Completed applications must be returned to:
City Hall
1207 Palm Boulevard
Post Office Box 508
Isle of Palms, SC 29451

CITY OF ISLE OF PALMS POLICE DEPARTMENT
30 J.C. Long Boulevard
Post Office Box 508
Isle of Palms, SC 29451

APPLICATION FOR EMPLOYMENT

AT-WILL DISCLAIMER

ALL EMPLOYEES OF THE CITY ARE EMPLOYED AT-WILL AND MAY QUIT OR BE TERMINATED AT ANY TIME AND FOR ANY OR NO REASON. NOTHING IN ANY OF THE CITY'S RULES, POLICIES, HANDBOOKS, PROCEDURES, OR OTHER DOCUMENTS RELATING TO EMPLOYMENT, INCLUDING THIS APPLICATION FOR EMPLOYMENT AND ITS RELATED DOCUMENTS, CREATES ANY EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, THAT ARE CONTRARY TO OR INCONSISTENT WITH THE LIMITATIONS SET FORTH IN THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT UNLESS: 1) THE TERMS ARE PUT IN WRITING; 2) THE DOCUMENT IS LABELED "CONTRACT;" 3) THE DOCUMENT STATES THE TERM OF EMPLOYMENT; AND 4) THE DOCUMENT IS SIGNED BY THE CITY ADMINISTRATOR OR APPROVED BY VOTE OF COUNCIL.

The City of Isle of Palms is an Equal Opportunity Employer. Applicants are considered for employment without regard to race, color, religion, sex, national origin, age, disability, or veteran status. This application and certain information contained herein may be subject to public inspection by a Freedom of Information Act request.

Please print all answers.

Name _____ Date _____

Position(s) Applied For _____

Revised 3/26/15

Referral Source: ◯ Advertisement ◯ Friend ◯ Relative

◯ Employment Agency ◯ Other _____

Name _____ _____ _____
Last First Middle

Address _____ _____
Street Number Street Name

_____ _____ _____
City State ZIP code

Telephone _____ Email Address _____

If you are applying for a position that requires you to drive, do you have a valid South Carolina driver's license. ◯ Yes ◯ No

If you are applying for a Police Officer position with the Police Department, are you at least 21 years of age? ◯ Yes ◯ No

(ONLY to be completed for Police Officer positions. Do NOT provide birth date or age).

For any other position within the Police Department, are you at least 18 years of age?

◯ Yes ◯ No

(ONLY to be completed for Police Officer positions. Do NOT provide birth date or age).

Have you completed an application for the City of Isle of Palms before?

◯ Yes ◯ No If yes, give date _____

Have you ever been employed at the City of Isle of Palms before?

◯ Yes ◯ No If yes, give date _____

Are you employed now? ◯ Yes ◯ No

May we contact your present employer? ◯ Yes ◯ No

Are you authorized to work in the United States? ◯ Yes ◯ No

On what date would you be available for work? _____

Are you available for work: Full-Time ☐ Part-Time ☐
Shift-Time ☐ Temporary ☐

Have you ever been convicted of, pled guilty to, or pled nolo contendere to a felony? Yes ◯ No ◯ (Existence of a criminal record does not constitute an automatic bar to employment.) If yes, please explain:

List professional, trade or business organizations you are a member of, but do NOT include any that would indicate your race, color, national origin, sex, age, religion, or the existence of a disability:

EMPLOYMENT HISTORY:

Please give accurate, full-time and part-time employment record. Start with your present or most recent employer and work backward. Include military experience and any relevant volunteer experience such as volunteer firefighter, reserve officer, etc. Attach additional sheets if necessary. *Note: If you previously served in the military, you may be required to provide a copy of your DD-214 form.*

Present or Most Recent Employer

EMPLOYER

Name _____

Telephone _____ Fax _____

Address _____

_____

_____

IMMEDIATE SUPERVISOR

Name _____

Title _____

Email Address _____

ABOUT YOU

Job Title _____

Dates Employed _____ to _____

Pay Rate/Salary Starting $ _____ per _____

Pay Rate/Salary Final $ _____ per _____

Describe the work you performed and your job responsibilities.

Preceding Employer

EMPLOYER

Name _____

Telephone _____ Fax _____

Address _____

_____

_____

IMMEDIATE SUPERVISOR

Name _____

Title _____

Email Address _____

ABOUT YOU

Job Title _____

Dates Employed _____ to _____

Pay Rate/Salary Starting $ _____ per _____

Pay Rate/Salary Final $ _____ per _____

Describe the work you performed and your job responsibilities.

Preceding Employer

EMPLOYER

Name _____

Telephone _____ Fax _____

Address _____

_____

_____

IMMEDIATE SUPERVISOR

Name _____

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Email Address _____

ABOUT YOU

Job Title _____

Dates Employed _____ to _____

Pay Rate/Salary Starting $ _____ per _____

Pay Rate/Salary Final $ _____ per _____

Describe the work you performed and your job responsibilities.

Preceding Employer

EMPLOYER

Name _____

Telephone _____ Fax _____

Address _____

_____

_____

IMMEDIATE SUPERVISOR

Name _____

Title _____

Email Address _____

ABOUT YOU

Job Title _____

Dates Employed _____ to _____

Pay Rate/Salary Starting $ _____ per _____

Pay Rate/Salary Final $ _____ per _____

Describe the work you performed and your job responsibilities.

Preceding Employer

EMPLOYER

Name _____

Telephone _____ Fax _____

Address _____

_____

_____

IMMEDIATE SUPERVISOR

Name _____

Title _____

Email Address _____

ABOUT YOU

Job Title _____

Dates Employed _____ to _____

Pay Rate/Salary Starting $ _____ per _____

Pay Rate/Salary Final $ _____ per _____

Describe the work you performed and your job responsibilities.

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize any special skills and qualifications you have

EDUCATION:

High School _____ _____
Name/Location Degree

College/University _____ _____
Name/Location Degree

Graduate/Professional _____ _____
Name/Location Degree

Number of Years Completed: High School ____ College ____ Other _____
(Do NOT provide dates of graduation.)

Describe course of study for each school

_____

Describe specialized training, apprenticeship, skills, honors received, and extra-curricular activities: (Do NOT include any that would indicate your race, color, national origin, sex, age, religion, or the existence of a disability.)

_____

State any additional information you feel may be helpful to us in considering your application. (Do NOT include any information that would indicate your race, color, national origin, sex, age, religion, or the existence of a disability.)

_____

REFERENCES:

Name _____	Name _____	Name _____
Title _____	Title _____	Title _____
Address _____	Address _____	Address _____
_____	_____	_____
Telephone _____	Telephone _____	Telephone _____

APPLICANT'S STATEMENT:

I certify that I have completed this Application and the answers I have given herein are true and complete.

I hereby authorize all employers, schools, and personal and professional references to release all records and information to the City of Isle of Palms in relation to my character, the City's investigation of my responses in this Application, and to the City's assessment of my qualifications and fit for employment with the City.
I understand that incomplete responses and false or misleading information given in my application or interview(s) may result in my not being hired, and if I am hired, may result in my discharge from employment.

I understand that I may be required to take a drug test as a part of the employment application process. Police Department applicants are also required to take a physical agility test as part of the employment application process. The physical agility test is not a medical examination.

_____ _____

Signature of Applicant Date

Note: Completion of Supplement A is voluntary. Your decision not to complete the Supplement will not affect the City's determination of your suitability for employment. In fact, the Supplement will be kept confidential and will be detached from the Application before the Application is forwarded to the hiring official(s).

NOTICE TO APPLICANTS
OF EMPLOYER'S POLICY ON OBTAINING CONSUMER REPORTS

As part of our pre-employment screening, the City of Isle of Palms ("City") might contact a consumer reporting agency to obtain your consumer reports. A consumer report includes, but is not limited to, credit reports, driving records and criminal history reports.

If the City decides to request your consumer reports, we will contact you first and obtain your written permission to access your files. If the City decides to request a consumer report on you, it will follow FCRA's requirements governing permission and use of consumer reports in the employment process.

AUTHORIZATION FOR CRIMINAL RECORDS AND MOTOR VEHICLE RECORDS CHECK

Notice to Applicant: The City of Isle of Palms' Police Department wishes to advise you that as part of the Police Department's screening process, all applicants will be subject to a criminal records check and motor vehicle records check. The information will be obtained from law enforcement agencies and the South Carolina Department of Motor Vehicles and used to determine your qualifications for employment with the Police Department.

By my signature below, I certify that:
I understand the information I am providing is to establish my identity for the purpose of this criminal records check and motor vehicle records check and that this information will not be used for any purpose other than that stated above. I am authorizing the South Carolina Department of Motor Vehicles and law enforcement agencies in receipt of a copy of this form to release any and all information in their files regarding my motor vehicle record and criminal history under the name and description below to a representative of the City of Isle of Palms. I understand that the information released may prove harmful to me. I have read and understand the above information. By my signature I authorize the release of the requested information.

Signature

Date _____

Position(s) applied for

_____

Social Security Number

_____

First, Middle, Last Names

_____ _____ _____

Driver's License Number and State of Issuance

_____

AKA, Former Names, Maiden Names

_____

Name on Driver's License

_____

Street Address, City, State, and ZIP code

_____

Date of Birth*

_____

*This information is being collected to conduct the background screen on you.
It will not be used for any other purpose.

AUTHORIZATION FOR THE RELEASE OF EMPLOYMENT INFORMATION

*[Please complete one form for each **former** employer that you have listed on your application. You may copy and attach additional forms if needed.]*

I, _____, authorize my **former** employer,
(print name)

_____, to release to the City of Isle of
(name of **former** employer)

Palms the following information regarding my former employment:

1. Dates of employment
2. Positions held
3. Wage history
4. Performance evaluations
5. Formal and informal disciplinary actions
6. Information about my job performance
7. The reason for separation of employment and all information related to the reason for separation, including, but not limited to, witness statements.
8. Breaches of contract

_____ _____
Signature of Applicant Date

Please provide contact information for Former Employer:

Contact Person _____

Phone _____

Fax _____

Email _____

AUTHORIZATION FOR THE RELEASE OF EMPLOYMENT INFORMATION

*[Please complete one form for each **former** employer that you have listed on your application. You may copy and attach additional forms if needed.]*

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8. Breaches of contract

_____ _____
Signature of Applicant Date

Please provide contact information for Former Employer:

Contact Person _____

Phone _____

Fax _____

Email _____

AUTHORIZATION FOR THE RELEASE OF EMPLOYMENT INFORMATION

*[Please complete one form for each **former** employer that you have listed on your application. You may copy and attach additional forms if needed.]*

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8. Breaches of contract

_____ _____
Signature of Applicant Date

Please provide contact information for Former Employer:

Contact Person _____

Phone _____

Fax _____

Email _____

AUTHORIZATION FOR THE RELEASE OF EMPLOYMENT INFORMATION

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8. Breaches of contract

_____ _____
Signature of Applicant Date

Please provide contact information for Former Employer:

Contact Person _____

Phone _____

Fax _____

Email _____

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8. Breaches of contract

_____ _____
Signature of Applicant Date

Please provide contact information for Former Employer:

Contact Person _____

Phone _____

Fax _____

Email _____

Supplement A
Applicant Data Reporting

The City of Isle of Palms is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite all employees to voluntarily self-identify their race/ethnicity.

Completion of this portion of the application is voluntary. This data will not be considered by the City in evaluating your application, nor will your refusal to fill out this portion of the application be held against you. This portion of the application will be removed from the application prior to your application being considered and will not be seen by the hiring officials.

The information obtained will be maintained separately from your application for employment, will be kept confidential, and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

If you do not wish to self-identify, please state the position you applied for and check the box stating you do not wish to self-identify.

Position applied for _____

Please read over the categories carefully and check the ones that apply.

Gender:

- ☐ Male
- ☐ Female

Race:

- ☐ Hispanic
- ☐ White (Not Hispanic)
- ☐ Black (Not Hispanic)
- ☐ Asian/Pacific Islander
- ☐ American Indian or Alaskan Native

☐ I do not wish to voluntarily self-identify.

Date Received _____