

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.

1

	Please print all answers.	
Name		Date
Position(s) Applied For		

Revised 3/26/15

Referral Source:	Advertisement	Friend	Relative	
	Employment Agend	ey Ot	ther	
Name Last	First		Mid	dle
Address Street Numbe	r Street Name			
City			State	ZIP code
Telephone	Ema	il Addres	S	
If you are applying f Carolina driver's lice	for a position that requeses. Yes	uires you No	to drive, do you	ı have a valid South
If you are applying fleast 21 years of age	for a Police Officer po	, O	NLY to be complete	epartment, are you at ted for Police Officer ovide birth date or age).
For any other position	on within the Police I	Departmer	nt, are you at lea	st 18 years of age?
Yes No		,		eted for Police Officer rovide birth date or age)
Have you completed	l an application for th	e City of	Isle of Palms be	efore?
Yes N	No If yes, give d	ate		
•	employed at the City No If yes, give d		Palms before?	
Are you employed n	ow? Yes	No		
May we contact your	present employer?	Yes	No	
Are you authorized t	o work in the United	States?	Yes	No
On what date would	you be available for	work?		

2 Revised 3/26/15

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

<b>EMPLOYER</b>		ABOUT YOU		
Name		Job Title		
Telephone	Fax	Dates Employed	to	
Address		Pay Rate/Salary Starting	\$	per
		Pay Rate/Salary Final	\$	per
		Describe the work you performed an job responsibilities.		and your

#### **IMMEDIATE SUPERVISOR**

Name

Title

Email Address

Preceding Employer **ABOUT YOU EMPLOYER** Name Job Title Fax Telephone Dates Employed to Pay Rate/Salary Starting \$ Address per Pay Rate/Salary Final per Describe the work you performed and your job responsibilities. IMMEDIATE SUPERVISOR Name Title **Email Address** Preceding Employer **EMPLOYER ABOUT YOU** Name Job Title Telephone Fax Dates Employed to

Address Pay Rate/Salary Starting \$ per

Pay Rate/Salary Final \$ per

4

Describe the work you performed and your

job responsibilities.

**IMMEDIATE SUPERVISOR** 

Name

Title

**Email Address** 

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5

## IMMEDIATE SUPERVISOR

Name

Title

**Email Address** 

Revised 3/26/15

per

Pay Rate/Salary Final

job responsibilities.

Describe the work you performed and your

### SPECIAL SKILLS AND QUALIFICATIONS:

Summarize any special skills and qualifications you have

<b>EDUCATION:</b>	ED	UC	ΑT	Oľ	N:	
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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

6 Revised 3/24/15

#### **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.

8 Revised 3/24/15

### 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*

8 Revised 3/24/15

<sup>\*</sup>This information is being collected to conduct the background screen on you.

It will not be used for any other purpose.

[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, (pri	nt name)	, authorize my <b>fo</b>	rmer employer,
(nar	me of <b>former</b> employer)	, to release to the	e City of Isle of
Palms the followin	g information regarding my	former employment:	
1. Dates of	femployment		
2. Position	s held		
3. Wage hi	istory		
4. Perform	ance evaluations		
5. Formal	and informal disciplinary ac	tions	
6. Informa	tion about my job performa	nce	
	son for separation of employ for separation, including, bu		
8. Breache	s of contract		
Signature of Appli	cant	Date	
	Please provide con Former I	tact information for Employer:	
	Contact Person		
	Phone		
	Fax		

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2. Position	s held	
3. Wage hi	istory	
4. Perform	ance evaluations	
5. Formal	and informal disciplinary action	ons
6. Informa	tion about my job performanc	e
		nent and all information related to the not limited to, witness statements.
8. Breache	s of contract	
Signature of Appli	cant	Date
	Please provide conta Former En	
	Contact Person	
	Phone	
	Fax	

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6. Informa	tion about my job performance	
		nt and all information related to the t limited to, witness statements.
8. Breache	s of contract	
Signature of Appli	cant	Date
	Please provide contact Former Emp	
	Contact Person	
	Phone	
	Fax	

13

Email

Revised 3/26/15

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Signature of Applie	cant	Date	
		tact information for Employer:	
	Contact Person		
	Phone		
	Fax		

# 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**