Completed applications must be returned to:

City Hall – Human Resources
1207 Palm Boulevard
Post Office Box 508 Isle of Palms, SC 29451

CITY OF ISLE OF PALMS POLICE DEPARTMENT

1207 Palm Boulevard

PO 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 _____

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 position with the Public Works Department that requires you to drive, do you have a valid Commercial Driver's License (CDL) for the State of South Carolina? ◯ Yes ◯ No If yes, what class is your CDL? _____

If you are applying for a Firefighter position with the Fire Department, are you at least 18 years of age? ◯ Yes ◯ No

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

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

On what date would you be available for work? _____

Referral Source: ◯ Advertisement _____
◯ Friend _____ ◯ Relative _____
◯ Employment Agency ◯ Other _____

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 _____

Phone _____

ABOUT YOU

Job Title _____

Dates Employed _____to _____

Pay Rate/Salary Start $ _____ per ____

Pay Rate/Salary Final $_____ per ____

Describe the work you performed and your responsibilities

_____

_____

_____

_____

_____

Reason for Leaving

_____

_____

_____

_____

Preceding Employer

EMPLOYER

Name _____

Telephone _____ Fax _____

Address _____

_____

_____

IMMEDIATE SUPERVISOR

Name _____

Title _____

Email Address _____

Phone _____

ABOUT YOU

Job Title _____
Dates Employed _____to _____
Pay Rate/Salary Start $ _____ per ____
Pay Rate/Salary Final $_____ per _____
Describe the work you performed and your responsibilities

_____
_____
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_____

Reason for Leaving

_____
_____
_____
_____

Preceding Employer

EMPLOYER

Name _____

Telephone _____ Fax _____

Address _____

_____

_____

IMMEDIATE SUPERVISOR

Name _____

Title _____

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ABOUT YOU

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Describe the work you performed and your responsibilities

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Reason for Leaving

_____
_____
_____
_____

Preceding Employer

EMPLOYER

Name _____

Telephone _____ Fax _____

Address _____

_____

_____

IMMEDIATE SUPERVISOR

Name _____

Title _____

Email Address _____

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Job Title _____
Dates Employed _____to _____
Pay Rate/Salary Start $ _____ per ____
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Describe the work you performed and your responsibilities

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Reason for Leaving

_____
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_____

Preceding Employer

EMPLOYER

Name _____

Telephone _____ Fax _____

Address _____

_____

_____

IMMEDIATE SUPERVISOR

Name _____

Title _____

Email Address _____

Phone _____

ABOUT YOU

Job Title _____
Dates Employed _____to _____
Pay Rate/Salary Start $ _____ per ____
Pay Rate/Salary Final $_____ per _____
Describe the work you performed and your responsibilities

_____
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_____

Reason for Leaving

_____
_____
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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.

_____ _____

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.

NOTICE TO APPLICANTS

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 _____

First, Middle, Last Names _____

AKA, Former Names, Maiden Names _____

Street Address, City, State, and ZIP code _____

_____

Social Security Number _____

Driver's License Number and State of Issuance _____

Name on Driver's License _____

Date of Birth _____

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

Revised 2/2020

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

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_____ _____
Signature of Applicant Date

Please provide contact information for Former Employer:

Contact Person_____

Phone _____

Fax _____

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_____ _____
Signature of Applicant Date

Please provide contact information for Former Employer:

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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 _____