



# Bluffton Police Department

101 Progressive Street  
Bluffton SC 29910

Please complete online and return to [inelson@townofbluffton.com](mailto:inelson@townofbluffton.com) or print, complete, and return in person to Bluffton Police Department, 101 Progressive Street.

## 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: \_\_\_\_\_

Polo Size Shirt: Men \_\_\_\_\_ Women \_\_\_\_\_

***(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: \_\_\_\_\_