

South Carolina Department of Public Safety



Law Enforcement Officer

Background Questionnaire



SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY COMMISSIONED OFFICER BACKGROUND QUESTIONNAIRE

A COMPLETED BACKGROUND QUESTIONNAIRE INCLUDES THE FOLLOWING DOCUMENTS:

1. A copy of your **High School Diploma** or **State GED Certificate**.
2. A **certified copy of your college transcript(s)**, if you have attended or graduated from college
(You may submit these later once you receive them).
3. A copy of your **DD214**, military discharge, if applicable.
4. A copy of your **birth certificate** (You must include a copy of your Certificate of Naturalization if you became a United States citizen through the naturalization process).
6. A **copy of your South Carolina driver's license**. If you have held a driver's license in any other state within the past five years, a certified driving record for that state must also be submitted.
7. If you currently possess a Driver's License from another state, a current certified Driving Record for that state must be submitted.
8. Completed and signed all applicant waivers.

Please read the following instructions carefully. Your ability to complete this questionnaire as requested will be evaluated and used as a basis for employment decisions. **Any falsified information will result in the rejection of your application.** Any incomplete or omitted answers to questions may delay the processing of your application. The information will remain in the confidential files of the Office of Human Resources at the Department of Public Safety. The South Carolina Department of Public Safety is committed to a diverse workforce and does not discriminate on the basis of race, religion, color, gender, age, national origin, or disability.

1. Type or print in black ink.
2. Answer all questions. If one does not apply to you, write N/A by the number.
3. **If the space available is insufficient, please attach a word document or a separate page of any continued information to ensure ALL required history is provided.**

To be completed and submitted to:

South Carolina Highway Patrol
Employment Unit
PO Box 1993
10311 Wilson Blvd. 3rd Floor
Blythewood, SC 29016

PERSONAL REFERENCES

11. Fill in below the names of three (3) personal references not listed on the State of South Carolina Employment Application.

A. Name _____ Phone# _____
 Home Address _____
 Business, Occupation, or Profession _____
 Years Known _____ Name of Business _____
 Business Address _____ Phone# _____

B. Name _____ Phone# _____
 Home Address _____
 Business, Occupation, or Profession _____
 Years Known _____ Name of Business _____
 Business Address _____ Phone# _____

C. Name _____ Phone# _____
 Home Address _____
 Business, Occupation, or Profession _____
 Years Known _____ Name of Business _____
 Business Address _____ Phone# _____

EMPLOYMENT HISTORY

12. List **ALL jobs not listed on the State of South Carolina Employment Application, dating back 10 years.**
 Include all part-time and summer jobs.

Employer Supervisor	_____	Address	_____	Phone#	_____
		Position Held	_____		
Dates From	/	/	To	/	/
Duties:	_____				Salary
					<input type="checkbox"/> Full Time
					<input type="checkbox"/> Part Time
Reason for Leaving:	_____				

Employer Supervisor	_____	Address	_____	Phone#	_____
		Position Held	_____		
Dates From	/	/	To	/	/
Duties:	_____				Salary
					<input type="checkbox"/> Full Time
					<input type="checkbox"/> Part Time
Reason for Leaving:	_____				

EMPLOYMENT HISTORY (continued)

Employer _____ Address _____ Phone# _____
 Supervisor _____ Position Held _____
 Dates From / / To / / Salary _____
 Duties: _____
 Full Time Part Time

Reason for Leaving: _____

Employer _____ Address _____ Phone# _____
 Supervisor _____ Position Held _____
 Dates From / / To / / Salary _____
 Duties: _____
 Full Time Part Time

Reason for Leaving: _____

13. Did you intentionally omit any place of employment from your application that you feel would be detrimental to you? Yes No
14. Have you ever quit a job in lieu of being terminated? Yes No
15. Have you ever been terminated from any employment for any reason? Yes No
16. Have you ever stolen anything of value from a former employer? Yes No
17. Have you ever been required to take a drug or alcohol education program? Yes No
18. Have you ever reported to work after having consumed alcohol or any illegal drugs within the previous 8 hours? Yes No

If you answered yes to any questions in the Employment History section, please list the number of the question and an explanation to include dates.

EDUCATION & MILITARY HISTORY

26. Highest Grade Level of Education **COMPLETED**: _____

27. Have you ever served in a military organization of the United States? Yes No
If yes, attach a copy of DD214 for each period of service.

Branch of Service _____ Service Number _____

Dates of Service _____

Type(s) of Discharge: Honorable General Dishonorable Under Honorable Conditions

Under less than Honorable Conditions Other

(Please list) _____

DRIVING HISTORY

28. Starting with your current license, list all states in which you possessed a driver's license in the **past five (5) years**:

<u>State</u>	<u>License Number</u>	<u>From Month/Yr.</u>	<u>To Month/Yr.</u> Present
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

29. Have you ever committed a hit and run? Yes No

30. Do you currently have any outstanding or unpaid traffic tickets? Yes No

31. Have you ever driven a motor vehicle when your ability to drive was impaired? Yes No

32. Has your driver's license ever been suspended, revoked, or cancelled for any reason in any state at any time? Yes No

33. Have you ever operated a motor vehicle knowing it had no insurance? Yes No

If you answered yes to any questions in the Driving History section, please list the number of the question and an explanation to include dates.

CRIMINAL HISTORY

34. List **ALL Arrests/Criminal Charges/Indictments AND/OR Convictions** Even if already listed on the State of South Carolina Employment Application:

<u>Charge</u>	<u>Date</u>	<u>Agency</u>	<u>Final Disposition</u>

35. Have you ever unlawfully deprived an individual of property, cash, or merchandise through appropriation, theft by false pretext, shoplifting, swindling, passing a worthless check, embezzlement, extortion, changing price tags, receiving stolen property, unlawfully receiving a service without paying for it, or any form of theft, including making a false claim to an insurance company. Yes No
36. Have you ever committed or participated in any crime that has been undetected? Yes No
If yes, place an "X" next to the related offense(s)
- Armed Robbery ___ Arson ___ Assault ___ Burglary ___
Disorderly Conduct ___ Forgery ___ Fraud ___ Illegal Drugs ___
Indecent Exposure ___ Kidnapping ___ Larceny ___ Lewd Acts ___
Peeping Tom ___ Perjury ___ Prostitution ___ Rape ___
Incest ___ Receiving Stolen Property ___ Sex Crimes ___
Terroristic Threats ___ Vandalism ___ Child Molestation ___ Murder ___
37. Have you ever been questioned regarding domestic violence including spouse abuse, child abuse, or any other form of investigation regarding verbal, physical, or sexual abuse against a person in your family? Yes No
38. Have you ever viewed any type of child pornography? Yes No
39. Have you ever physically or sexually abused a child? Yes No
40. Have you ever been in possession of sexual pictures or nude pictures of any child under the age of 16? Yes No
41. Have you ever engaged in any type of sexual activity with any person under the age of 16? Yes No
42. Have you ever forced someone, by word or action, to have sexual contact with you against their will? Yes No
43. Have you ever had sexual contact with someone who was unable to give consent due to being drugged, drunk, or unconscious? Yes No
44. Have you ever been involved in any form of gang, gang violence, or gang activity? Yes No
45. Have you ever been a member of any group or organization which advocated violent dissent or the overthrow of this government? Yes No
46. Have you ever falsified any official document? Yes No

CRIMINAL HISTORY (continued)

47. Have you ever been sued or to your knowledge, about to be sued? Yes No
48. Have you ever been requested to submit to a polygraph examination regarding your involvement or participation in any crime? Yes No
49. Do you currently owe the state or federal government any money? Yes No
50. Do you have any student loans in default? Yes No
51. Do you have any debts greater than \$200 to anyone as a result of an act of gambling? Yes No
52. Have you ever placed a wager or bet to a bookmaker by phone or by hand on the results of any sport or by being "paid off" while playing an illegal slot or video poker machine? Yes No

If you answered yes to any questions in the Criminal History section, please list the number of the question and an explanation to include dates.

DRUG HISTORY

53. Have you ever sold illegal drugs? Yes No
54. Have you ever purchased any illegal drugs? Yes No
55. Have you ever grown, produced, manufactured, harvested, or cultivated any illegal drugs? Yes No
56. Have you ever used any illegal drugs or narcotics while or prior to reporting to work? Yes No

DRUG HISTORY (Continued)

57. Have you ever used and/or experimented with illegal drugs? Yes No
 If yes, use list below to indicate use and dates of illegal drugs:

If No, You must still answer for each drug (NEVER) read instructions:

Below you will find a list of various illegal drugs that will be used in determining your suitability for the job of a Commissioned Officer with the Department of Public Safety. It is imperative that you be truthful in all your responses. Falsification of information will result in immediate rejection of your application. **If you have never tried, experimented, and/or used any of these drugs, write the word "NEVER" in the space for "Date First Used", DO NOT LEAVE COLUMN BLANK OR WRITE N/A.** If you have used and/or experimented (even once) put the date first used and last.

<u>TYPE OF DRUG</u>	<u>DATE FIRST USED</u> <u>MONTH/YEAR</u>	<u>DATE LAST USED</u> <u>MONTH/YEAR</u>	<u>NUMBER OF</u> <u>TIMES USED</u>
Marijuana.....	_____	_____	_____
Cocaine.....	_____	_____	_____
Hashish (Hash).....	_____	_____	_____
LSD (Acid).....	_____	_____	_____
Opium.....	_____	_____	_____
Heroin.....	_____	_____	_____
Speed.....	_____	_____	_____
Crack.....	_____	_____	_____
Illegal Anabolic Steroids.....	_____	_____	_____
PCP.....	_____	_____	_____
Mushrooms.....	_____	_____	_____
Illegal Inhalants (Any).....	_____	_____	_____
Methamphetamine (Meth).....	_____	_____	_____
Ecstasy.....	_____	_____	_____
GHB /DMX (Any Roofies).....	_____	_____	_____
Party Designer Drugs (Any).....	_____	_____	_____
Hallucinogens (Any).....	_____	_____	_____
Any Other Illegal Drug/Substances.....	_____	_____	_____

DO NOT LEAVE ABOVE COLUMNS BLANK NOR WRITE "N/A" WRITE A DATE IF USED OR "NEVER"

If you answered yes to any questions in the Drug History section, please list the number of the question and an explanation to include dates. If you have never used any drugs, make sure you write "NEVER" on each line beside the drugs you have never used.

Read the following carefully!

- 58. Have you intentionally falsified any answers in the questionnaire? Yes No
- 59. Did you intentionally omit any facts from any questions in this questionnaire that you feel might disqualify you from this position? Yes No
- 60. Did you deliberately fail to answer a question in this questionnaire in lieu of discussing the matter with a member of the Employment Unit? Yes No

If you answered yes to any of the questions in this questionnaire that have not been explained, please list the number of the question and an explanation to include dates.

Do you affirm or attest that all questions answered in this questionnaire are true and correct? Yes No

I hereby swear or affirm that there are no willful misrepresentations or omissions on this document. I am aware that should an investigation disclose such willful misrepresentations, falsifications or omissions, my application will be rejected and I will be disqualified from applying for a fixed period of time for any position in the service of the South Carolina Department of Public Safety. If after my acceptance for employment, subsequent investigation should disclose omissions, or falsifications, it will be just cause for immediate dismissal.

Signature _____ Date _____



South Carolina Department of Public Safety

Authority for Release of Information

To: Concerned person or Authorized
Representative of any Organization,
Institution or Repository

Applicant's Name _____
Date of Birth _____

Full Social Security # _____

I respectfully request and authorize you to furnish the South Carolina Department of Public Safety any and all information that you may have concerning my work and/or employment record, school record, reputation, financial and credit status and military records. Please include any records of detainment, arrest, and conviction by any law enforcement agency including all information of a confidential or privileged nature, and Photostats of the same if requested. This information is to be used to assist the Department of Public Safety in determining my qualifications and fitness for the position I am seeking.

I hereby release the State of South Carolina, the Department of Public Safety, and its agents, servants, and employees from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws.

A photocopy of this release form will be valid as an original hereof, even though the said copy does not contain an original writing of my signature.

Applicant's Signature _____ Date _____

Address _____



South Carolina Department of Public Safety

Polygraph Examination Consent

Applicant's Name _____

Date of Birth _____

Social Security # _____

I have been advised and I am fully aware that I will be requested to submit to a polygraph examination. The purpose of the examination is to assist in verifying all information furnished in this application and obtained during applicant investigation. I am fully aware that my refusal to submit to the polygraph exam will terminate further consideration for my employment.

I am willing to take the polygraph examination.

I am not willing to take the polygraph examination.

Applicant's Signature _____

Date _____



South Carolina Department of Public Safety

Notice of Obtaining Consumer Report

To: Applicant's Name _____

Date of Birth _____

Social Security # _____

In connection with your application for employment, the South Carolina Department of Public Safety may obtain a consumer report (as defined by the Fair Credit Reporting Act) concerning you from a consumer reporting agency. This report will be used for employment purposes.

I have read and understand the above disclosure and hereby authorize the South Carolina Department of Public Safety to obtain a consumer report.

Applicant's Signature _____ Date _____

Address _____

Home phone (____) _____

Work phone (____) _____

Other Contact Number (____) _____ (____) _____
Primary Cell Phone Alternate Number

E-Mail Address: _____

South Carolina State Government Employment Application Addendum
South Carolina Highway Patrol

Please complete the following information:

Are you willing to accept the following type position? (Answer all four)

Permanent? Yes No Temporary? Yes No Full Time? Yes No Part Time? Yes No

Are you willing to accept a position **ANYWHERE** in the State? Yes No

** If you select **NO**, you may list up to five counties you would be willing to move to in order to adhere to the SCHP 30 mile radius residency rule. **(To be a State Trooper you must reside within a 30 mile radius of the County/Post Headquarters that you are assigned to)** List the code number, from the list on the bottom of this page, of the county or counties which you live 30 miles from or are willing to move to. (Up to five counties).

_____, _____, _____, _____, _____,

(If you answered YES, do not put down any counties)

**** POSITIONS WILL BE FILLED BASED ON THE CRITICAL AREA MANPOWER NEEDS OF THE HIGHWAY PATROL AT THE TIME OF YOUR EMPLOYMENT, THESE CRITICAL NEEDS CHANGE AND VARY WITH TIME. YOUR ADDRESS MUST BE WITHIN 30 RADIUS MILES OF ANY COUNTY/POST HQ YOU PUT DOWN AS A CHOICE. IF YOU ARE UNWILLING TO MOVE, THIS LIMITS MOST ADDRESSES TO ONLY ONE OR TWO COUNTIES.**

Please check the source which caused you to apply:

- (CR) TEC School or College Recruitment –Name: _____
- (FR) Field Recruitment (Recruiter’s Name) _____
- (EC) Employment Security Commission _____
- (SE) Recommended by state employee Name: _____
- (UA) Unsolicited application _____
- (WS) State of South Carolina Employment Web Site or SCHP Website (The Internet)

List of Code Numbers of S. C. Counties

- | | | |
|-----------------|---------------|-----------------|
| 01 Abbeville | 17 Dillon | 33 McCormick |
| 02 Aiken | 18 Dorchester | 34 Marion |
| 03 Allendale | 19 Edgefield | 35 Marlboro |
| 04 Anderson | 20 Fairfield | 36 Newberry |
| 05 Bamberg | 21 Florence | 37 Oconee |
| 06 Barnwell | 22 Georgetown | 38 Orangeburg |
| 07 Beaufort | 23 Greenville | 39 Pickens |
| 08 Berkeley | 24 Greenwood | 40 Richland |
| 09 Calhoun | 25 Hampton | 41 Saluda |
| 10 Charleston | 26 Horry | 42 Spartanburg |
| 11 Cherokee | 27 Jasper | 43 Sumter |
| 12 Chester | 28 Kershaw | 44 Union |
| 13 Chesterfield | 29 Lancaster | 45 Williamsburg |
| 14 Clarendon | 30 Laurens | 46 York |
| 15 Colleton | 31 Lee | |
| 16 Darlington | 32 Lexington | |



South Carolina Department of Public Safety

Applicant Waiver

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT, EXTEND ANY CONTRACTUAL RIGHTS, OR PROVIDE ANY ENTITLEMENTS BETWEEN THE APPLICANT AND THE AGENCY. ANY ASSURANCES OR DECLARATIONS, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS HEREIN DO NOT CREATE A CONTRACT OF EMPLOYMENT AND ARE UNENFORCEABLE. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART, AT ANY TIME.

In consideration of the opportunity to submit an application for employment with SCDPS and review of my application by SCDPS, I, _____ hereby agree as follows:

I fully understand that SCDPS will conduct a complete and thorough background investigation to ensure that I have the necessary skills, abilities and integrity to perform the required duties of the position with SCDPS. I recognize and understand that this background investigation will include but not be limited to matters pertaining to personal history, use of illegal drugs, criminal misconduct, domestic violence, and any other behaviors considered by SCDPS to have a negative impact upon the position. I also fully understand that information learned by SCDPS may result in my not being hired.

(Initial)

Recognizing all of the above, I hereby consent to SCDPS conducting the aforesaid background investigation and further consent to SCDPS disclosing the findings and results of this comprehensive background investigation to my current employer as SCDPS deems appropriate. I understand that these disclosures may result in adverse consequences for me with my current employer, including but not limited to termination from employment, negative references for future employment, and possible criminal prosecution. I agree to hold SCDPS harmless from any and all claims made by me as a result of the release of this information.

(Initial)

I hereby grant permission to SCDPS to take and use my name, photograph(s), video footage, digital images, appearance, likeness, and descriptive information ("Images/Information") in news releases, marketing campaigns, videos, slideshows, educational materials, and any other purpose consistent with SCDPS's mission. I hereby release and discharge SCDPS from any and all claims and demands arising out of or in connection with the use of my Images/Information, including any and all claims for invasion of privacy, right of publicity, or misappropriation.

(Initial)

I have initialed each of the above paragraphs and have signed this Waiver at the bottom of this page. I fully understand this Waiver, have been offered the opportunity to withdraw my application for employment with SCDPS to avoid the foregoing background investigation/disclosures and have declined to do so, and voluntarily elect to continue with the application process under the above-stated terms and conditions.

(Initial)

Applicant signature

Date



**SOUTH CAROLINA HIGHWAY PATROL PHYSICAL FITNESS ASSESSMENT
RELEASE FROM LIABILITY AND HOLD HARMLESS AGREEMENT**

I, _____ residing at _____
in the City/County of _____, agree that as a South Carolina Highway Patrol applicant that I am willing to participate in a physical fitness test as a requirement for pre-employment screening.

I have received and read the standards that are established for me to pass this physical fitness test and accept such standards as they apply to my performance.

I hereby acknowledge the risks and potential for injury inherent in such test(s) and do hereby represent that my undertaking of the said test is free and voluntary with full awareness of those risks and potential for injury.

Furthermore, I hereby release from liability and hold harmless the State of South Carolina, the Department of Public Safety, the South Carolina Highway Patrol and its employees or agents for any acts or omissions which may cause direct or indirect injury to me during the course of such testing.

Finally, to decrease any potential for injury which may exist due to my participation in said testing, I agree to abide by all rules, regulations, customs, policies and procedures, written or otherwise, of which I may be apprised, directly or constructively, as in effect during the said testing.

SIGNATURE: _____ DATE: _____



South Carolina Department of Public Safety

S.C. Highway Patrol

SCHP Employment Process

Once the South Carolina Highway Patrol Employment Unit receives your application, we will evaluate and determine basic eligibility. Once basic eligibility has been determined, you will be required to complete a series of steps to include:

- (1) **Administrative Review** which will include criminal, driver's license, and credit history checks.
- (2) **Physical Ability Test (PAT)/Nelson Denny Written Test.** The PAT can be viewed at www.sccja.sc.gov/5standard/physical
- (3) **Background Investigation** which will include assessing school records, interviewing previous neighbors, reference check, and employment history checks. Applicants who live(d) out-of-state for any period of time may experience a delay in the completion of the background investigation as the Department of Public Safety must rely on the assistance of other law enforcement agencies for a portion of the background investigation report. Part of this background investigation will be to investigate your residential and employment history. Please prepare and have ready all your residency address history back to the age of 18 years old. Also your detailed employment history back 10 years must be provided if not already listed on your state application.
- (4) **Polygraph examination**
- (5) **Interview** conducted with five members of the SCHP command staff and an HR representative.
- (6) **Medical examinations** which will include Medical exam, Vision screening, TB test, Drug screening, and a Psychological evaluation which will all be required after contingent offer of employment.

If at any time during the screening process it is determined that you are ineligible, you will be notified. However, if at any time you decide that you are no longer interested in employment with the Department, you will be required to submit your intent in writing via email.

Please sign below acknowledging you have read and understand the steps of the employment process listed above. You will be required to complete each step successfully in accordance with the Department of Public Safety's employee selection guidelines before we are able to offer you employment.

Applicant Signature _____ Date _____

Courtesy - Efficiency - Service



CERTIFICATION TO PARTICIPATE IN PHYSICAL FITNESS ASSESSMENT

The Below is Only Needed if You Have a Medical Condition

Certain persons must obtain medical clearance before completing the physical fitness assessment. This certification, properly completed and signed will serve in this capacity. This certification may be returned by the affected person on _____ to the State Highway Patrol Employment Office to complete the physical fitness assessment.

_____ has applied for employment as a trooper with the South Carolina Highway Patrol. He/She reported for a physical fitness assessment developed by the Department of Public Safety Health and Fitness testing program.

The above referenced applicant must obtain a certification from a licensed physician before participating in the physical screening. This certification is documentation that in the opinion of the undersigned physician the applicant listed above can safely participate in the following physical screening:

PHYSICAL AGILITY TEST (PAT)

- 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.

CERTIFICATION TO PARTICIPATE IN PHYSICAL FITNESS ASSESSMENT
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- 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.

I certify that the above referenced applicant is of sufficient health to safely participate in all the tests listed.

Signature of Physician _____ Date _____

Printed Name of Physician _____

Physician's Address _____

Physician's Phone _____