



# TOWN OF WILLISTON

13112 MAIN STREET / WILLISTON / SOUTH CAROLINA / 29853

## APPLICATION FOR EMPLOYMENT

### PERSONAL DATA

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

A. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

B. Address: Street: \_\_\_\_\_ Apartment: \_\_\_\_\_

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

C. Telephone: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

D. How did you learn of the position? Newspaper  Friend   
Other (Please Specify) \_\_\_\_\_

E. Have you ever applied with the Town of Williston before? Yes  No   
If yes, when? \_\_\_\_\_ What position? \_\_\_\_\_

F. Have you ever worked for the Town of Williston before? Yes  No   
If yes, when? \_\_\_\_\_ What position? \_\_\_\_\_

G. Do you have any relative(s) employed by the Town of Williston? Yes  No   
If yes, give: Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Department: \_\_\_\_\_

H. Have you ever been convicted of a crime (other than minor traffic violations)? Yes  No   
If yes, provide: Charge: \_\_\_\_\_ Place: \_\_\_\_\_  
Date: \_\_\_\_\_ Disposition: \_\_\_\_\_

I. Are there any charges/indictments now pending against you? Yes  No   
If yes, explain: \_\_\_\_\_

\*NOTE: A "YES" answer to the two questions above will not necessarily bar you from employment. The nature, severity and date of the offense in relation to the position for which you are applying are considered.

J. Do you have a valid driver's license? Yes  No  State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

K. Do you have a valid commercial driver's license? Yes  No  State: \_\_\_\_\_ Number: \_\_\_\_\_

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

M. Has your license, permit or privilege ever been suspended or revoked? Yes  No   
If yes, provide details: \_\_\_\_\_

### EDUCATION

	NAME	CITY/STATE	Choose Highest Year Completed	Did you Graduate?		DEGREE/MAJOR
				Yes	No	
HIGH SCHOOL				<input type="checkbox"/>	<input type="checkbox"/>	N/A
COLLEGE				<input type="checkbox"/>	<input type="checkbox"/>	
TECHNICAL				<input type="checkbox"/>	<input type="checkbox"/>	
OTHER				<input type="checkbox"/>	<input type="checkbox"/>	

NAME:

POSITION:

DATE:

**EMPLOYMENT DATA**

A. Position applying for: \_\_\_\_\_

B. Minimum Acceptable Salary: \$ \_\_\_\_\_

C. Would you accept: Full Time: Yes  No   
Part Time: Yes  No   
Temporary Yes  No

D. Please indicate days available for work:  
Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

E. Do you have transportation to and from work? Yes  No

F. What hours are you available for work? From: \_\_\_\_\_ To: \_\_\_\_\_

G. If necessary, will you work overtime? Yes  No

H. Have you ever been denied bonding? Yes  No  If Yes, give details: \_\_\_\_\_  
\_\_\_\_\_

I. List any professional licenses you hold that are applicable to position applied for:  
Type: \_\_\_\_\_ License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

J. Skills: Typing: Yes  No  WPM: \_\_\_\_\_  
Transcription: Yes  No  WPM: \_\_\_\_\_  
Word Processing: Yes  No  Equipment: \_\_\_\_\_ How Long: \_\_\_\_\_

K. Please list any other pertinent experience, skills, training or volunteer experience that you have which are related to the position for which you are applying:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

L. Date you are available to start: \_\_\_\_\_

**EMPLOYMENT HISTORY**

A. Are you presently employed? Yes  No  May we contact you at work? Yes  No

B. Have you ever been discharged or forced to resign from any position? Yes  No

If yes, please explain: \_\_\_\_\_

**C. INSTRUCTIONS:** READ CAREFULLY BEFORE COMPLETING THE REMAINDER OF THIS SECTION. IT IS IMPORTANT THAT THIS SECTION BE COMPLETED IN DETAIL IF YOUR EXPERIENCE IS TO BE FAIRLY EVALUATED.

1. Give specific information about the nature and responsibilities of each position you have held. Use a separate block for each position, even if it is with the same employer.
2. List all employment including military service, part-time and self-employment. Include all periods of unemployment except those during which you were a full-time student at an academic or technical institution.
3. **A RESUME MAY NOT BE SUBSTITUTED FOR THIS SECTION.** However, a resume may be attached upon full completion of this application.
4. Start with the most recent position and work back to first position you held.
5. If space is too limited for listing all your employment record, you may use an additional sheet of paper following the same format used on the next page. Sign/print your name and include with this application.

(1) (Current or most recent position)

Employer's Name: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Position Title: \_\_\_\_\_

May we contact? Yes  No

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

Dates employed in this position:

Mo: \_\_\_\_\_ Yr: \_\_\_\_\_ -TO- Mo: \_\_\_\_\_ Yr: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Name on employment records if different from present name: \_\_\_\_\_

Description of specific duties

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

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

(2) (Current or most recent position)

Employer's Name: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Position Title: \_\_\_\_\_

May we contact? Yes  No

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

Dates employed in this position:

Mo: \_\_\_\_\_ Yr: \_\_\_\_\_ -TO- Mo: \_\_\_\_\_ Yr: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Name on employment records if different from present name: \_\_\_\_\_

Description of specific duties

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

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

(3) (Current or most recent position)

Employer's Name: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Position Title: \_\_\_\_\_

May we contact? Yes  No

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

Dates employed in this position:

Mo: \_\_\_\_\_ Yr: \_\_\_\_\_ -TO- Mo: \_\_\_\_\_ Yr: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Name on employment records if different from present name: \_\_\_\_\_

Description of specific duties

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

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

(4) (Current or most recent position)

Employer's Name: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Position Title: \_\_\_\_\_

May we contact? Yes  No

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

Dates employed in this position:

Mo: \_\_\_\_\_ Yr: \_\_\_\_\_ -TO- Mo: \_\_\_\_\_ Yr: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Name on employment records if different from present name: \_\_\_\_\_

Description of specific duties

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

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

List three (3) references. Do not include current or past employers, relatives or past/present employees of the Town of Williston. Provide full name, address (city & state) and phone number.

NAME	ADDRESS	PHONE NO.
1.		
2.		
3.		

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN**

- The Town of Williston is an **Equal Opportunity Employer** and as such will recruit and hire employees without regard to race, religion, color, national origin, sex, age, political affiliation or disability except when physical condition is a *bona fide* occupational qualification.
- This application must be filled out in detail. Failure to complete all sections, or to sign this form, may result in its being returned for completion, causing delay or possible disqualification.
- This application will remain active for six (6) months from the date submitted.
- I understand and agree that acceptance of this application in no way obligates the Town of Williston to employ me or that there are any positions available.
- As an applicant for employment with the Town of Williston, I have furnished information for use in determining my qualifications for employment. I hereby authorize the Town of Williston to conduct a thorough background investigation to further support the statements contained herein.
- I hereby release the Town of Williston, current and past employers and references named herein (or in accompanying resume), from liability or damage resulting from providing information requested.
- If I request herein that my present employer not be contacted, an offer of employment will be conditioned upon acceptable information and verification from such employer prior to beginning work.
- I agree to submit to a urine drug screen if required for the position. The results of such analysis may be grounds for disqualifying me or terminating my employment.
- I agree to have a physical examination (town paid) as required for my position and understand that any offer of employment is contingent upon my passing this physical examination.
- I understand and agree that if employed, I will be an employee "at will" and will have the right to terminate my employment at any time, with or without notice and with or without cause, and that the town shall have the same right.
- No supervisor or official is authorized to make an oral or written assurance or promise of continued employment.
- If employed, I agree to abide by all present and subsequently issued personnel policies and rules of the town.
- I understand that if hired, I must meet the eligibility verification requirements of the Federal Immigration and Naturalization Service and submit appropriate documentation to satisfy the requirements of completing INS Form I-9. (A list of acceptable documents is available. However, the most commonly used ID is (1) a Passport or (2) a Social Security Card and Driver's License.)
- I hereby affirm that all statements made herein are true and correct to the best of my knowledge and understand that any misrepresentation may result in my being disqualified from further consideration or being terminated should I already be employed by the Town of Williston.
- My signature conveys that I have read, understand and agree to all the statements listed above.

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

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

**WILLISTON POLICE DEPARTMENT  
BACKGROUND INVESTIGATION INFORMATION  
13112 MAIN STREET  
WILLISTON, SC 29853**

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

NOTE: Information should be typewritten or clearly printed in ink. All questions must be answered; if not applicable, indicate N/A. Incomplete or illegible forms will not be considered. If needed for more complete answers or to furnish additional information, attach sheets the same size as this form and number answers to correspond with questions.

Position Applied for:  Police Officer  Police Secretary  
 Other: (Specify) \_\_\_\_\_

**1. PERSONAL HISTORY**

Name in Full: \_\_\_\_\_  
Last First Middle

If applicable, list maiden name or name(s) used other than above, including nicknames:

\_\_\_\_\_   
Last First Middle

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_

Are you a U.S. citizen?  Yes  No

If Naturalized citizen: # \_\_\_\_\_ Place: \_\_\_\_\_  
Court: \_\_\_\_\_

Marital Status:  Single  Married (date) \_\_\_\_\_  Separated  Divorced

List ALL states where you are or have been licensed to drive:

State: \_\_\_\_\_ Number: \_\_\_\_\_  
State: \_\_\_\_\_ Number: \_\_\_\_\_  
State: \_\_\_\_\_ Number: \_\_\_\_\_  
State: \_\_\_\_\_ Number: \_\_\_\_\_  
State: \_\_\_\_\_ Number: \_\_\_\_\_

**2. PREVIOUS RESIDENCES**

List Chronologically ALL residences in the past 10 years, including addresses while attending school and all military addresses, both on and off a military base.

Date		Apt	Street Address	City	State
From	To	No.			

**3. MILITARY RECORD**

- a. Are you registered for Selective Services? Yes  No   
 Selective service # \_\_\_\_\_ Local Board: \_\_\_\_\_
- b. Have you ever served on active duty in the Armed Forces of the United States? Yes  No   
 1) Branch of Military Service: \_\_\_\_\_  
 2) Highest Rank Achieved: \_\_\_\_\_  
 3) Dates of Active Duty: From: \_\_\_\_\_ To: \_\_\_\_\_  
 4) Type of Discharge: \_\_\_\_\_  
 5) Was any type disciplinary action taken against you in the service? Yes  No   
 Nature: \_\_\_\_\_
- c. Are you a member of the Reserve or National Guard? Yes  No   
 Ready  Standby  Service Branch: \_\_\_\_\_

**4. COURT RECORD**

a. If you were ever arrested or charged with any violation, list below even if there were no formal charges, no court appearance, found not guilty or other disposition.

Date	Place	Charge	Final Disposition	Details

b. List all traffic citations except parking tickets.

Date	Place	Charge	Final Disposition	Details

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


**5. CREDIT RECORD**

Has your credit record ever been considered unsatisfactory or have you ever been refused credit?  
 Yes  No  If yes, give dates, places, creditors and explanation.

Date	Creditor	City/State	Amount	Explanation

**6. RELATIVES/FRIENDS EMPLOYED BY GOVERNMENT**

List complete names of any close relatives or friends (including inlaws) who are employed in law enforcement.

Complete Name	Agency Where Employed	City & State	Relation

**7. SOCIAL REFERENCES**

List three social acquaintances in your own age group, listing complete information.

**NOTE:** *Do not duplicate any individuals listed as references on the City application.*

**\*\*Telephone Number Monday – Friday, 8 AM – 5PM\*\***

Name	City & State	Area Code & Phone Number**	Length of Acquaintance

**8. RELATIVES**

List complete information concerning relatives. If you have been married more than once, list information concerning each former spouse. If you or your spouse has stepparents, legal guardians or other with whom you lived other than your parents, list the information on Page 4, Sec. (8c). 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.

Name	City & State	A/C & Telephone No.
Father:		
Mother:		
Father in Law:		
Mother in Law:		

b.	Name	Address (if Different from Applicant)	Date of Birth
Spouse			
Children			

c. Other Relatives / Legal Guardians with whom you have resided for an extended time			
Name	City & State	A/C & Phone Number	Relation

**9. NARRATIVE**

In the space provided, please explain why you want to work for the Williston Police Department. Also, include any skills or expertise that you will bring with you.



**10. DOCUMENTS**

In order to be considered for employment, the following documents MUST accompany this completed form:

- 1) Legible copy of Birth Certificate.
- 2) Legible copy of High School Diploma or G.E.D.
- 3) If licensed in South Carolina, a Certified 10-year Driver's License History.
- 4) For Out-of-State Driver's License, a Certified Driver's License History with an official signature affixed for a minimum of five (5) years. If record is not immediately available, attach proof of application for same, such as a copy of the completed form or written letter of request to the State's DMV.

**11. ACKNOWLEDGMENT OF INFORMATION BY APPLICANT**

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 Williston. I further understand that any appointment tendered me will be contingent upon the results of a complete background investigation, and I am aware that willfully withholding information or making false statements on this document will be the basis for dismissal by the Town of Williston. I agree to these conditions, and I hereby certify that all statements that were made by me on this document are true and complete to the best of my knowledge.

\_\_\_\_\_  
Full Legal Signature of Applicant (no nicknames)

\_\_\_\_\_  
Date

In making and filing this document with the Williston Police Department, I authorized all persons, firms, officers, corporations, associations, organizations and institutions to furnish to the Williston Police Department or any of their authorized representatives all relevant documents, records or other information and opinions that are requested for this background investigation.

\_\_\_\_\_  
Full Legal Signature of Applicant (no nicknames)

\_\_\_\_\_  
Date



## South Carolina Criminal Justice Academy

Where South Carolina Law Enforcement  
Training Is Defined

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### Physical Abilities Test (PAT)

[Course Map](#)

[Video](#)

- The course measures a total of 870 feet (290 yards/265.2 meters)
- The course consists of a series of nine interspersed individual tasks, arranged in a continuous format that may be viewed as being essential (physical) job-tasks for law enforcement training:
  1. running;
  2. jumping (low hurdle);
  3. climbing stairs;
  4. low crawling;
  5. jumping (broad-type);
  6. climbing a fence (chain-link/four feet);
  7. climbing through a window;
  8. moving/dragging a weight (150 pounds);
  9. changing direction on the run.
- The trainee starts the course at a point, indicated in green on the course map.
- The candidate runs one and  $\frac{3}{4}$  laps around the perimeter of the course and enters the interior of the course at the point indicated in blue on the course map.
- The first obstacle encountered in the interior consists of two low hurdles, one and a half feet high and four feet long, placed 13 feet apart.
- After clearing the hurdles, stairs (five steps up to a 32-inch wide landing, 45 inches above the floor, and five steps down) must be negotiated twice (note that each step has a 7.5 inch rise and tread that is 11 inches wide).
- Once the stair event is completed another low hurdle must be cleared; the trainee must then successfully negotiate a low crawl under an obstacle set at 2  $\frac{1}{2}$  feet above the floor.
- Make a turn and clear a ditch simulation that is six feet in width.
- After another turn, a chain-link fence (four feet in height) must be climbed.
- Two additional turns made, and a four-foot high window (opening is 3' wide x 4.5' high) must be successfully entered.
- The candidate must then drag a 150-pound dead weight a distance of 20 feet.
- After the weight drag, the candidate exits the course, completes one final lap around the perimeter and finishes at the point indicated in red on the course map.
- The trainee must complete the course in 2 minutes 6 seconds or less.

Spotters (suggested minimum of three) and timekeepers (suggested minimum of two) are strategically located throughout the course.

An instructor demonstrates the course via a walk-through for the entire class prior to beginning. The purpose of this is directional rather than instructional; however, spotters and timekeepers guide individuals as the candidates run the course. The spotters serve to prevent injury as trainees negotiate the course and are

located at all obstacle events located in the course.

Two timekeepers are recommended, as it is possible to have two participants attempting the course simultaneously.

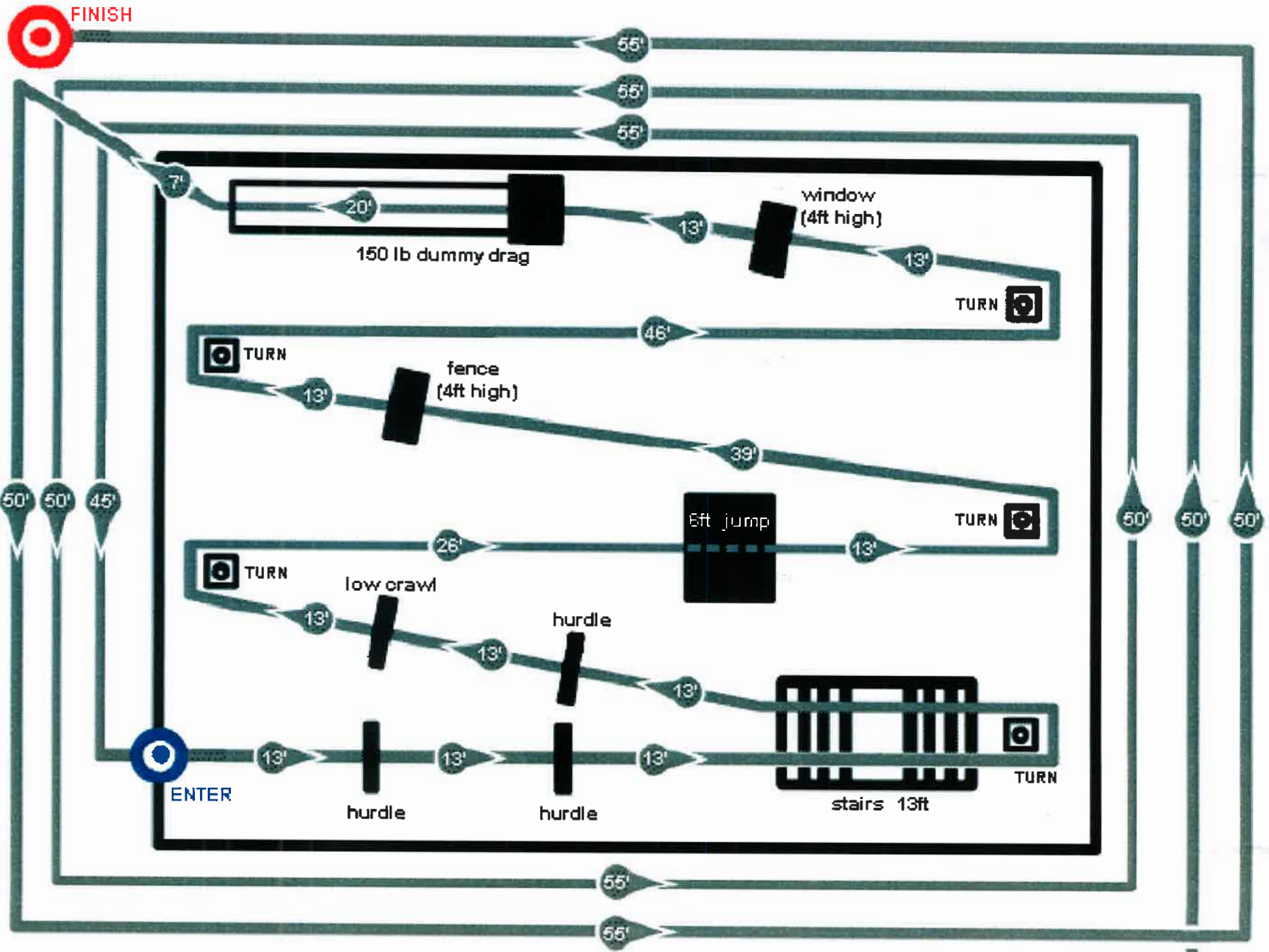
The course was designed for set-up in a gymnasium and occupies two-thirds of a regulation basketball court when fully deployed. It is recommended that the course be set-up indoors as to allow for the control of environmental factors.

**For additional information:**

Bruce Hancock  
803-896-7770  
[BMHancock@sccja.sc.gov](mailto:BMHancock@sccja.sc.gov)

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FINISH

55'

55'

55'

7'

20'

150 lb dummy drag

13'

window (4ft high)

13'

TURN

46'

TURN

13'

fence (4ft high)

39'

6ft jump

TURN

TURN

26'

low crawl

13'

hurdle

13'

13'

ENTER

13'

hurdle

13'

hurdle

13'

stairs 13ft

TURN

50'

50'

50'

55'

55'

not drawn to scale

START