



SUMMERVILLE POLICE DEPARTMENT

BRUCE E. OWENS
CHIEF OF POLICE



CITIZEN POLICE ACADEMY
Application for Admission

Incomplete and/or unsigned applications will not be considered. Please type or print all information. This document is a public record and information may be subject to release under the Freedom of Information Act.

PERSONAL

Name _____
Last First M.I.

Social Security Number _____

Prior Names Used (Including Maiden) _____

Date of Birth _____ SC Drivers license Number _____
Month/Day/Year

Race _____ Gender _____ Shirt Size: S M L XL XXL XXXL

Address _____
Full street address to include any apartment number, City, State, Zip Code

Telephone _____
Home Work

Are you a resident of Summerville? _____ For how long? _____

Previous addresses for last 5 years (If different than above)

Are you employed by or own a business in the Town of Summerville Y or N

If so, the name and address of the business



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EDUCATION

College graduate or current student? _____ Degree/Major _____

Name and address of college attended:

BACKGROUND

Please explain briefly why you wish to attend the Summerville Police Citizen Academy.

Please list any associations, clubs, or organizations you may belong to or are affiliated with:

Have you been convicted or have current criminal charges pending for any offense other than traffic infractions? Note: Any felony may disqualify an applicant from attending the citizen academy.



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EMPLOYMENT

Please list information for the last two jobs you have held (if applicable, please state if you are retired, unemployed, student, homemaker or etc.)

Present Employer: _____

Address _____

Telephone _____

Supervisor _____

How long employed _____

Previous Employer _____

Address _____

Telephone _____

How long employed _____

PERSONAL REFERENCES

(1)

Name _____

Relationship

Address _____

Work Telephone _____ **Home Telephone** _____

(2)

Name _____

Relationship

Address _____

Work Telephone _____ **Home Telephone** _____

(3)

Name _____

Address _____

Work Telephone _____ **Home Telephone** _____



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RECOMMENDATIONS

Were you recommended or advised to apply for admission by anyone in particular? If so, by whom? _____

Please review your answers carefully and read the statement below before signing this application

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the Summerville Police Department's Citizen Academy.

I further understand that the Summerville Police Department will be conducting a thorough background investigation that may include, but is not limited to, criminal history, employment history and personal references. I also understand that any student may be removed from the Summerville Police Department Citizen Academy if said student is disruptive or otherwise inhibits the concept of this program. I further state that I have never been convicted of a felony offense in a South Carolina court or any other federal or State court.

I understand that all applicants will be accepted and retained, or rejected, upon sole discretion of the Chief of Police or his/her designee.

Signature

Date

A one- year eligibility roster for future sessions will be maintained if a sufficient number of applications are received.

Please return your completed application to:

**Summerville Police Department
Attention: Training Division
300 West 2nd North Street
Summerville, SC 29483-6538**



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AUTHORIZATION FOR RELEASE OF INFORMATION

To: Any Doctor, Hospital, Medical Association, US Armed Forces, US Selective Service System, Maritime Service, Veterans Administration, or

Any Academic Dean, Registrar, Principal, Guidance Counselor, other authorized person as a school (college, business, trade or high school), or

Any past or present employer, or

Any Credit Bureau or Retail Merchants Association, Bank, Financial Institution or any other Credit Extending Organization, or

Any Municipal, County, State, or Federal Governmental Agency.

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 and savings and loan association balances, to the Summerville Police Department or its agents. I hereby designate the Summerville 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, except that I do not release anyone who gives information that he knows is false, deliberately intending to harm me or one of my family, heirs or associates.

Signature

Date

Sworn to and Subscribed before me

this _____ day of _____, 20____

Notary Public for SC

My Commission Expires: _____