sued with a civil judgment being rendered against you?

Yes No

If yes, give details

---

---

---

---

---

---

---



---

---

---

(attach additional sheets if necessary)

## 12 - Employment Requirements

---

Have you ever applied with or been denied employment by a law enforcement agency?

Yes No

If yes, list agency name, position, and date of application.

---

---

---

---

Are you willing and able to wear a uniform?

Yes No

Do you have any tattoos that are visible on your arms while wearing a short sleeved shirt or visible above the collar on your neck?

Yes No

If yes, please describe the tattoo, including size and placement, and then please email a picture of the tattoo while wearing a short sleeve shirt to Officer Myers at:

paul.myers@cityofrockhill.com

Are you willing and able to work nights and holidays?

Yes No

Are you willing and able to work rotating shifts?

Yes No

Occasionally, you may be asked to be away from home overnight or for other periods of time attending meetings, acquiring training, and otherwise performing official duties. Would you be able to fulfill these obligations?

Yes No

If you have ever been discharged or requested to resign from any position because of criminal or personal misconduct or rules violations, give details.

---

---

---

---

## 13 - Volunteer Service

---

In the past ten (10) years, have you served as a volunteer in any capacity?

Yes No

If yes, please provide agency/organization name, address, telephone number, supervisor/coworker name, and dates of service.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



# 14 - Military Service

---

Were you ever in the U.S. Military Service or any other military organization?

Yes No

**The questions below only apply to veterans.**

Service Number \_\_\_\_\_

Highest Rank \_\_\_\_\_

Date of First Active Duty \_\_\_\_\_

List branch, unit, location, and dates for all unit assignments.

---

---

---

---

---

---

---

---

Date of Last Discharge from Active Duty \_\_\_\_\_

Location of Last Discharge from Active Duty \_\_\_\_\_

Were you ever court-martialed, tried on charges, the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action while a member of the armed forces?

Yes No

If yes, provide details

---

---

---

---

---

---

List any disciplinary action taken against you in the National Guard or other reserve unit.

---

---

---

---

---

List all medals and decorations awarded to you during your military service.

---

---

---

---

---

If you are presently a member of the National Guard or any other military reserve, give the unit and location, and describe your obligation.

---

---

---

---

# 15 - Criminal Offense Record

---

Answer all of the following questions completely and accurately. Any falsification or misstatement of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "yes."

You should answer "no" only if you have never been arrested or charged, or your record was expunged by a judge's court order.

Note: Include all offenses other than minor traffic offenses. The following are not minor traffic offenses and must be listed below : DWI/DUI (alcohol or drugs), failure to stop in the event of an accident, driving with a revoked or suspended license.

Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense?

Yes No

If yes, give details including offense charged, law enforcement agency, date and disposition of case.

---

---

---

---

Have you ever been charged with or convicted of a felony?

Yes No

If yes, give details

---

---

---

---

Have you ever been charged with or convicted of the crime of domestic violence?

Yes No

If yes, give details

---

---

---

---

Have you ever been involved in a physical altercation with a close family member?

Yes No

If yes, give details

---

---

---

---

Have you ever been placed on probation?

Yes No

If yes, give details

---

---

---

---

Have you ever been required to pay a fine in excess of \$50.00, not including court costs?

Yes No

If yes, give details

---

---

---

---

In the past ten (10) years, have you ever stolen from a person or business?

Yes No

If yes, give details

---

---

---

---

Have you ever paid or received anything that could have the appearance of a bribe or inappropriate gratuity?

Yes No

If yes, give details

---

---

---

---

Have you ever committed any crimes that you were not charged with?

Yes No

If yes, give details

---

---

---

---

# 16 - Driver Information

---

Can you operate a motor vehicle?

Yes No

Do you possess a valid driver's license from the State of South Carolina?

Yes No

If you possess a driver's license issued by any state(s) other than South Carolina, provide state(s) and number(s) below

---

---

---

---

If your license has ever been revoked or suspended, provide state(s), date(s), and reason(s) below

---

---

---

---

If your license has ever been restored after being revoked or suspended, provide information, including date(s) below

---

---

---

---

If your driving privileges have ever been restricted, provide details below

---

---

---

---



## 18 - Credit Report

---

I authorize the Rock Hill Police Department to obtain a report on my credit history in order to determine my suitability for employment.

Full Name \_\_\_\_\_

Date \_\_\_\_\_

## 19 - Background Investigation

---

Background Investigation/Authorization and release to obtain information

To Whom It May Concern:

I am an applicant for a position with the Rock Hill Police Department. In order to determine my suitability for employment, I understand that the Rock Hill Police Department of Rock Hill, South Carolina must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information (including, but not limited to, performance evaluations, disciplinary actions, counseling, any information contained in the law enforcement agency's internal affairs file or files, and any other information contained in my personnel files) to the authorized agent of the Rock Hill Police Department of Rock Hill, South Carolina regarding me whether of a privileged or confidential nature.

Moreover, I hereby release the Rock Hill Police Department of Rock Hill, South Carolina from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment with the City of Rock Hill. And, I hereby release the issuing agency and its agents and employees both individually and collectively from any and all liability for damages of whatever kind, which may at any time result because of compliance with the authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for employment as allowed by law. I do further authorize the Rock Hill Police Department, its agents and employees, to release copies of any and all information and other information contained in my personnel files to any agency or entity regulating the certification authority of conduct of law enforcement officers.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigative process has been completed, whichever is later.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

Full Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_



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