



## CITY OF CHARLESTON POLICE DEPARTMENT

### BACKGROUND INVESTIGATION QUESTIONNAIRE

Applicant: \_\_\_\_\_

**Instructions:** You, the applicant must complete the questionnaire; no one else may complete the Questionnaire for you. This document must be typed. All questions must be answered. If a question does not pertain to you write provided. Attach additional pages to the document if additional space is necessary to complete your answers.

**This Questionnaire is due at the time of your testing date.** Failure to return this Questionnaire could delay progression through the application/testing process. This questionnaire and any attachments become the property of the City of Charleston, South Carolina.

#### GENERAL INFORMATION

1. Full Name (first, middle, last): \_\_\_\_\_

2. List **ALL** other names you have used or by which you have been known, officially or unofficially, including nick names, monikers, former names, maiden names, abbreviations:  
\_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Social Security Number: \_\_\_\_\_

5. Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

6. Are you a United States Citizen?  Yes  No

7. List All Current Telephone Numbers and Email Address:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Current Home Address:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

8. Vehicle Information:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

VIN: \_\_\_\_\_ License Plate: \_\_\_\_\_ State: \_\_\_\_\_

9. Place of Birth: \_\_\_\_\_

10. Father's Full Name and Address:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

11. Mother's Full Name and Address:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

12. List All Siblings:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List ALL persons with which you have had a significant relationship with (if different from your spouse) in the last five years. This includes but is not limited to past or current fiancés, relationships that lasted over three months, relationships that produced a child, or relationships where you cohabitated. (attach a separate sheet if additional space is needed):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

List Names, Ages and Addresses of Children over the age of 17:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

List Names, Ages and Addresses of Children over the age of 17:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

List Names, Ages and Addresses of Children over the age of 17:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

13. Spouse's Full Name and Place of Employment (if applicable):

Name: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Work Schedule: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

14. Spouse's maiden name and all other names that your spouse has been known by (if applicable):

\_\_\_\_\_

15. Date of Marriage: \_\_\_\_\_

16. Place of Marriage: \_\_\_\_\_

17. List Names, Ages and Addresses of Children from this Marriage over the age of 17:

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

18. List all Former Marriages (attach a separate sheet if additional space is needed):

Ex-Spouse's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

List Names, Ages and Addresses of All Children from this Marriage over age 17:

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Ex-Spouse's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

List Names, Ages and Addresses of All Children from this Marriage over age 17:

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

19. Has an Ex Parte or Other Type of Restraining Order Ever Been Placed Against You?

Yes  No

If "Yes", explain: \_\_\_\_\_

20. Do you have any tattoos?  Yes  No

If "Yes" describe and list locations:

\_\_\_\_\_

21. List all clubs, group associations, or organizations that you belong or have had an affiliation with. Exclude those that would indicate race, religion, color, sex or national origin.

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

22. List the Full Names of all Adults that have resided in the same household with you in the past ten (10) years (attach a separate sheet if additional space is needed):

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
From Date: \_\_\_\_\_ To Date: \_\_\_\_\_  
Persons Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
From Date: \_\_\_\_\_ To Date: \_\_\_\_\_  
Persons Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
From Date: \_\_\_\_\_ To Date: \_\_\_\_\_  
Persons Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
From Date: \_\_\_\_\_ To Date: \_\_\_\_\_  
Persons Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**EDUCATION**

23. Do you possess a  G.E. D.,  High School Diploma, or  College Degree? (check all that apply):  
Received G.E.D. or High School Diploma from: \_\_\_\_\_  
Received College Degree from: \_\_\_\_\_

24. List all Colleges or Universities that you have attended (attach a separate sheet if additional space is needed):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

25. Give a brief explanation of any academic or disciplinary problems in which you were involved while in College (including academic suspension):

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

26. List and Explain ALL Contacts that you had with college security:

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

### **SKILLS AND TRAINING**

27. List any special skills or training that you have received or are licensed for.

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

28. List all foreign or sign languages in which you are fluent:

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

### **EMPLOYMENT HISTORY**

**Important Notice:** You must list every job you have held in the last ten (10) years regardless of whether you feel they are relevant to the position for which you are applying. Failure to do so will result in automatic disqualifications. Failure to complete all required information, Names, Addresses, Dates, Phone Numbers, Etc. may limit our ability to assess your suitability for hire, and eliminate you from further consideration.

29. List all dates of **unemployment** in the last ten (10) years. Include the length of unemployment and efforts to seek employment.

Unemployed: From Date: \_\_\_\_\_ To Date: \_\_\_\_\_  
Efforts seeking employment: \_\_\_\_\_

Unemployed: From Date: \_\_\_\_\_ To Date: \_\_\_\_\_  
Efforts seeking employment: \_\_\_\_\_

Unemployed: From Date: \_\_\_\_\_ To Date: \_\_\_\_\_  
Efforts seeking employment: \_\_\_\_\_

Unemployed: From Date: \_\_\_\_\_ To Date: \_\_\_\_\_  
Efforts seeking employment: \_\_\_\_\_

30. List ALL jobs you have held, including part time, temporary, and volunteer work in the last ten (10) with the **most recent position** held and work back (attach a separate sheet if additional space is needed).

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
End Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Supervisor's Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Brief Job Description: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
End Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Supervisor's Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Brief Job Description: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
End Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Supervisor's Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Brief Job Description: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
End Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Supervisor's Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Brief Job Description: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
End Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Supervisor's Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Brief Job Description: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
End Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Supervisor's Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Brief Job Description: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
End Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Supervisor's Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Brief Job Description: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
End Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Supervisor's Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Brief Job Description: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_



31. Have you ever been fired from, terminated from, or asked to resign from a job?

Yes  No

If "Yes" explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY RECORD**

**Read and answer this section carefully, even if you have never served in the military.**

32. Sign the following statement if you have never served in any branch of the armed services, including the National Guard or Military Reserves. If you have served in the military skip to the next question.

I swear or affirm that I have never served in **ANY** branch of the armed services at any time.

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

33. Are you currently participating in any military reserve or National Guard program?

Yes  No

If "Yes" Branch of Service: \_\_\_\_\_

MOS: \_\_\_\_\_ Date of Enlistment: \_\_\_\_\_

Initial Rank: \_\_\_\_\_ Current Rank: \_\_\_\_\_

Commander: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

List all duty stations and assignments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. List all prior military experience, attach a copy of your DD-214 (Long Form):

Branch of Service: \_\_\_\_\_

MOS: \_\_\_\_\_ Date of Enlistment: \_\_\_\_\_

Initial Rank: \_\_\_\_\_ Current Rank: \_\_\_\_\_

Commander: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

List all duty stations and assignments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medals or awards received: \_\_\_\_\_

List and explain all disciplinary problems while in the military, article 15's, UCMJ convictions, demotions, etc.  
\_\_\_\_\_

**DRIVING RECORD**

35. List **ALL** traffic summons, tickets, or citations you have ever received for the past ten (10) years, regardless of disposition, i.e. Expunged etc. (Attach a separate sheet if additional space is needed):

Charge: \_\_\_\_\_  
Date: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Location: \_\_\_\_\_  
Court where Filed: \_\_\_\_\_  
Disposition: \_\_\_\_\_

Charge: \_\_\_\_\_  
Date: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Location: \_\_\_\_\_  
Court where Filed: \_\_\_\_\_  
Disposition: \_\_\_\_\_

Charge: \_\_\_\_\_  
Date: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Location: \_\_\_\_\_  
Court where Filed: \_\_\_\_\_  
Disposition: \_\_\_\_\_

36. List **ALL** traffic accidents in which you were the driver of the vehicle involved.

Date of Accident: \_\_\_\_\_ Monetary Amount of Damage (\$\$): \_\_\_\_\_  
Address Where Accident Occurred: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Party at Fault: \_\_\_\_\_  
Circumstances Surrounding the Accident: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Monetary Amount of Damage (\$\$): \_\_\_\_\_  
Address Where Accident Occurred: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Party at Fault: \_\_\_\_\_  
Circumstances Surrounding the Accident: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Monetary Amount of Damage (\$\$): \_\_\_\_\_  
Address Where Accident Occurred: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Party at Fault: \_\_\_\_\_  
Circumstances Surrounding the Accident: \_\_\_\_\_

37. List **EVERY** State in which you have been licensed to operate a motor vehicle.

State: \_\_\_\_\_ Year(s): \_\_\_\_\_  
State: \_\_\_\_\_ Year(s): \_\_\_\_\_  
State: \_\_\_\_\_ Year(s): \_\_\_\_\_

38. Has your license ever been suspended or revoked?  Yes  No

If yes, please give details (include when, where):

\_\_\_\_\_

\_\_\_\_\_

39. Have you ever been refused automobile insurance coverage or has it ever been cancelled?  Yes  No

If yes, please give details (include when, where):

\_\_\_\_\_

\_\_\_\_\_

40. List the Insurance Company and Agent currently holding an insurance policy on the vehicles you currently own.

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

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vehicle(s) Covered: \_\_\_\_\_

\_\_\_\_\_

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

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vehicle(s) Covered: \_\_\_\_\_

\_\_\_\_\_

## LAW ENFORCEMENT CONTACT

41. List ALL official contact you have had with any law enforcement agency or court system. This includes municipal, county, state, and federal agencies or court systems, as well as military courts, military police and military investigative units, including any judicial or non-judicial action in the military. List all incidents where you were questioned, warned, issued a summons, detained, arrested, or convicted. This includes all infractions, ordinance violations, misdemeanors and felonies. Do not include traffic violations covered previously (attach a separate sheet if additional space is needed).

Name of Agency or Court: \_\_\_\_\_

Date of Contact: \_\_\_\_\_

Name of Officer: \_\_\_\_\_

Reason of Contact: \_\_\_\_\_

Charge (if any): \_\_\_\_\_

Sentence (if any): \_\_\_\_\_

Disposition of Incident: \_\_\_\_\_

\_\_\_\_\_

Name of Agency or Court: \_\_\_\_\_

Date of Contact: \_\_\_\_\_

Name of Officer: \_\_\_\_\_

Reason of Contact: \_\_\_\_\_

Charge (if any): \_\_\_\_\_

Sentence (if any): \_\_\_\_\_

Disposition of Incident: \_\_\_\_\_

42. Have you ever been fingerprinted?  Yes  No

If "Yes" please give details (include reason, when, where):

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43. Have you ever been the victim of a crime?  Yes  No

If "Yes" please explain:

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44. Have you ever been reported to a law enforcement agency as a missing person or runaway?  Yes  No

If "Yes" explain:

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45. Have you ever applied for a permit to carry a concealed weapon?  Yes  No

If "Yes" Name of Law Enforcement Agency: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Was the request granted?  Yes  No

Explain the purpose for carrying the concealed weapon: \_\_\_\_\_

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46. Do you currently have any unpaid fines, court costs, or court ordered restitution?

Yes  No

If yes, give all details, including the law enforcement agency, location and court dates:

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47. List any friends, associates or relatives, past and present, which have been convicted or a felony or participate in a criminal act. Give a brief explanation of your relationship to the person and the criminal activity in which they are or were involved:

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48. Give a brief explanation of any neighborhood disputes in which you have been involved in, include names of persons involved, dates and locations:

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49. Do you now, or have ever illegally used, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, methamphetamine, heroin, steroids, pharmaceuticals, prescription drugs or drugs of similar nature? Drug use is not necessarily an automatic disqualification. Intentionally omitting information or LYING will be cause for automatic disqualification.

Yes  No

If "Yes" complete the following information for **each** illegal substance:

Type of drug: \_\_\_\_\_  
Number of Times: Used: \_\_\_\_\_ Possessed: \_\_\_\_\_ Supplied: \_\_\_\_\_ Sold: \_\_\_\_\_  
Date First Time: Used: \_\_\_\_\_ Possessed: \_\_\_\_\_ Supplied: \_\_\_\_\_ Sold: \_\_\_\_\_  
Date Last Time: Used: \_\_\_\_\_ Possessed: \_\_\_\_\_ Supplied: \_\_\_\_\_ Sold: \_\_\_\_\_

Type of drug: \_\_\_\_\_  
Number of Times: Used: \_\_\_\_\_ Possessed: \_\_\_\_\_ Supplied: \_\_\_\_\_ Sold: \_\_\_\_\_  
Date First Time: Used: \_\_\_\_\_ Possessed: \_\_\_\_\_ Supplied: \_\_\_\_\_ Sold: \_\_\_\_\_  
Date Last Time: Used: \_\_\_\_\_ Possessed: \_\_\_\_\_ Supplied: \_\_\_\_\_ Sold: \_\_\_\_\_

Type of drug: \_\_\_\_\_  
Number of Times: Used: \_\_\_\_\_ Possessed: \_\_\_\_\_ Supplied: \_\_\_\_\_ Sold: \_\_\_\_\_  
Date First Time: Used: \_\_\_\_\_ Possessed: \_\_\_\_\_ Supplied: \_\_\_\_\_ Sold: \_\_\_\_\_  
Date Last Time: Used: \_\_\_\_\_ Possessed: \_\_\_\_\_ Supplied: \_\_\_\_\_ Sold: \_\_\_\_\_

### FINANCIAL

50. Have you ever filed for bankruptcy?  Yes  No  
If "Yes" explain: \_\_\_\_\_

51. Do you have any liens or encumbrances on your personal property?  Yes  No  
If "Yes" explain: \_\_\_\_\_

52. Have you ever had any debts turned over to a collections agency?  Yes  No  
If "Yes" explain: \_\_\_\_\_

53. Have your wages ever been garnished?  Yes  No  
If "Yes" explain: \_\_\_\_\_

54. Do you pay child support?  Yes  No

55. Is the child support court ordered?  Yes  No

56. Are your child support payments current?  Yes  No  
If "No" explain: \_\_\_\_\_

57. Have you ever been delinquent with child support?  Yes  No

58. Do you owe overdue alimony?  Yes  No  
If "Yes" explain: \_\_\_\_\_

59. Have you ever been delinquent on tax due to any City, State or the Federal Government?  Yes  No  
If "Yes" explain: \_\_\_\_\_

60. Have you ever had a civil or criminal lawsuit filed against you?  Yes  No  
If "Yes" explain: \_\_\_\_\_

61. List all business ventures in which you have a financial interest in:

Name of Business: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of Partners: \_\_\_\_\_  
Name of Creditors: \_\_\_\_\_

Name of Business: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of Partners: \_\_\_\_\_  
Name of Creditors: \_\_\_\_\_

Name of Business: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of Partners: \_\_\_\_\_  
Name of Creditors: \_\_\_\_\_

**RESIDENCY**

62. Have you ever been evicted or asked to leave a rental house, apartment or other dwelling?  Yes  No  
If "Yes" explain: \_\_\_\_\_  
\_\_\_\_\_

63. List the address of place at which you have resided, on either a permanent or temporary basis for the past ten (10) years. Starting with your current address.

Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
From Date: \_\_\_\_\_ to Date: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
From Date: \_\_\_\_\_ to Date: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
From Date: \_\_\_\_\_ to Date: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From Date: \_\_\_\_\_ to Date: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From Date: \_\_\_\_\_ to Date: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**REFERENCES**

64. List three individuals who have knowledge of your character: Excluding all relatives and former employers.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

65. List any additional information you would like to provide that relates to your background that you feel is important to this investigation.

\_\_\_\_\_  
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**I certify that I have read and understand the contents of this document, and that I have not deliberately falsified or omitted any information. I acknowledge that deliberate falsifications, omissions or misstatements shall be grounds for disqualifications.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# CITY OF CHARLESTON POLICE DEPARTMENT

## BACKGROUND INVESTIGATION WAIVER AND RELEASE OF PERSONAL INFORMATION AUTHORIZATION

I, \_\_\_\_\_, am applying for the position of \_\_\_\_\_ with the Charleston South Carolina Police Department.

I understand that, in order to gauge my fitness for the position, the City of Charleston must conduct a thorough and complete background investigation.

I understand that, to facilitate a thorough and complete background investigation and to ensure complete candor on the part of those providing the necessary information, I must:

- A.) Consent to an investigation by the City of Charleston concerning my background;
- B.) Waive any and all claims I might otherwise have against those individuals who conduct the investigation, or those who cooperate and provide information to the City; and
- C.) Waive my right to review the complete background investigation.

### WHEREFORE

I, for and in consideration of the City of Charleston's consideration of my application for the position, do hereby specifically authorize the City of Charleston to conduct a thorough and complete background investigation on me for the purpose of gauging my fitness for the position.

I understand this background investigation is required because of the nature of the particular position that I have made application in that it involves sensitive position or that I may be working in an area where confidentiality and security is important.

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, may be considered in determining my suitability for employment by the City of Charleston, South Carolina, whether the position sought is paid or unpaid position, voluntary or educational in nature.

I, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized officer, employee or agent of the City of Charleston, South Carolina, and its Police Department, whether the said records are of public, private or confidential nature.

I, do hereby authorize full and complete disclosure of any and all records of educational institutions; financial or credit institutions, including records of loans, records of commercial or retail credit agencies, to include credit reports and/or ratings; and other financial statements and records wherever filed; medical and psychiatric treatment or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; current employment and previous employment records, including but not limited to any prior or current law enforcement agency employers, including background reports, efficiency ratings, complaints or grievances filed by or against me; records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; traffic and criminal history records; and records referred to in this paragraph shall include, but are not



limited to papers, documents, recordings and photographs, whether on paper or stored/transmitted electronically.

I also hereby authorize access to any and all social networking account(s) that have been created under my name and/or email address(s) related to web based internet (Facebook, Twitter, MySpace, etc.) Refusal to allow access to social networking site account(s) created under my name and/or email address(s) shall be grounds for dismissal from the testing process.

I understand that the City may in its sole discretion disclose to any appropriate law enforcement agencies and other governmental authorities any information received in the course of the background investigation indicative of conduct constituting any past, current or future felony or misdemeanor violations of any federal or state law or local ordinance committed or planned by me.

I release, discharge, covenant not to sue and indemnify and hold harmless the City of Charleston, South Carolina, and all of its employees, agents, and assigns, from and against any and all claims, causes of action, losses, damages and/or liabilities of any kind or type resulting from or in connection with the performance or use of the background investigation to any person or entity as may be authorized by the terms of this release or at my written direction and consent.

I do hereby specifically authorize, request and direct any individual, including but not limited to my family, friends, neighbors (past or present), and acquaintances (past or present), my employers (past or present), my references, educational institutions of any kind, credit bureaus or consumer reporting agencies, medical institutions or doctors, or any other person, institution, organization or governmental agency or instrumentality (local, state, federal, military, or foreign), wherever situated, to completely and thoroughly answer any and all questions concerning me posed by an official or employee of the City and to provide to the City, or any of its officials or employees, any requested document, information, record or file concerning me.

I understand that, in the event I suffer any injury of any kind as a result of the individual's cooperation with the conduct of the background investigation or release of information to the City, I am herein forfeiting any and all right to bring legal action against or seek redress in the courts from the individual, even if such injury or harm occurs as a direct result of the individual's negligence or actual malice or any other failure on the individual's part to satisfy any duty owed me.

I understand that, in the event I suffer any injury of any kind as a result of the City's conduct of this background investigation, I am herein forfeiting any and all right to bring legal action against or seek redress in the courts from the City or any of its officials or employees. Even if such injury or harm occurs as a direct result of their negligence or any other failure on their part to satisfy any duty owed me.

And, also for and in consideration of the City of Charleston's consideration of my application for the position, recognizing that complete candor on the part of those from whom information is sought is ensured only by maintaining the confidentiality of a complete background investigation, I do hereby waive, release and forever relinquish any right I might otherwise have pursuant to any provision of federal or state statute or regulation, local ordinance or common law, to review and/or copy any background investigation report, including but not limited to the final and any draft reports, and all written or otherwise recorded documents or data created, compiled or collected in connection with such background investigation, completed on me or any part thereof.

For purposes of conducting the background investigation and gathering the information necessary to gauge my fitness for the position, this Waiver and Release shall be effective for a period of 18 months from the date of my execution hereof. A copy of the Waiver and Release shall be deemed as effective as the original. My waiver of the right to review and copy the background investigation is perpetual.

This Waiver and Release of All Claims is intended to be as broad and inclusive as permitted by the laws of the State of South Carolina and, if any portion hereof is held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect. My spouse (if any), heirs and legal representative, and any and all successors and assigns, are bound by the terms of this Waiver and Release of All Claims. This Waiver contains the entire agreement between the parties hereto and its terms are contractual and are not a mere recital.

I have carefully read the above and foregoing Waiver and Release consisting of three pages in its entirety. I know and understand the contents thereof and do, of my own free will, sign this Waiver and Release indicating my specific agreement to any and all terms.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**(MUST BE NOTARIZED BELOW)**

\_\_\_\_\_  
STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

**SUBSCRIBED** and SWORN to before me, a Notary Public, this \_\_\_\_\_ da y of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary

My Commission Expires: \_\_\_\_\_