



# Application for Employment

PLEASE PRINT

Date of Application	Position Applied For	Date Available for Work	Desired Salary Range	
Last Name		First Name	Middle Name	
Address (Number/Street)		City	State	Zip Code
Social Security Number	Telephone Number(s)		Best time to contact you at home	
	(Home)	(Other)	_____ AM _____ PM	

In completing this application, you may exclude any organization or membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Are you currently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact your present employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever applied for a position with us before? If Yes, give date _____	<input type="checkbox"/> <input type="checkbox"/>	Have you ever been employed with us before? If Yes, give date _____	<input type="checkbox"/> <input type="checkbox"/>
Are you available to work Full-time?	<input type="checkbox"/> <input type="checkbox"/>	Are you currently on lay-off status and subject to be recalled?	<input type="checkbox"/> <input type="checkbox"/>
Can you travel if a job requires it?	<input type="checkbox"/> <input type="checkbox"/>	Are any of your relatives or friends employed with us?	<input type="checkbox"/> <input type="checkbox"/>
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> <input type="checkbox"/>	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	<input type="checkbox"/> <input type="checkbox"/>
How did you learn about us? <input type="text"/>			

State and federal laws require all applicants to be considered for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

THE CITY OF WEST COLUMBIA IS AN EQUAL OPPORTUNITY EMPLOYER AND A DRUG FREE WORKPLACE

## Employment History

In the space furnished below give a record of every position held. START WITH YOUR PRESENT POSITION AND WORK BACK. Account for all periods of employment. Summarize the work performed and job responsibilities.

Employer		Work performed and job responsibilities:	Dates of Employment	
Address			From	To
Telephone Number	Supervisor			
Job Title				
Reason for Leaving			\$	Per

Employer		Work performed and job responsibilities:	Dates of Employment	
Address			From	To
Telephone Number	Supervisor			
Job Title			Salary / Hourly Rate	
Reason for Leaving			\$	Per

Employer		Work performed and job responsibilities:	Dates of Employment	
Address			From	To
Telephone Number	Supervisor			
Job Title			Salary / Hourly Rate	
Reason for Leaving			\$	Per

Employer		Work performed and job responsibilities:	Dates of Employment	
Address			From	To
Telephone Number	Supervisor			
Job Title			Salary / Hourly Rate	
Reason for Leaving			\$	Per

**If you need additional space, please continue on a separate sheet of paper.**

Describe any job-related training received in past employment.

## Education

	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.


List professional, trade, business or civic activities and offices held.


Include any additional information you feel may be helpful to us in considering your application.


## Additional Information

**Other Qualifications** - Summarize special job-related skills and qualifications acquired from employment or other experience.


### Specialized Skills

☐ Terminal

☐ Spreadsheet

Other (list)

☐ PC/MAC

☐ Word Processing

☐ Typewriter (WPM \_\_\_\_\_)

☐ Shorthand (WPM \_\_\_\_\_)


## References

Name	Name	Name
Address	Address	Address
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code
Telephone Number	Telephone Number	Telephone Number

Have you ever been convicted of a crime other than minor traffic offenses? \_\_\_\_ YES \_\_\_\_ NO

For purposes of this question, "convicted" includes a finding of guilty by a judge or court, pleas of nolo contendere or "no contest", and guilty pleas. List details of every conviction, including date convicted, court, offense charged, and sentence imposed.

Date Convicted	Court	Offense Charged	Sentence Imposed

**Note to Applicants: DO NOT ANSWER THESE QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? \_\_\_\_ YES \_\_\_\_ NO

A review of the activities involved in such a job or occupation has been given. \_\_\_\_ YES \_\_\_\_ NO

## Applicant's Statement

### Read Carefully and Sign

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment, and hereby release the City from any claims, causes of action or liability arising out of any investigation conducted by the City. This application is considered to be made for the position listed, and is not considered active after 45 days. Applicants seeking positions beyond this time period must fill out an updated application.

I understand that the City may require criminal history checks, background checks covered by the Fair Credit Reporting Act, and/or pre-employment drug testing. I acknowledge that such tests/investigations may be made and that employment is contingent upon the results of such checks and tests.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT ALL EMPLOYEES OF THE CITY ARE EMPLOYEES-AT-WILL WHO MAY QUIT AT ANY TIME FOR ANY REASON AND WHO MAY BE TERMINATED AT ANY TIME FOR ANY OR NO REASON. NO ONE OTHER THAN THE CITY MAY MAKE ANY PROMISES OR ASSURANCES OR ENTER INTO ANY CONTRACT, WHETHER ORAL OR WRITTEN, EXPRESS OR IMPLIED, THAT IN ANY WAY IS CONTRARY TO OR INCONSISTENT WITH THE LIMITATIONS SET FORTH IN THIS PARAGRAPH, AND ANY SUCH PROMISES, ASSURANCES, OR PURPORTED CONTRACTS SHALL BE INVALID AND NOT BINDING ON THE CITY UNLESS ADOPTED, ENDORSED, OR AGREED TO IN WRITING BY THE CITY ADMINISTRATOR AND APPROVED BY THE MAYOR.

In the event of employment, I understand that incomplete, false or misleading information given in my application or interview(s) may result in discharge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Applicant Demographic Data

Federal regulations require the City of West Columbia to collect data regarding an applicant's race, sex and national origin for purposes of complying with federal non-discrimination laws. We are asking you to voluntarily disclose this data to help the city comply with this obligation. **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 being considered for employment.

Please indicate your gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Please indicate your ethnicity (race or national origin):

\_\_\_\_\_ White \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Black or African-American

\_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Asian

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ Two or More Races

\_\_\_\_\_ I do not wish to volunteer any demographic data information.

In order to proceed with your application, you will need to complete the enclosed personal questionnaire and return it to me along with the following documents:

- Certified copy of your driver's license
- Certified copy of your birth certificate
- Certified copy of your social security card
- Certified copy of your high school diploma or GED
- Certified copy of your college diploma
- Certified copy of any military DD214's
- Certified copy of a ten year credit report
- Certified copy of your driving record from every state in which you have been licensed

Once we receive these documents, we will review them to determine your suitability to continue the process. I have also included a list of the essential job functions of the position for which you have applied.

We appreciate your interest in our agency and look forward to hearing from you in the near future.

### **CONSENT TO DRUG TESTING**

The undersigned applicant for employment understands and acknowledges that the City of West Columbia requires all applicants who are tentatively selected for employment to submit to and pass a drug test, and that failure to take the test, failure to cooperate in taking the test, failure to follow test procedures, or testing positive for the use of illegal drugs or substances will result in disqualification from employment.

The drug test will be by urinalysis and if the collector of the test sample believes that there is reasonable possibility that the applicant has or will tamper with or substitute the urine sample, the sample or an additional sample may be collected under conditions in which a person of the same gender as the applicant  
Witness the collection.

**The applicant consents to the foregoing**

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

APPLICANT INFORMATION: (To be returned with completed application)  
Certain information is required to verify the applicant's identify. The West Columbia Police Department does not discriminate due to age, sex, race, religion, disability or ethnicity.

Applicant's Full Name:

Street Address:

City:

State:

Zip Code:

Home telephone:

Cellular telephone:

Work telephone:

Date of Birth:

Place of Birth:

Eyes:

Hair:

Height:

Weight:

Scars/Tattoos/Other distinguishing marks:

U.S. Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's License Number:

State of Issue:

Expiration Date:

Are you legally entitled to work in the United States?

Do you have a high school diploma or GED?

Will you take a polygraph examination?



Have you taken a polygraph exam within the last two years?

If yes, give date and location of polygraph:

Will you submit to psychological tests and interviews?

Will you submit to a drug test?

Will you submit to a medical examination to determine physical ability to perform the essential job functions of a police officer?

Have you ever attended or completed a certified police training academy? If yes, give date and location of academy:

Are you currently certified as a law enforcement officer in S.C.?

Are you currently certified as a law enforcement officer in any state? If yes, list state:

Within the past five (5) years, have you been convicted of driving with your license suspended, revoked or denied?

If yes, give date and location:

Have you been convicted, pled guilty, or no contest to driving under the influence of alcohol, drugs or both in any state?

If yes, list date and location:

Have you ever been convicted, pled guilty or no contest to a felony? If yes, list date, location and offense:

Have you ever been the subject to an order of protection or a restraining order? If yes, list date and location:

## **PERSONAL HISTORY: (Residency)**

List all residences and dates for the last 10 years. (Attach additional sheets if needed)

1. Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_

Rented: \_\_\_\_\_ Owned: \_\_\_\_\_

Landlord's Name:

Landlord's Address:

Landlord's Telephone:

2. Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_

Rented: \_\_\_\_\_ Owned: \_\_\_\_\_

Landlord's Name:

Landlord's Address:

Landlord's Telephone:

3. Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_

Rented: \_\_\_\_\_ Owned: \_\_\_\_\_

Landlord's Name:

Landlord's Address:

**Marital History:**

Marital Status:        \_\_\_\_\_ Single        \_\_\_\_\_ Married  
                              \_\_\_\_\_ Separated        \_\_\_\_\_ Divorced

List any other names you have used, including maiden names, nicknames, aliases, and names that have been changed by court order.

If married, list spouse's complete name including maiden name:

Spouse's Date of Birth:

Spouse's Occupation:

Spouse's Place of Business:

Address of Business:

Spouse's Employer's Phone Number:

If divorced, list former spouse's complete name including maiden name and any subsequent names:

Former spouse's Date of Birth:

Former spouse's address:

Former spouse's telephone number:

Date of Divorce:

Location of Divorce: (Town, County, and State)

If you have divorced at any time, and remarried, please provide a copy of the divorce decree.

Are you currently an active member of the military service?

If yes, what branch:

Enlistment date:

Rank at entry:

Current rank:

Describe your duties:

Have you ever been a member of the military service?

If yes, what branch:

Enlistment date:

Discharge date:

Rank at entry:

Rank at discharge:

Type of discharge:

Describe your duties:

Were you subject to any demotion or disciplinary action while in the military service? If yes, explain:

List any awards, medals, or commendations received:

## MILITARY SERVICE

Have you registered with the Selective Service? **YES**\_\_\_\_\_ **NO**\_\_\_\_\_ If “YES”  
when?\_\_\_\_\_ Where?\_\_\_\_\_

Past commanding officers or other military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

[illegible]

**References:**

List five individual references, personal or professional, who have knowledge of you and your qualifications:

Name:

Relationship:

Address:

Telephone numbers:

Length of time known:

Name:

Relationship:

Address:

Telephone numbers:

Length of time known:

Name:

Relationship:

Address:

Telephone numbers:

Length of time known:

Name:

Relationship:

Address:

Telephone numbers:

Length of time known:

Name:

Relationship:

Address:

Telephone numbers:

Length of time known:

**References (Continued):**

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position for which you have applied. Inquiries will be confined to job relevant matters.

Please supply the appropriate information in the spaces below. If a category is not applicable, write "N/A".

Neighbors: (list three neighbors who know you well enough to discuss your suitability for the position)

Name:

Address:

Telephone numbers:

Name:

Address:

Telephone numbers:

Name:

Address:

Telephone numbers:

**Education:**

South Carolina law requires law enforcement officers to possess a high school diploma or GED. Please indicate your current status with regard to this requirement by checking the appropriate space:

\_\_\_\_\_ I possess a high school diploma.

\_\_\_\_\_ I possess a G.E.D. (General Educational Development test).

\_\_\_\_\_ I possess a college degree from an accredited university.

### **Experience and Employment:**

Have you ever been fired or asked to resign from any place of employment?

\_\_\_\_\_ YES    \_\_\_\_\_ NO

If “yes”, please give details to include when, name or employer and why?

Have you ever applied, successfully or unsuccessfully, for another position with any law enforcement agency?    \_\_\_\_\_ YES    \_\_\_\_\_ NO

If “yes”, please provide the year, agency, and check off the processes that you completed, and whether you were disqualified or hired. (If additional sheets are needed, attach using same format as below)

Year:

Agency:

Written test:

Physical Agility test:

Oral interview:

Background investigation:

Polygraph:

Psychological exam:

Medical exam:

Drug screen:

Disqualified:

Hired:

Year:

Agency:

Written test:

Physical Agility test:

Oral interview:

Background investigation:

Polygraph:

Psychological exam:

Medical exam:

Drug screen:

Disqualified:

Hired:

## **LEGAL**

If you have ever been detained, arrested, taken into physical custody, issued a misdemeanor citation (exclude traffic citations), or convicted of any crime, please give the following information. (The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you answer this question).

DATE	AGENCY/LOCATION	CHARGE	DISPOSITION

Please list any other crimes you have committed, **REGARDLESS** of whether stopped, arrested, and/or convicted, to include what, when, where, how and why.

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Are you now or have you ever been involved as a defendant in any civil court action? **YES**\_\_\_\_  
**NO**\_\_\_\_ If “**YES**”, please give details to include when, where, name of court and circumstances.

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