



Print, complete, and return
to jnelson@townofbluffton.com
or in person to Bluffton PD.

Bluffton Police Department

101 Progressive Street
Bluffton SC 29910

Bluffton Police Department Citizen Police Academy Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment / Unit #

City State Zip Code

Phone: _____ Email Address: _____

Date of Birth: _____ Social Security #: _____

Are you a U.S. Citizen? YES: ____ NO: ____ If no, Are you authorized to work in the U.S.? YES: ____ NO: ____

Is your driver's license in danger of being revoked, suspended, or canceled in this state or any other state?

YES: ____ NO: ____ If yes, Explain: _____

Have you ever been discharged from a job?

YES: ____ NO: ____ If yes, Explain: _____

Have you ever been charged, convicted of and/or plead no contest to a misdemeanor or felony, including traffic offenses?

YES: ____ NO: ____ If yes, Explain: _____

Size Shirt: _____

(a conviction is not an automatic bar from the class.)

Disclaimer and Signature

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am accepted for this class, false statements on this application shall be considered sufficient cause for dismissal. I understand that by signing this application I am giving my permission to contact the references listed on this application of employment.

I understand that the Town of Bluffton is "at will", which means that either I or the Town can terminate the relationship at any time, with or without prior notice, and for any reason not prohibited by statute. I understand that no supervisor, manager, or executive of this company, other than the Town Manager, has the authority to alter the foregoing.

The Town of Bluffton is an Equal Opportunity Employer.

Signature: _____ Date: _____



**CITIZEN POLICE ACADEMY APPLICANT
AUTHORIZATION FOR RELEASE OF PERSONAL
BACKGROUND INFORMATION**

As this authorization is used for Citizen Police Academy enrollment purposes, I, the undersigned, grant permission to the:

TOWN OF BLUFFTON, SC POLICE DEPARTMENT

to conduct a criminal records (including felony and misdemeanor records), motor vehicle records, employment, and education backgrounds to be released to the above-named entity.

Print Name: _____

Social Security Number: _____

(Below Questions Required for Criminal Background Investigation)

Date of Birth: _____

Race: _____ Gender (Circle One): Male or Female

Address: _____

City: _____ State: _____ Zip Code (required) _____

Driver's License: (State/expiration/number) _____

Signature: _____ Date: _____

For office use only line below: -----

Name of person conducting Criminal History check: _____

Signature of person conducting Criminal History check: _____

Date Completed: _____