



**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

Preceding Employer

EMPLOYER

Name

Telephone

Fax

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.

IMMEDIATE SUPERVISOR

Name

Title

Email Address

Preceding Employer

EMPLOYER

Name

Telephone

Fax

Address

ABOUT YOU

Job Title

Dates Employed

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Pay Rate/Salary Starting \$ per

Pay Rate/Salary Final \$ per

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per

Describe the work you performed and your job responsibilities.

IMMEDIATE SUPERVISOR

Name

Title

Email Address

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

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

<p style="text-align: center;">Please provide contact information for Former Employer:</p> <p>Contact Person</p> <p>Phone</p> <p>Fax</p> <p>Email</p>

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Signature of Applicant

Date

<p style="text-align: center;">Please provide contact information for Former Employer:</p> <p>Contact Person</p> <p>Phone</p> <p>Fax</p> <p>Email</p>

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Signature of Applicant

Date

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Date

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Signature of Applicant

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**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