

# Horry County Police Department Background Questionnaire

SECTION 1: PERSONAL INFORMATION			
1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING NICKNAMES. INCLUDE ANY OTHER NAME YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU RESIDE			
NUMBER / STREET / APT	CITY	STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT PHONE NUMBERS			
HOME ( )	WORK ( )	OTHER ( )	
6. EMAIL ADDRESS			
HOME	BUSINESS		
7. IF YOU WERE BORN OUTSIDE OF THE UNITED STATES, ARE YOU A U.S. CITIZEN?			CIRCLE ONE: YES NO
IF NO, ARE YOU A RESIDENT ALIEN WHO IS ELIGIBLE AND HAS APPLIED FOR U.S. CITIZENSHIP?			CIRCLE ONE: YES NO
8. BIRTH PLACE (CITY, COUNTY, STATE, COUNTRY)		9. BIRTHDATE (MONTH/DAY/YEAR)	
10. DRIVER'S LICENSE			
NUMBER	STATE	EXPIRES	
11. PHYSICAL DESCRIPTION			12. SOCIAL SECURITY NUMBER
HEIGHT	WEIGHT	SEX	RACE

SECTION 2: RELATIVES AND REFERENCES			
13. IMMEDIATE FAMILY			
* PROVIDE ALL APPLICABLE INFORMATION IN THE SPACES BELOW			
* WRITE N/A IF A CATEGORY IS NOT APPLICABLE OR THE INDIVIDUAL IS DECEASED			
* IF MORE SPACE IS NEEDED, PLEASE CONTINUE YOUR RESPONSE IN THE NOTES SECTION			
<b>A. FATHER</b>			
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY STATE ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY STATE ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL	
<b>B. STEP-FATHER</b>			
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY STATE ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY STATE ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL	
<b>C. MOTHER</b>			
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY STATE ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY STATE ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL	

# Horry County Police Department Background Questionnaire

SECTION 2: RELATIVES AND REFERENCES					
13. IMMEDIATE FAMILY(CONTINUED)					
<b>D. STEP-MOTHER</b>					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
<b>E. SPOUSE / REGISTERED DOMESTIC PARTNER</b>					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
<b>F. FATHER IN-LAW</b>					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
<b>G. MOTHER IN-LAW</b>					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
<b>H. FORMER SPOUSE</b>					
1) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
YEAR OF DISSOLUTION		IS THERE / HAS THERE EVER BEEN A RESTRAINING ORDER BETWEEN YOU AND THIS PERSON? CIRCLE ONE: YES NO			
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
YEAR OF DISSOLUTION		IS THERE / HAS THERE EVER BEEN A RESTRAINING ORDER BETWEEN YOU AND THIS PERSON? CIRCLE ONE: YES NO			
<b>I. SIBLINGS - LIST ALL LIVING SIBLINGS, INCLUDING HALF-SIBLING, STEP-SIBLINGS, FOSTER SIBLINGS</b>					
1) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

# Horry County Police Department Background Questionnaire

## SECTION 2: RELATIVES AND REFERENCES

### 13. IMMEDIATE FAMILY (CONTINUED)

2) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL			

3) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL			

4) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL			

5) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL			

### J. CHILDREN

LIST ALL OF YOUR CHILDREN, INCLUDING NATURAL, ADOPTED, STEP AND/OR FOSTER. PROVIDE THE NAME AND CONTACT INFORMATION OF THE CUSTODIAL PARENT OR GUARDIAN, IF OTHER THAN YOU. WRITE "N/A" IF THE FIELD IS NOT APPLICABLE TO YOU.

1) NAME		CUSTODIAL PARENT(IF OTHER THAN YOU)				
AGE	GENDER (CIRCLE ONE) MALE          FEMALE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL			

2) NAME		CUSTODIAL PARENT(IF OTHER THAN YOU)				
AGE	GENDER (CIRCLE ONE) MALE          FEMALE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL			

3) NAME		CUSTODIAL PARENT(IF OTHER THAN YOU)				
AGE	GENDER (CIRCLE ONE) MALE          FEMALE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL			

# Horry County Police Department Background Questionnaire

## SECTION 2: RELATIVES AND REFERENCES

### 13. IMMEDIATE FAMILY - SECTION J. (CONTINUED)

4) NAME		CUSTODIAL PARENT(IF OTHER THAN YOU)			
AGE	GENDER (CIRCLE ONE) MALE          FEMALE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL		

5) NAME		CUSTODIAL PARENT(IF OTHER THAN YOU)			
AGE	GENDER (CIRCLE ONE) MALE          FEMALE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL		

### 14. REFERENCES

LIST AT LEAST FIVE PEOPLE WHO KNOW YOU WELL, SUCH AS SOCIAL/FAMILY FRIENDS OR CO-WORKERS. **DO NOT** INCLUDE RELATIVES, EMPLOYERS, SUPERVISORS, ROOMMATES OR INDIVIDUALS OTHERWISE LISTED IN THIS QUESTIONNAIRE.

A) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON?			HOW LONG HAVE YOU KNOWN THIS PERSON?		

B) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON?			HOW LONG HAVE YOU KNOWN THIS PERSON?		

C) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON?			HOW LONG HAVE YOU KNOWN THIS PERSON?		

D) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON?			HOW LONG HAVE YOU KNOWN THIS PERSON?		

# Horry County Police Department Background Questionnaire

## SECTION 2: RELATIVES AND REFERENCES

### 14. REFERENCES(CONTINUED)

E) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )		EMAIL		
HOW DO YOU KNOW THIS PERSON?					HOW LONG HAVE YOU KNOWN THIS PERSON?	

## SECTION 3: EDUCATION

**PLEASE HAVE ALL CORRESPONDING CERTIFICATES AND DOCUMENTATION TO SUPPORT ALL EDUCATION CLAIMS. THEY MAY BE REQUIRED BY A BACKGROUND INVESTIGATOR AT A LATER DATE.**

### 15. LIST ALL HIGH SCHOOLS ATTENDED

A) NAME			DATE FROM	DATE TO
			THRU	
CITY		STATE	DID YOU GRADUATE?	
			CIRCLE ONE: YES NO	
B) NAME			DATE FROM	DATE TO
			THRU	
CITY		STATE	DID YOU GRADUATE?	
			CIRCLE ONE: YES NO	
C) NAME			DATE FROM	DATE TO
			THRU	
CITY		STATE	DID YOU GRADUATE?	
			CIRCLE ONE: YES NO	

IF YOU NEED ADDITIONAL SPACE, CONTINUE AT THE END OF THE QUESTIONNAIRE

### 16. LIST ALL COLLEGES, UNIVERSITIES SCHOOLS YOU HAVE ATTENDED

A) NAME			DATE FROM	DATE TO
			THRU	
CITY		STATE	MAJOR:	
			TYPE OF DEGREE:	
B) NAME			DATE FROM	DATE TO
			THRU	
CITY		STATE	MAJOR:	
			TYPE OF DEGREE:	
C) NAME			DATE FROM	DATE TO
			THRU	
CITY		STATE	MAJOR:	
			TYPE OF DEGREE:	

IF YOU NEED ADDITIONAL SPACE, CONTINUE AT THE END OF THE QUESTIONNAIRE

### 17. IF YOU HAVE ATTENDED ANY BASIC LAW ENFORCEMENT OR CORRECTIONS ACADEMY, LIST THEM BELOW. WRITE "N/A" IF YOU HAVE NOT.

A) ACADEMY NAME		TYPE OF TRAINING	DATE FROM	DATE TO
			THRU	
LOCATION (CITY,STATE)		CONTACT NUMBER	DID YOU GRADUATE? (CIRCLE ONE)	
		( )	YES NO	

# Horry County Police Department Background Questionnaire

SECTION 3: EDUCATION (CONTINUED)			
B) ACADEMY NAME	TYPE OF TRAINING	DATE FROM	DATE TO
LOCATION (CITY,STATE)		THRU	
CONTACT NUMBER ( )		DID YOU GRADUATE? (CIRCLE ONE)	
		YES	NO
C) ACADEMY NAME	TYPE OF TRAINING	DATE FROM	DATE TO
LOCATION (CITY,STATE)		THRU	
CONTACT NUMBER ( )		DID YOU GRADUATE? (CIRCLE ONE)	
		YES	NO
IF YOU NEED ADDITIONAL SPACE, CONTINUE AT THE END OF THE QUESTIONNAIRE			

18. HAVE YOU EVER BEEN PLACED ON ACADEMIC DISCIPLINE, SUSPENDED OR EXPELLED FROM ANY HIGH SCHOOL, COLLEGE/UNIVERSITY, ACADEMY, BUSINESS OR TRADE SCHOOL? CIRCLE ONE: YES NO
IF YOU ANSWERED YES TO THE ABOVE QUESTION, PLEASE DESCRIBE THE CIRCUMSTANCES IN DETAIL. INCLUDE THE SCHOOL NAME, DATES AND ANY NOTEWORTHY DETAILS.
_____
_____
_____

SECTION 4: RESIDENCES			
19. LIST OF RESIDENCES			
* LIST ALL RESIDENCES IN THE PAST 15 YEARS. PROVIDE COMPLETE ADDRESSES			
* DO NOT LIST P.O. BOXES, ONLY PHYSICAL ADDRESSES			
* IF THE RESIDENCE IS A MILITARY BASE, LIST THE NAME OF THE BASE AND THE NEAREST CITY, STATE AND ZIP CODE.			
* IT IS UNNECESSARY TO LIST MILITARY BARRACKS MATES			
A) ADDRESS WHERE YOU LIVE NOW (NUMBER / STREET / APT)		DATE FROM	TO
		<b>PRESENT</b>	
CITY	STATE	ZIP	LIVING HERE WITH:(Name/Relationship)
IF RENTING: NAME OF LANDLORD/PROPERTY MANAGER:		LANDLORD/PROPERTY MANAGER CONTACT	
		( )	
B) FORMER ADDRESS (NUMBER / STREET / APT)		DATE FROM	TO
CITY	STATE	ZIP	LIVING HERE WITH:(Name/Relationship)
IF RENTING: NAME OF LANDLORD/PROPERTY MANAGER:		LANDLORD/PROPERTY MANAGER CONTACT	
		( )	
REASON FOR MOVING:			
C) FORMER ADDRESS (NUMBER / STREET / APT)		DATE FROM	TO
CITY	STATE	ZIP	LIVING HERE WITH:(Name/Relationship)
IF RENTING: NAME OF LANDLORD/PROPERTY MANAGER:		LANDLORD/PROPERTY MANAGER CONTACT	
		( )	
REASON FOR MOVING:			
D) FORMER ADDRESS (NUMBER / STREET / APT)		DATE FROM	TO
CITY	STATE	ZIP	LIVING HERE WITH:(Name/Relationship)
IF RENTING: NAME OF LANDLORD/PROPERTY MANAGER:		LANDLORD/PROPERTY MANAGER CONTACT	
		( )	
REASON FOR MOVING:			

# Horry County Police Department Background Questionnaire

## SECTION 4: RESIDENCES

### 19. LIST OF RESIDENCES (CONTINUED)

E) FORMER ADDRESS (NUMBER / STREET / APT)			DATE FROM	TO
CITY	STATE	ZIP	LIVING HERE WITH:(Name/Relationship)	
IF RENTING: NAME OF LANDLORD/PROPERTY MANAGER:		LANDLORD/PROPERTY MANAGER CONTACT ( )		
REASON FOR MOVING:				

F) FORMER ADDRESS (NUMBER / STREET / APT)			DATE FROM	TO
CITY	STATE	ZIP	LIVING HERE WITH:(Name/Relationship)	
IF RENTING: NAME OF LANDLORD/PROPERTY MANAGER:		LANDLORD/PROPERTY MANAGER CONTACT ( )		
REASON FOR MOVING:				

IF YOU NEED ADDITIONAL SPACE, CONTINUE AT THE END OF THE QUESTIONNAIRE

20. HAVE YOU EVER BEEN EVICTED OR ASKED TO LEAVE A PLACE YOU HAVE RESIDED? CIRCLE ONE: YES NO

21. HAVE YOU EVER LEFT A PLACE OF RESIDENCY WHILE STILL OWING RENT? CIRCLE ONE: YES NO

IF YOU ANSWERED "YES" TO QUESTION 20 OR 21, PLEASE EXPLAIN IN DETAIL. INCLUDE WHEN, WHERE AND CIRCUMSTANCES.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION 5: EMPLOYMENT

22. JOB EXPERIENCE

- \* LIST ALL JOBS IN YOUR EMPLOYMENT HISTORY. INCLUDE FULL-TIME, PART-TIME, TEMPORARY, SELF-EMPLOYMENT AND VOLUNTEER WORK.
- \* BEGIN WITH YOUR MOST CURRENT JOB AND CONTINUE TO YOUR EARLIEST.
- \* IF YOU HAVE MILITARY EXPERIENCE, INCLUDE ANY RESERVE TIME AND ASSIGNMENTS.
- \* LIST ANY PERIOD OF UNEMPLOYMENT IN EXCESS OF 30 DAYS.

A) NAME OF EMPLOYER OR MILITARY UNIT			DATE FROM	DATE TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	SUPERVISOR CONTACT NUMBER	
JOB TITLE AND ASSIGNMENT			STATUS (CIRCLE ONE) FULL-TIME    PART-TIME    TEMPORARY SELF-EMPLOYED    VOLUNTEER	
DO YOU HAVE AN OBJECTION TO OUR CONTACTING THIS EMPLOYER?			YES	NO
IF YOU ANSWERED "YES" TO THE ABOVE QUESTION, EXPLAIN:				
REASON FOR WANTING TO LEAVE			SALARY	

B) PERIOD OF UNEMPLOYMENT (IF APPLICABLE)		DATE FROM	DATE TO
CIRCLE REASONS THAT APPLY:		STUDENT	BETWEEN JOBS    LEAVE OF ABSENCE    TRAVEL    OTHER

# Horry County Police Department Background Questionnaire

SECTION 5: EMPLOYMENT					
22. JOB EXPERIENCE (CONTINUED)					
C) NAME OF EMPLOYER OR MILITARY UNIT			DATE FROM	DATE TO	
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	SUPERVISOR CONTACT NUMBER		
JOB TITLE AND ASSIGNMENT			STATUS (CIRCLE ONE) FULL-TIME    PART-TIME    TEMPORARY SELF-EMPLOYED    VOLUNTEER		
REASON FOR LEAVING			SALARY		
D) PERIOD OF UNEMPLOYMENT (IF APPLICABLE)			DATE FROM	DATE TO	
CIRCLE REASONS THAT APPLY:    STUDENT    BETWEEN JOBS    LEAVE OF ABSENCE    TRAVEL    OTHER					
E) NAME OF EMPLOYER OR MILITARY UNIT			DATE FROM	DATE TO	
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	SUPERVISOR CONTACT NUMBER		
JOB TITLE AND ASSIGNMENT			STATUS (CIRCLE ONE) FULL-TIME    PART-TIME    TEMPORARY SELF-EMPLOYED    VOLUNTEER		
REASON FOR LEAVING			SALARY		
F) PERIOD OF UNEMPLOYMENT (IF APPLICABLE)			DATE FROM	DATE TO	
CIRCLE REASONS THAT APPLY:    STUDENT    BETWEEN JOBS    LEAVE OF ABSENCE    TRAVEL    OTHER					
G) NAME OF EMPLOYER OR MILITARY UNIT			DATE FROM	DATE TO	
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	SUPERVISOR CONTACT NUMBER		
JOB TITLE AND ASSIGNMENT			STATUS (CIRCLE ONE) FULL-TIME    PART-TIME    TEMPORARY SELF-EMPLOYED    VOLUNTEER		
REASON FOR LEAVING			SALARY		
H) PERIOD OF UNEMPLOYMENT (IF APPLICABLE)			DATE FROM	DATE TO	
CIRCLE REASONS THAT APPLY:    STUDENT    BETWEEN JOBS    LEAVE OF ABSENCE    TRAVEL    OTHER					
I) NAME OF EMPLOYER OR MILITARY UNIT			DATE FROM	DATE TO	
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	SUPERVISOR CONTACT NUMBER		
JOB TITLE AND ASSIGNMENT			STATUS (CIRCLE ONE) FULL-TIME    PART-TIME    TEMPORARY SELF-EMPLOYED    VOLUNTEER		
REASON FOR LEAVING			SALARY		



# Horry County Police Department Background Questionnaire

SECTION 5: EMPLOYMENT					
22. JOB EXPERIENCE (CONTINUED)					
J) PERIOD OF UNEMPLOYMENT (IF APPLICABLE)		DATE FROM		DATE TO	
CIRCLE REASONS THAT APPLY:    STUDENT            BETWEEN JOBS            LEAVE OF ABSENCE            TRAVEL            OTHER					
K) NAME OF EMPLOYER OR MILITARY UNIT				DATE FROM	DATE TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR	
CITY		STATE	ZIP	SUPERVISOR CONTACT NUMBER	
JOB TITLE AND ASSIGNMENT				STATUS (CIRCLE ONE)	
				FULL-TIME    PART-TIME    TEMPORARY	
REASON FOR LEAVING				SELF-EMPLOYED            VOLUNTEER	
				SALARY	
L) PERIOD OF UNEMPLOYMENT (IF APPLICABLE)		DATE FROM		DATE TO	
CIRCLE REASONS THAT APPLY:    STUDENT            BETWEEN JOBS            LEAVE OF ABSENCE            TRAVEL            OTHER					
IF YOU NEED ADDITIONAL SPACE, CONTINUE AT THE END OF THE QUESTIONNAIRE					

	CIRCLE ONE	
23. HAVE YOU EVER BEEN DISCIPLINED AT WORK? PLEASE CONSIDER ANY WRITTEN WARINGS, FORMAL LETTERS OF COUNSEL, REPRIMANDS, SUSPENSIONS OR DEMOTIONS.	YES	NO
24. HAVE YOU EVER BEEN FIRED, OR ASKED TO RESIGN FROM ANY PLACE OF EMPLOYMENT?	YES	NO
25. HAVE YOU EVER BEEN INVOLVED IN A PHYSICAL ALTERCATION WITH A SUPERVISOR, CO-WORKER OR CUSTOMER?	YES	NO
26. HAVE YOU EVER QUIT A JOB WITHOUT GIVING PROPER NOTICE?	YES	NO
27. HAVE YOU EVER RESIGNED IN LIEU OF TERMINATION?	YES	NO
28. HAVE YOU EVER BEEN ACCUSED OF DISCRIMINATION BY A CO-WORKER, SUPERIOR SUBORDINATE OR CUSTOMER? EXAMPLES OF THIS WOULD BE RACIAL BIAS, SEXUAL HARASSMENT AND SEXUAL ORIENTATION HARASSMENT.	YES	NO
29. HAVE YOU EVER BEEN THE SUBJECT OF A WRITTEN COMPLAINT AT WORK?	YES	NO
30. HAVE YOU EVER BEEN COUNCELED AT WORK DUE TO TARDINESS OR ABSENCES?	YES	NO
31. HAVE YOU EVER RECEIVED AN UNSATISFACTORY PERFORMANCE REVIEW AT WORK?	YES	NO
32. HAVE YOU EVER BEEN NAMED AS A DEFENDANT IN A WORK RELATED CIVIL LAWSUIT?	YES	NO
33. DO YOU HAVE REASON TO BELIEVE THAT THERE MAY BE A FUTURE WORK RELATED CIVIL LAWSUIT FILED IN WHICH YOU WILL BE NAMED A DEFENDANT?	YES	NO
34. HAVE YOU EVER SOLD, RELEASED OR GIVEN AWAY LEGALLY CONFIDENTIAL INFORMATION?	YES	NO
35. HAVE YOU EVER CALLED IN SICK WHEN YOU WERE NEITHER SICK OR CARING FOR A SICK FAMILY MEMBER? IF YOU ANSWERED YES, HOW MANY TIMES IN THE LAST FIVE YEARS? _____	YES	NO
36. HAVE YOU EVER VIEWED PORNOGRAPHIC MATERIALS IN THE WORKPLACE THAT WAS IN VIOLATION OF YOUR EMPLOYER'S POLICY?	YES	NO
37. HAVE YOU EVER ENGAGED IN A SEXUAL ACTIVITY AT WORK THAT WAS IN VIOLATION OF YOUR EMPLOYER'S POLICY?	YES	NO

IF YOU ANSWERED "YES" TO ANY OF QUESTIONS 23-37, EXPLAIN. PLEASE NOTE THE QUESTION NUMBER AND COMPLETE CIRCUMSTANCES. INCLUDING THE DATE, EMPLOYER, AND ANY OTHER PERSONS INVOLVED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

38. HAVE YOU EVER MISSED WORK OR BEEN LATE TO WORK DUE TO DRUG OR ALCOHOL CONSUMPTION? IF YES, HOW MANY TIMES?	YES	NO
39. HAS YOUR WORK PERFORMANCE EVER BEEN AFFECTED BY USE OF DRUGS OR ALCOHOL?	YES	NO

WHEN?	NAME OF EMPLOYER
-------	------------------

40. HAVE YOU EVER BEEN WARNED BY AN EMPLOYER OR SUPERVISOR ABOUT YOUR ALCOHOL OR DRUG USE AND THEIR IMPACT ON YOUR JOB PERFORMANCE?	YES	NO
---	-----	----

WHEN?	NAME OF EMPLOYER
-------	------------------

# Horry County Police Department Background Questionnaire

## SECTION 5: EMPLOYMENT (CONTINUED)

41. HAVE YOU **EVER** APPLIED TO ANY OTHER LAW ENFORCEMENT OR PUBLIC SAFETY AGENCY? YES NO  
 THIS INCLUDES LOCAL, STATE AND FEDERAL AGENCIES.

**\* IF YOU ANSWERED "NO", PROCEED TO QUESTION 42.**  
**\* IF YOU ANSWERED "YES", LIST EVERY AGENCY THAT YOU HAVE APPLIED TO WITHIN THE LAST TEN YEARS**  
**\* ALL FIELDS SHOULD BE COMPLETED, IF APPLICABLE**  
**\* START WITH THE MOST RECENT APPLICATION TO THE OLDEST**

A) NAME OF AGENCY			DATE APPLIED
ADDRESS (NUMBER / STREET )			
CITY	STATE	ZIP	CONTACT NUMBER ( )
POSITION APPLIED FOR			DEPARTMENT CONTACT
STATUS: (CIRCLE ONE) HIRED ON LIST WITHDREW DISQUALIFIED: _____ OTHER: _____			

B) NAME OF AGENCY			DATE APPLIED
ADDRESS (NUMBER / STREET )			
CITY	STATE	ZIP	CONTACT NUMBER ( )
POSITION APPLIED FOR			DEPARTMENT CONTACT
STATUS: (CIRCLE ONE) HIRED ON LIST WITHDREW DISQUALIFIED: _____ OTHER: _____			

C) NAME OF AGENCY			DATE APPLIED
ADDRESS (NUMBER / STREET )			
CITY	STATE	ZIP	CONTACT NUMBER ( )
POSITION APPLIED FOR			DEPARTMENT CONTACT
STATUS: (CIRCLE ONE) HIRED ON LIST WITHDREW DISQUALIFIED: _____ OTHER: _____			

D) NAME OF AGENCY			DATE APPLIED
ADDRESS (NUMBER / STREET )			
CITY	STATE	ZIP	CONTACT NUMBER ( )
POSITION APPLIED FOR			DEPARTMENT CONTACT
STATUS: (CIRCLE ONE) HIRED ON LIST WITHDREW DISQUALIFIED: _____ OTHER: _____			

E) NAME OF AGENCY			DATE APPLIED
ADDRESS (NUMBER / STREET )			
CITY	STATE	ZIP	CONTACT NUMBER ( )
POSITION APPLIED FOR			DEPARTMENT CONTACT
STATUS: (CIRCLE ONE) HIRED ON LIST WITHDREW DISQUALIFIED: _____ OTHER: _____			

IF YOU NEED ADDITIONAL SPACE, CONTINUE AT THE END OF THE QUESTIONNAIRE

# Horry County Police Department Background Questionnaire

## SECTION 6: MILITARY

42. ARE YOU REQUIRED TO REGISTER FOR THE SELECTIVE SERVICE? IF YOU ANSWERED YES, HAVE YOU REGISTERED?	CIRCLE ONE:	YES	NO
43. HAVE YOU SERVED IN A BRANCH OF THE UNITED STATES MILITARY? IF YOU ANSWERED "YES", LIST WHICH BRANCH		YES	NO
	DATES FROM	DATES TO	
44. TYPE OF DISCHARGE: (CIRCLE ONE)	ENTRY LEVEL	HONORABLE	GENERAL
	BAD CONDUCT	OTHER THAN HONORABLE DISHONORABLE	
45. ARE YOU CURRENTLY ACTIVE IN ANY OF THE FOLLOWING? (CIRCLE ONE)	MILITARY RESERVE	NATIONAL GUARD	
DATE OBLIGATION ENDS:			
46. HAVE YOU EVER BEEN THE SUBJECT OF ANY JUDICIAL OR NON-JUDICIAL DISCIPLINARY ACTION. EXAMPLES OF THIS ARE: COURT MARTIAL, CAPTAIN'S MAST, OFFICE HOURS, ETC.		YES	NO
47. WERE YOU EVER DENIED A SECURITY CLEARANCE OR HAD A CLEARANCE REVOKED, SUSPENDED OR DOWNGRADED?		YES	NO
IF YOU ANSWERED "YES" TO QUESTION 46 OR 47, EXPLAIN. INCLUDE DATES AND CIRCUMSTANCES:			
_____			
_____			
_____			

## SECTION 7: FINANCIAL

48. INCOME AND EXPENSES			
FOR EACH OF THE FOLOWING, FILL IN THE AMOUNT TO THE NEAREST DOLLAR.			
A) FROM YOUR EMPLOYER(S), WHAT IS YOUR MONTHLY TAKE HOME INCOME?	\$ _____	PER MONTH	
B) DO YOU HAVE INCOME OTHER THAN FROM YOUR SALARY OR WAGES?		YES	NO
IF YOU ANSWERED YES, FILL IN AMOUNT:	\$ _____	PER MONTH	
C) ESTIMATE YOUR MONTHLY LIVING EXPENSES:	\$ _____	PER MONTH	
INCLUDE HOUSING, UTILITIES, CREDIT CARDS, OTHER LOANS, FOOD, GAS, VEHICLE, ETC.			
(CIRCLE ONE)			
49. HAVE YOU EVER FILED FOR BANKRUPTCY?		YES	NO
50. HAVE ANY OF YOUR BILLS EVER BEEN TURNED OVER TO A COLLECTION AGENCY?		YES	NO
51. HAVE YOU EVER HAD ANYTHING REPOSSESSED?		YES	NO
52. HAVE YOUR WAGES EVER BEEN GARNISHED?		YES	NO
53. HAVE YOU EVER BEEN DELINQUENT ON INCOME OR OTHER TAX PAYMENTS?		YES	NO
54. HAVE YOU EVER LIED ON AN INCOME TAX FORM OR FAILED TO FILE INCOME TAXES?		YES	NO
55. HAVE YOU EVER MOVED TO AVOID A DEBT?		YES	NO
56. HAVE YOU EVER DEFAULTED ON A LOAN?		YES	NO
57. DO YOU EVER GAMBLE?		YES	NO
IF YOU ANSWERED YES:			
HOW WOULD YOU CLASSIFY YOUR GAMBLING HABIT? (CIRCLE ONE)	NONE	LIGHT	MODERATE
			HEAVY
WHAT IS THE LARGEST AMOUNT YOU HAVE LOST AT ONE TIME IN A GAMBLING WAGER?	\$ _____		
DO YOU CURRENTLY HAVE ANY OUTSTANDING GAMBLING DEBT?		YES	NO
HAVE YOU EVERED BORROWED MONEY TO PAY FOR A GAMBLING DEBT?		YES	NO
58. HAVE YOU EVER SPENT MONEY FOR ILLEGAL PURPOSES? (DRUGS, PROSTITUTION, FRAUDULENT DOCUMENTS, ETC.)		YES	NO
59. HAVE YOU EVER BEEN LATE OR FAILED TO MAKE A COURT ORDERED PAYMENT?		YES	NO
60. HAVE YOU WRITTEN A BAD CHECK IN THE PAST FIVE YEARS?		YES	NO
IF YOU ANSWERED "YES" TO ANY OF QUESTIONS 49-60, LIST THE CIRCUMSTANCES INCLUDING THE DATES AND FULL DETAILS.			
_____			
_____			
_____			

# Horry County Police Department Background Questionnaire

SECTION 8: LEGAL	
DISCLOSURE OF ARRESTS AND CONVICTIONS PLEASE DISCLOSE ANY OF THE FOLLOWING: * ALL DETENTIONS OR ARRESTS, WHETHER THEY RESULTED IN CONVICTION OR NOT * ALL CONVICTIONS * ALL DIVERSION PROGRAMS THAT WERE NOT SUCCESSFULLY COMPLETED	
61. EITHER AS AN ADULT OR A JUVENILE, HAVE YOU EVER BEEN DETAINED, QUESTIONED, FINGERPRINTED, ARRESTED, INDICTED, CRIMINALLY CHARGED OR CONVICTED OF ANY MISDEMEANOR OR FELONY OFFENSE IN ANY STATE OR LEGAL JURISDICTION? <span style="float: right;">CIRCLE ONE YES                  NO</span>	
IF YOU ANSWERED "YES", EXPLAIN EACH INCIDENT. IF YOU ANSWERED "NO", CONTINUE TO QUESTION 62	
A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
IF YOU NEED ADDITIONAL SPACE, CONTINUE AT THE END OF THE QUESTIONNAIRE	
62. HAVE YOU EVER BEEN PLACED ON COURT ORDERED PROBATION AS AN ADULT? <span style="float: right;">CIRCLE ONE YES                  NO</span>	
63. HAVE YOU EVER BEEN REQUIRED TO APPEAR IN A JUVENILE COURT FOR AN ACT THAT WOULD HAVE BEEN A CRIME IF COMMITTED AS AN ADULT? <span style="float: right;">YES                  NO</span>	
64. HAVE YOU EVER BEEN A PARTY TO A NON-WORK RELATED CIVIL LAWSUIT? <span style="float: right;">YES                  NO</span>	
65. HAVE THE POLICE EVER BEEN CALLED TO YOUR HOUSE FOR ANY REASON? <span style="float: right;">YES                  NO</span>	
66. HAVE YOU/YOUR SPOUSE EVER BEEN REFERRED TO THE DEPARTMENT OF SOCIAL SERVICES? <span style="float: right;">YES                  NO</span>	
67. HAVE YOU EVER BEEN THE SUBJECT OF A PROTECTIVE/RESTRAINING ORDER? <span style="float: right;">YES                  NO</span>	
68. HAVE YOU EVER FRAUDULENTLY RECEIVED WELFARE, UNEMPLOYMENT COMPENSATION, OR GOVERNMENT ASSISTANCE. <span style="float: right;">YES                  NO</span>	
69. HAVE YOU EVER FILED A FALSE INSURANCE OR WORKMAN'S COMPENSATION CLAIM? <span style="float: right;">YES                  NO</span>	
IF YOU ANSWERED "YES" TO ANY OF QUESTIONS 62 - 69, EXPLAIN. INCLUDE DATES, CASES AND FULL DETAIL.  _____ _____ _____	
IF YOU NEED ADDITIONAL SPACE, CONTINUE AT THE END OF THE QUESTIONNAIRE	

# Horry County Police Department Background Questionnaire

## SECTION 8: LEGAL (CONTINUED)

### 70. UNDETECTED ACTS

WITHIN THE PAST TEN YEARS **OR** AT ANY TIME PRIOR TO BEING EMPLOYED IN LAW ENFORCEMENT, HAVE YOU **EVER** COMMITTED ANY OF THE FOLLOWING MISDEMEANORS?

	CIRCLE ONE	
A) ANNOYING/OBSCENE PHONE CALLS	YES	NO
B) BATTERY - USE OF FORCE OR VIOLENCE ON A PERSON	YES	NO
C) BRANDISHING A WEAPON	YES	NO
D) CARRYING A CONCEALED WEAPON WITHOUT A PERMIT	YES	NO
E) CONTRIBUTING TO THE DELIQUENCY OF A MINOR	YES	NO
F) DEFRAUDING AN INNKEEPER - FAILURE TO PAY FOR FOOD OR ROOM	YES	NO
G) DRIVING UNDER THE INFLUENCE OF DRUGS OR ALCOHOL	YES	NO
H) DRUNK IN PUBLIC (TO A LEVEL OF BEING UNABLE TO CARE FOR YOURSELF)	YES	NO
I) HIT AND RUN WITH AN AUTOMOBILE	YES	NO
J) HUNTING/FISHING WITHOUT A LICENSE	YES	NO
K) ILLEGAL GAMBLING/ONLINE GAMBLING	YES	NO
L) IMPERSONATING A POLICE OFFICER	YES	NO
M) INDECENT EXPOSURE/PUBLIC NUDITY	YES	NO
N) JOYRIDING OR USING SOMEONE ELSE'S CAR WITHOUT THEIR CONSENT	YES	NO
O) PETIT LARCENY/SHOPLIFTING UP TO \$500	YES	NO
P) SWITCHING PRICE TAGS ON STORE MERCHANDISE	YES	NO
Q) POSSESSION OF A FAKE ID/DRIVER'S LICENSE	YES	NO
R) POSSESSION OF STOLEN PROPERTY	YES	NO
S) POSSESSION OF ALCOHOL AS A MINOR	YES	NO
T) PROSTITUTION OR SOLICITING A PROSTITUTE	YES	NO
U) RESISTING ARREST	YES	NO
V) TRESPASSING	YES	NO
W) VANDALISM	YES	NO
X) PASSING A BAD CHECK	YES	NO
Y) FILING A FALSE POLICE REPORT	YES	NO
Z) CRUELTY TO ANIMALS	YES	NO

IF YOU ANSWERED "YES" TO ANY OF THE ITEMS IN QUESTION 70, FULLY EXPLAIN THE CIRCUMSTANCES. INCLUDE DATE(S), PARTIES INVOLVED AND RESOLUTION. INDICATE THE CORRESPONDING LETTER FOR EACH EXPLANATION.

---



---



---



---



---

IF YOU NEED ADDITIONAL SPACE, CONTINUE AT THE END OF THE QUESTIONNAIRE

### 71. UNDETECTED ACTS PART II

AT ANY TIME IN YOUR LIFE, HAVE YOU EVER COMMITTED OR BEEN INVOLVED IN THE COMMISSION OF THE FOLLOWING?

	CIRCLE ONE	
A) ARSON	YES	NO
B) ASSAULT WITH A DEADLY WEAPON	YES	NO
C) THEFT OF A VEHICLE OR VEHICLE PART	YES	NO
D) BURGLARY	YES	NO
E) CHILD MOLESTATION	YES	NO
F) ACCESSING AND/OR POSSESSING CHILD PORNOGRAPHY	YES	NO
G) ELDER ABUSE/NEGLECT	YES	NO
H) EMBEZZLEMENT	YES	NO
I) FELONY DRUNK DRIVING	YES	NO
J) FORCIBLE RAPE OR OTHER SEXUAL ASSAULT	YES	NO
K) FORGERY	YES	NO
L) HIT AND RUN WITH A MOTOR VEHICLE	YES	NO
M) ANY HATE CRIME	YES	NO
N) INSURANCE FRAUD	YES	NO
O) GRAND LARCENY	YES	NO
P) MURDER, HOMICIDE OR ATTEMPTED HOMICIDE	YES	NO
Q) PERJURY	YES	NO

# Horry County Police Department Background Questionnaire

## SECTION 8: LEGAL (CONTINUED)

### 71. UNDETECTED ACTS PART II (CONTINUED)

AT ANY TIME IN YOUR LIFE , HAVE YOU EVER COMMITTED OR BEEN INVOLVED IN THE COMMISSION OF THE FOLLOWING?

	CIRCLE ONE	
R) POSSESSION OF AN ILLEGAL EXPLOSIVE OR DESTRUCTIVE DEVICE	YES	NO
S) ROBBERY	YES	NO
T) STALKING	YES	NO
U) BLACKMAIL OR EXTORTION	YES	NO
V) ANY OTHER FELONY	YES	NO
W) ILLEGALLY DOWNLOADING AUDIO/MOVIES, SOFTWARE OR OTHER FILES	YES	NO
X) POSSESSION OF HEROIN OR COCAINE	YES	NO
Y) DISTRIBUTION OR CONSPIRACY TO DISTRIBUTE MARIJUANA	YES	NO

IF YOU ANSWERED "YES" TO ANY OF THE ITEMS IN QUESTION 71, FULLY EXPLAIN THE CIRCUMSTANCES. INCLUDE DATE(S), PARTIES INVOLVED AND RESOLUTION. INDICATE THE CORRESPONDING LETTER FOR EACH EXPLANATION.

---



---



---



---



---

IF YOU NEED ADDITIONAL SPACE, CONTINUE AT THE END OF THE QUESTIONNAIRE

72. THE FOLLOWING QUESTION CONCERNS YOUR CURRENT AND PAST DRUG USE. IT INVOLVES ANY DRUG, INCLUDING THE UNAUTHORIZED USE OF PRESCRIPTION OR OVER THE COUNTER DRUGS.

**HAVE YOU EVER USED, EITHER RECREATIONALLY OR EXPERIMENTALLY, THE FOLLOWING DRUGS?**

	CIRCLE ONE		MOST RECENT DATE
A. MARIJUANA, HASHISH OR CANNIBIS	YES	NO	
B) COCAINE OR CRACK	YES	NO	
C) AMPHETAMINES/METHAMPHETAMINES (CRANK, ICE, SPEED, GLASS, ETC.)	YES	NO	
D) CLUB DRUGS (ECSTASY, MDMA, GHB, ROHYPNOL, KETAMINE)	YES	NO	
E) BATH SALTS	YES	NO	
F) HALLUCINOGENS (LSD, MUSHROOMS, Mescaline, PEYOTE, ETC.)	YES	NO	
G) HEROIN, MORPHINE, OPIUM	YES	NO	
H) INHALED AEROSOLS	YES	NO	
I)SYNTHETIC CANNABINOIDS (K2, SPICE, GENIE, ETC.)	YES	NO	
J) BARBITUATES	YES	NO	
K) PRESCRIPTION DRUGS NOT PRESCRIBED TO YOU?	YES	NO	
L) PCP OR ANGEL DUST	YES	NO	
M) STEROIDS	YES	NO	

IF YOU ANSWERED "YES" TO ANY OF THE ITEMS IN QUESTION 72, FULLY EXPLAIN THE CIRCUMSTANCES AND INDICATE IDENTIFY THE CORRESPONDING LETTER FOR EACH EXPLANATION.

---



---



---



---

IF YOU NEED ADDITIONAL SPACE, CONTINUE AT THE END OF THE QUESTIONNAIRE

# Horry County Police Department Background Questionnaire

## SECTION 8: LEGAL (CONTINUED)

73. HAVE YOU EVER ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES INVOLVING DRUGS, INCLUDING MARIJUANA?  
CIRCLE ONE

A) SOLD OR MANUFACTURED ILLEGAL DRUGS?	YES	NO
B) BEEN PRESENT WHEN ILLEGAL DRUGS WERE BEING USED?	YES	NO
C) BEEN PRESENT WHEN ILLEGAL DRUGS WERE BEING SOLD?	YES	NO
E) BEEN PRESENT WHEN ILLEGAL DRUGS WERE BEING MANUFACTURED?	YES	NO
F) PURCHASED ILLEGAL DRUGS?	YES	NO
G) LOANED MONEY TO ANYONE ELSE TO PURCHASE ILLEGAL DRUGS?	YES	NO
H) TRADED/BARTERED FOR ILLEGAL DRUGS?	YES	NO
I) OTHERWISE TRANSPORTED ILLEGAL DRUGS FOR ANY PURPOSE?	YES	NO

IF YOU ANSWERED "YES" TO ANY PART OF QUESTION 73, PROVIDE DRUGS INVOLVED, TIME PERIOD(S), AND CIRCUMSTANCES BELOW.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF YOU NEED ADDITIONAL SPACE, CONTINUE AT THE END OF THE PACKET

## SECTION 9: MOTOR VEHICLE OPERATION

74. OTHER THAN YOUR CURRENT DRIVER'S LICENCE, LIST ANY DRIVER'S LICENSE YOU MAY HAVE HAD FROM OTHER STATES.

STATE	TYPE OF LICENSE	NAME THAT LICENSE WAS ISSUED TO AND LICENSE NUMBER

IF YOU NEED ADDITIONAL SPACE, CONTINUE AT THE END OF THE PACKET

75. HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE BY ANY STATE?  
IF YOU ANSWERED "YES", EXPLAIN. INCLUDES WHEN, WHERE AND THE CIRCUMSTANCES.  
CIRCLE ONE  
YES      NO

IF YOU NEED ADDITIONAL SPACE, CONTINUE AT THE END OF THE QUESTIONNAIRE

76. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?  
IF YOU ANSWERED "YES", EXPLAIN. INCLUDES WHEN, WHERE AND THE CIRCUMSTANCES.  
CIRCLE ONE  
YES      NO

IF YOU NEED ADDITIONAL SPACE, CONTINUE AT THE END OF THE QUESTIONNAIRE

77. DO YOU CURRENTLY HAVE LIABILITY INSURANCE ON YOUR VEHICLE(S)?  
INSURANCE COMPANY:      EXPIRES:      CIRCLE ONE  
YES      NO

78. LIST ALL TRAFFIC CITATIONS, EXCLUDING PARKING TICKETS, YOU HAVE RECEIVED IN THE LAST TEN YEARS. LIST THE OFFENSE AS IT WAS ORIGINALLY CHARGED. IF THE CHARGE WAS REDUCED TO A LESSER OFFENSE, EXPLAIN IN "ADDITIONAL INFORMATION" AREA.

A) NATURE OF VIOLATION	LOCATION (STREET / CITY / STATE)
DATE OF VIOLATION	DISPOSITION (CIRCLE ONE) NOT GUILTY      GUILTY      DISMISSED      OTHER
IF YOU ANSWERED "OTHER", EXPLAIN. ALSO, LIST ANY ADDITIONAL INFORMATION.	

# Horry County Police Department Background Questionnaire

SECTION 9: MOTOR VEHICLE OPERATION (CONTINUED)			
B) NATURE OF VIOLATION		LOCATION (STREET / CITY / STATE)	
DATE OF VIOLATION	DISPOSITION (CIRCLE ONE) NOT GUILTY    GUILTY    DISMISSED    OTHER		
IF YOU ANSWERED "OTHER", EXPLAIN. ALSO, LIST ANY ADDITIONAL INFORMATION.			
C) NATURE OF VIOLATION		LOCATION (STREET / CITY / STATE)	
DATE OF VIOLATION	DISPOSITION (CIRCLE ONE) NOT GUILTY    GUILTY    DISMISSED    OTHER		
IF YOU ANSWERED "OTHER", EXPLAIN. ALSO, LIST ANY ADDITIONAL INFORMATION.			
D) NATURE OF VIOLATION		LOCATION (STREET / CITY / STATE)	
DATE OF VIOLATION	DISPOSITION (CIRCLE ONE) NOT GUILTY    GUILTY    DISMISSED    OTHER		
IF YOU ANSWERED "OTHER", EXPLAIN. ALSO, LIST ANY ADDITIONAL INFORMATION.			
E) NATURE OF VIOLATION		LOCATION (STREET / CITY / STATE)	
DATE OF VIOLATION	DISPOSITION (CIRCLE ONE) NOT GUILTY    GUILTY    DISMISSED    OTHER		
IF YOU ANSWERED "OTHER", EXPLAIN. ALSO, LIST ANY ADDITIONAL INFORMATION.			
IF YOU NEED ADDITIONAL SPACE, CONTINUE AT THE END OF THE QUESTIONNAIRE			
79. HAVE YOU BEEN INVOLVED IN A MOTOR VEHICLE COLLISION WITHIN THE LAST TEN YEARS? IF YOU ANSWERED "YES", EXPLAIN BELOW. IF YOU ANSWERED "NO", PROCEED TO QUESTION 80			CIRCLE ONE YES                  NO
A) DATE:	LOCATION (NUMBER / STREET OR INTERSECTION)	CITY	STATE
WAS THERE A POLICE REPORT FILED? (CIRCLE ONE)		YES IF "YES", LIST THE LAW ENFORCEMENT AGENCY NO	
B) DATE:	LOCATION (NUMBER / STREET OR INTERSECTION)	CITY	STATE
WAS THERE A POLICE REPORT FILED? (CIRCLE ONE)		YES IF "YES", LIST THE LAW ENFORCEMENT AGENCY NO	
C) DATE:	LOCATION (NUMBER / STREET OR INTERSECTION)	CITY	STATE
WAS THERE A POLICE REPORT FILED? (CIRCLE ONE)		YES IF "YES", LIST THE LAW ENFORCEMENT AGENCY NO	
IF YOU NEED ADDITIONAL SPACE, CONTINUE AT THE END OF THE QUESTIONNAIRE			
80. HAVE YOU EVER DRIVEN A VEHICLE WITHOUT AUTO INSURANCE, AS REQUIRED BY LAW? IF YOU ANSWERED "YES", EXPLAIN THE CIRCUMSTANCES.			CIRCLE ONE YES                  NO



# Horry County Police Department Background Questionnaire

## SECTION 9: MOTOR VEHICLE OPERATION (CONTINUED)

81. HAVE YOU EVER BEEN REFUSED AUTOMOTIVE INSURANCE OR HAD IT CANCELLED?	YES	NO
CIRCLE ONE		
IF YOU ANSWERED "YES", EXPLAIN THE CIRCUMSTANCES. INCLUDE THE DATE AND INSURANCE COMPANY.		

82. LIST ANY OTHER INFORMATION YOU WOULD LIKE TO REGARDING YOUR DRIVING RECORD/HISTORY.

---



---



---

## SECTION 10: MISCELLANEOUS

83. HAVE YOU EVER BEEN REFUSED A PERMIT TO CARRY A CONCEALED WEAPON?	YES	NO
CIRCLE ONE		
84. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OR ASSOCIATE OF A CRIMINAL ENTERPRISE, STREET GANG, OR ANY OTHER GROUP THAT ADVOCATES VIOLENCE AGAINST OTHERS BECAUSE OF THEIR RACE, RELIGION, POLITICAL AFFILIATION, ETHNIC ORIGIN, NATIONALITY, GENDER, SEXUAL PREFERENCE, OR DISABILITY?	YES	NO
85. SINCE THE AGE OF 18, HAVE YOU EVER BEEN INVOLVED IN AN ANGER-PROVOKED PHYSICAL FIGHT, CONFRONTATION OR OTHER VIOLENT ACT?	YES	NO
86. HAVE YOU EVER HIT OR PHYSICALLY OVERPOWERED A ROMANTIC PARTNER?	YES	NO
87. HAVEYOU EVER BEEN INVOLVED IN A DOMESTIC VIOLENCE ACT WITH A RELATIVE, SPOUSE, SIGNIFICANT OTHER, ROMANTIC PARTNER OR DOMESTIC PARTNER, INCLUDING BUT NOT LIMITED TO, AN ACT OF VIOLENCE,THREATS, INFLICTION OF EMOTIONAL DISTRESS AND/OR PROPERTY DAMAGE?	YES	NO
88. DO YOU KNOW OF ANY REASON THAT WOULD DISQUALIFY YOU FROM BEING APPOINTED TO THIS JOB OR PREVENT YOU FROM PERFORMING THE ESSENTIAL DUTIES OF THIS JOB?	YES	NO
IF YOU ANSWERED "YES" TO ANY OF QUESTIONS 83-88, EXPLAIN DETAILS AND CIRCUMSTANCES. INDICATE CORRESPONDING NUMBER		

---



---



---



# Horry County Police Department Background Questionnaire

## SECTION 11: CERTIFICATION

I HEARBY SWEAR OR AFFIRM THAT THERE ARE NO WILLFUL MISREPRESENTATIONS OR OMISSIONS IN, OR FALSIFICATIONS OF, THE STATEMENTS AND ANSWERS IN THIS BACKGROUND INVESTIGATION QUESTIONNAIRE. I HEREBY CERTIFY THAT I HAVE PERSONALLY COMPLETED EACH PAGE OF THIS FORM AND ANY ATTACHED SUPPLEMENTAL PAGES. I ALSO CERTIFY THAT ALL STATEMENTS MADE ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT SHOULD AN INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN ANY OF THESE DOCUMENTS, MY APPLICATION WILL BE REJECTED AND I WILL BE DISQUALIFIED FROM APPLYING FOR ANY FUTURE POSITION WITH THIS AGENCY. IF, AFTER MY ACCEPTANCE FOR EMPLOYMENT, SUBSEQUENT INVESTIGATION SHOULD DISCLOSE MISREPRESENTATION, OMISSION, OR FALSIFICATION, IT WILL BE JUST CAUSE FOR MY IMMEDIATE DISMISSAL. I UNDERSTAND THAT THIS IS AN ONGOING INVESTIGATION AND AGREE TO NOTIFY THE Horry COUNTY POLICE DEPARTMENT OF ANY INFORMATION THAT MAY REFLECT CHANGES OR ADDITIONS TO THIS QUESTIONNAIRE.

BY ENTERING YOUR FULL LEGAL NAME HERE, YOU ACKNOWLEDGE AND AGREE TO THE ABOVE CERTIFICATION:

\_\_\_\_\_

**FULL LEGAL NAME**

\_\_\_\_\_

**DATE**

THE BELOW SECTION IS TO BE COMPLETED AT A LATER DATE IN THE PRESENCE OF A BACKGROUND INVESTIGATOR:

\_\_\_\_\_

**APPLICANT SIGNATURE**

\_\_\_\_\_

**DATE**

\_\_\_\_\_

**INVESTIGATOR SIGNATURE**

\_\_\_\_\_

**DATE**