



CITY OF BEAUFORT
POST OFFICE DRAWER 1167
BEAUFORT, SC 29901-1167
 (843) 525-6016 FAX (843) 525-7013
 Web Address: www.cityofbeaufort.org

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR: _____

PERSONAL DATA

Name _____ Email Address _____
 Address _____ City, State, Zip _____
 Home Telephone () _____ Business Telephone () _____
 Driver's License # and State _____ CDL # and Class _____
 Person to contact in case of an emergency _____ Relationship _____
 Address _____ City, State, Zip _____ Telephone () _____

EDUCATIONAL DATA

| EDUCATION | NAME AND LOCATION | NUMBER OF YEARS COMPLETED | DID YOU GRADUATE? | DIPLOMA OR DEGREE | MAJOR OR COURSE OF STUDY |
|---------------------------------|-------------------|---------------------------|-------------------|-------------------|--------------------------|
| High School | | | | | |
| Business/Trade/Technical School | | | | | |
| College | | | | | |
| Graduate School | | | | | |
| Other | | | | | |

SPECIAL SKILLS

List any special skills or qualifications you have (including certifications, licenses, etc.). _____

FOR OFFICIAL USE ONLY

| Type of Test | TEST | | INTERVIEW NOTIFICATION | | |
|--------------|---------------|------|------------------------|----------|--|
| | Results/Score | Date | Time | Comments | |
| | | | | | |
| | | | | | |

Each question must be answered completely. List work history including, part-time, temporary, self-employment and military service beginning with your present or most recent position.

| | |
|---|--|
| 1 | <p>Name of Company _____ Address _____</p> <p>Starting Date _____ Entry Job Title _____ Entry Salary \$ _____ Per MO Yr</p> <p>Ending Date _____ Ending Job Title _____ Ending Salary \$ _____ Per MO Yr</p> <p>Detailed Description of Duties _____ _____ _____</p> <p>Name and Title of Supervisor _____</p> <p>May we contact this employer? _____ Telephone Number () _____</p> <p>Reason for leaving _____ _____</p> |
| 2 | <p>Name of Company _____ Address _____</p> <p>Starting Date _____ Entry Job Title _____ Entry Salary \$ _____ Per MO Yr</p> <p>Ending Date _____ Ending Job Title _____ Ending Salary \$ _____ Per MO Yr</p> <p>Detailed Description of Duties _____ _____ _____</p> <p>Name and Title of Supervisor _____</p> <p>May we contact this employer? _____ Telephone Number () _____</p> <p>Reason for leaving _____ _____</p> |
| 3 | <p>Name of Company _____ Address _____</p> <p>Starting Date _____ Entry Job Title _____ Entry Salary \$ _____ Per MO Yr</p> <p>Ending Date _____ Ending Job Title _____ Ending Salary \$ _____ Per MO Yr</p> <p>Detailed Description of Duties _____ _____ _____</p> <p>Name and Title of Supervisor _____</p> <p>May we contact this employer? _____ Telephone Number () _____</p> <p>Reason for leaving _____ _____</p> |

Each question must be answered completely. List work history including, part-time, temporary, self-employment and military service beginning with your present or most recent position.

4

Name of Company _____ Address _____

Starting Date _____ Entry Job Title _____ Entry Salary \$ _____ Per
MO Yr

Ending Date _____ Ending Job Title _____ Ending Salary \$ _____ Per
MO Yr

Detailed Description of Duties _____

Name and Title of Supervisor _____

May we contact this employer? _____ Telephone Number () _____

Reason for leaving _____

5

Name of Company _____ Address _____

Starting Date _____ Entry Job Title _____ Entry Salary \$ _____ Per
MO Yr

Ending Date _____ Ending Job Title _____ Ending Salary \$ _____ Per
MO Yr

Detailed Description of Duties _____

Name and Title of Supervisor _____

May we contact this employer? _____ Telephone Number () _____

Reason for leaving _____

6

Name of Company _____ Address _____

Starting Date _____ Entry Job Title _____ Entry Salary \$ _____ Per
MO Yr

Ending Date _____ Ending Job Title _____ Ending Salary \$ _____ Per
MO Yr

Detailed Description of Duties _____

Name and Title of Supervisor _____

May we contact this employer? _____ Telephone Number () _____

Reason for leaving _____

Have you ever been employed by the City of Beaufort?

Yes No

If so, what year? _____

Are you related to anyone presently employed by the City of Beaufort?

Yes No

If "yes", give name and relationship _____

PERSONAL REFERENCES

Please provide the names, addresses and telephone numbers of three persons, not relatives or former employers, who know you.

NAME _____ ADDRESS _____ TELEPHONE _____

NAME _____ ADDRESS _____ TELEPHONE _____

NAME _____ ADDRESS _____ TELEPHONE _____

All applicants are required to answer the following questions prior to being considered for employment with the City.

Have you ever been convicted, pled guilty, or pled no contest to a crime, other than a minor traffic offense? Yes No

If yes, please describe. Please note that conviction is not a bar to employment. The nature of the crime and its relation to the position applied for will be considered. _____

Do you have any pending criminal charges against you? If so, please describe the nature of the charges. _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN.

I certify that all answers given herein are true and complete to the best of my knowledge.

I hereby authorize the City of Beaufort to conduct whatever investigation it deems necessary to confirm statements submitted on this application. If the investigation determines any untrue statements or answers, I accept this as sufficient reason for refusal to hire.

I authorize and request each person, former employer, firm, or corporation, given as reference, to answer any and all questions related to my current and past work performance, character or skills. I hereby release from liability, the employer and its representatives for seeking such information and all persons, corporations or organizations for furnishing such information.

In the event of employment, I understand that false or misleading information given on my application or during my interview (s), may result in dismissal. I also understand, that I am required to abide by all rules and regulations of my employer.

As prerequisite to my employment, I agree that I will consent to and undergo testing to detect the presence of drugs and/or alcohol. If employed by the City of Beaufort, I further agree, as a condition of my employment, that at such time or times during my employment as the City of Beaufort shall require, I will consent to and undergo testing for the presence of drugs and/or alcohol. I also agree that at the time of any such examinations, I will execute all forms of consent and release of liability as are usually and reasonable attendant to such examination. Finally, I agree that the results of any such examination shall be made available to the City of Beaufort or its agents.

I agree to submit myself, upon request, for a physical examination by a physician selected by the City and understand that failure to meet the physical requirements may disqualify me for employment. In the event of my employment, I understand that I have the right to quit or leave my employment with proper notification and I further understand, my employer has the right to terminate my employment at any time for any reason in accordance with my employer's Personnel Policies.

Applicant's Signature _____ Date _____

ALL APPLICANTS NOT CONTACTED WITHIN 30 WORKING DAYS AFTER APPLICATION CLOSING DATE, MAY CONSIDER THE POSITION FILLED.



CITY OF BEAUFORT

EEO REPORTING AND PERSONNEL RESEARCH QUESTIONNAIRE

Date: ___/___/_____

Name: _____

Position Applied For: _____

Dear Applicant:

The City of Beaufort is an Equal Opportunity Employer and considers applicants for all positions without regard to race, religion, color, political affiliations, disability, national origin, gender or age; except when either gender, age or physical condition is a bona fide occupational qualification. We ask applicants to supply the following information in order to satisfy Equal Opportunity reporting and personnel research requirements. However, you do not have to complete this form to be considered for employment. Any information volunteered will be kept confidential and will not be used to make hiring decisions.

This form will be removed prior to being forwarded to the hiring authority.

Race: (Check appropriate box)

American Indian/Alaskan Native

Asian/Pacific Islanders

Black/Non Hispanic

Hispanic

White/Non Hispanic

Sex: (Check appropriate box)

Male

Female

Please check the source which caused you to make an application:

Newspaper:

The Beaufort Gazette

The Carolina Morning News

The Gullah Sentinel

The Post and Courier

The STATE Newspaper

Other: _____

Website:

Beaufort Gazette Website

<http://www.beaufortgazette.com/>

City of Beaufort Website

<http://cityofbeaufort>

LowCountrynow.com

<http://www.lowcountrynow.com>

LowCountryWOW

<http://www.lcwow.com/>

RegionalHelpWanted.Com

<http://regionalhelpwanted.com/corporate/>

SC Employment Security Commission

<http://www.sces.org/Jobs>

Other: _____

Other Sources:

City Employee

City Hall Job Board

Job Service @ 914 Boundary Street

Other: _____

Submit this page with your application.

FOR INTERNAL OFFICE USE ONLY
SCREENING AND INTERVIEWING REPORT

TO: INTERVIEWER

The criteria used in selecting applicants for interviews must be applied consistently to all applicants. Selection of an applicant should not be based on race, religion, creed, sex, age, disability, or national origin. This form must be completed, signed and returned to the Human Resources Department after you have selected the applicant that is best suited for the vacant position.

Name of Applicant

Department

Position

TO BE COMPLETED BY THE INTERVIEWER.

1. Was the applicant interviewed? Yes _____ No _____

A. If yes, date interviewed. _____

Comments: _____

B. If no, why not? _____

2. Is applicant recommended for hire? Yes _____ No _____

A. If yes, why? _____

B. If no, why not? _____

Listed below are only examples of reasons for denial of employment:

- 1. Unable to reach for interview.
- 2. Did not show up for interview.
- 3. Cannot meet work schedule.
- 4. Less related experience than person considered/selected.
- 5. Less related training/education that person considered/selected.
- 6. Less skills than person selected.
- 7. Failure to pass required test(s).
- 8. Other (Specify) _____

Interviewer's Signature

Date



Jefferson P. Dowling
Chief of Police

THE CITY OF BEAUFORT POLICE DEPARTMENT

990 Ribaut Road, Beaufort SC 29902
843-322-7900

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the future . . .
While preserving our
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Community Policing*

POLICE DEPARTMENT APPLICANT NOTICE PACKET

It is important that the application be completed in full and accurately. Failure to complete the application will prevent your application from being processed and prevent you from being considered for employment.

During all phases of the application process, all information requested must be accurate and truthful. Failure to provide information as requested will terminate your application process. Questionable information may require an explanation before further processing can take place. If you are employed and information provided is found to be false, the result can be termination from employment. Information requested on the application that does not apply should not be left blank. If information requested does not apply, place NA in that section.

Do not attach or send any documents until requested to do so. This includes the following:

- Pictures
- Certifications
- Recommendations
- Letters
- Diplomas
- Degrees
- Resumes

If you have any questions, please feel free to contact the Police Department at (843) 322-7909 or (843) 322-7902.

I have read and understood these requirements.

Signed: _____

Date: _____

Phone Number: _____

AUTHORIZATION FOR BACKGROUND INVESTIGATION

Each applicant must thoroughly read, fill in the information, and sign this authorization. Failure to complete this document will result in your application not being processed. Check all forms that have been provided with this application package to ensure that each has been completed. You must completely follow all instructions. Failure to do so will prevent your application from being processed. There are no exceptions.

TO WHOM IT MAY CONCERN: I, _____,

_____ (date of birth), _____ social security number, am an applicant for employment with the **Beaufort Police Department**. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the **Beaufort Police Department**.

I hereby authorize any representative of the **Beaufort Police Department** bearing this release to obtain any information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part there of, concerning myself by and to any duly authorized agent of the **Beaufort Police Department**, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for **Beaufort Police Department** to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability of damages that may result from furnishing the information requested, including any liability or damage to any state or federal laws. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the **Beaufort Police Department** regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the **Beaufort Police Department's** acceptance and processing of my application for employment, **I agree to hold the Beaufort Police Department, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Beaufort Police Department. I understand that should information of a criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.**

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Beaufort Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of 180 days from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

_____ (name)

_____ (address)

_____ (phone number)

_____ (date)

CITY OF BEAUFORT

AUTHORIZATION FOR RELEASE OF INFORMATION

This certifies the application completed by me and all entries and information contained therein are true and complete and failure to fully and truthfully answer any part may, at the sole discretion of the City of Beaufort, subject me to immediate dismissal.

I hereby authorize my former employers and/or references to furnish any information concerning my personal character, habits, or employment record, and I hereby release all such persons from any liability or damages on account of having furnished this information. I further authorize my former employers to release any positive drug test results or alcohol tests greater than 0.04 or any refusals to be tested. I also agree to furnish such additional information and complete such examinations as may be required by the City of Beaufort.

It is agreed and understood this application for employment in no way obligates the City of Beaufort to employ me. I also understand and agree that if hired, my first six months employment shall be on a probationary basis, and the probationary period does not end until the department head submits a personnel action request. I further understand that during the probationary period the employer may terminate my employment without any recourse on my part.

I hereby authorize the City of Beaufort to investigate the information contained in my employment application and to do all that is necessary to verify the accuracy of the information. I further authorize any past or present employer, any law enforcement agency, or any school or personal reference to release to the City of Beaufort, any and all information contained in my work records, police record, school record, and personal references.

I hereby release any past or present employers, any law enforcement agency, any schools, personal references and any and all of their employees from any liability in furnishing such information to the City of Beaufort.

A copy of this release shall be effective and valid as the original.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CITY OF BEAUFORT TO FURNISH THE ABOVE-MENTIONED INFORMATION.

Social Security Number _____

I have read and understand the above statement.

Signature _____ Date _____

I understand that I may be required to submit to a polygraph examination before a job offer is made.

_____ I agree to take a polygraph exam.

_____ I decline to take a polygraph exam.

Signed: _____

Date: _____

Social Security Number: _____

Address: _____



Jefferson P. Dowling
Chief of Police

THE CITY OF BEAUFORT POLICE DEPARTMENT

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Community Policing*

Disclosure Statement

By this document, the City of Beaufort discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Please sign below to signify receipt of the foregoing disclosure.

Candidate Signature

Authorized Police Department Signature

____ / ____ / _____ Date



Jefferson P. Dowling
Chief of Police

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Authorization Form

This shall authorize the procurement of a consumer report by the City of Beaufort as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the City of Beaufort to procure consumer reports at any time during my employment period.

Candidate Signature

Authorized Police Department Signature

____ / ____ / _____ Date



Jefferson P. Dowling
Chief of Police

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Consumer Report Data Collection Sheet

Name _____
First Middle Initial Last

Social Security Number ____ / ____ / ____

Street Address _____

City _____ State _____ Zip Code _____

Date of Birth ____ / ____ / ____