



CITY OF BEAUFORT

1911 BOUNDARY ST.

BEAUFORT, SC 29902

(843) 525-6016 FAX (843) 525-7013

Web Address: www.cityofbeaufort.org

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR:

PERSONAL DATA

Name _____ Social Security Number _____

Address _____ Date of Birth _____

City, State Zip _____ Email _____

Home Phone _____ Alternate Telephone _____

Drivers License # and State _____

Emergency Contact _____ 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			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Business/Trade/ Technical School			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
College			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Graduate School			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Other			Yes <input type="checkbox"/>	No <input type="checkbox"/>		

SPECIAL SKILLS

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

FOR OFFICIAL USE ONLY					
Type of Test	TEST		Date	INTERVIEW NOTIFICATION	
	Results/Score			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 What Year? ____

o

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

Yes No

If "yes", give name and relationship _____

PERSONAL REFERENCES

Give the names and addresses of three persons, not relatives or former employers, who know you.

Name Address Telephone Number

Name Address Telephone Number

Name Address Telephone Number

Answer the questions below only if the position you are applying for is in or with Law Enforcement.

Date of Birth _____ Height _____ Weight _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain.

Answer the questions below if the position you are applying for is in Finance or requires bonding.

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain.

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 _____

CLOSING DATE, MAY CONSIDER THE POSITION FILLED.



CITY OF BEAUFORT
EEO REPORTING AND PERSONNEL RESEARCH QUESTIONNAIRE

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.

Date: _____

Name: _____

Position Applied For: _____

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 _____

City Employee _____

Other _____

Website

Job Service

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

SUBSTANCE ABUSE

Have you ever tried, experimented with, used, tested, sold, or possessed any illegal drugs or substances or given away or ingested any prescription drugs not prescribed to you? YES NO Please List:

Substance	# of Times	Date of Last Usage (Month / Year)

Explanation of circumstances, if applicable:

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 statement submitted on this application. If the investigation determines any untrue statements or answers, I accept this as sufficient reason for refusal to hire.

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

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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: _____

THE CITY OF BEAUFORT POLICE DEPARTMENT

1901 Boundary St.
Beaufort, SC 29902 (843) 322-7900



Dale McDorman
Chief of Police

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 be marked N/A in the section. Do not leave sections blank.

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

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

If any information changes after submitting your application, please re-submit the page or section via fax (843) 322-7905 or email (address provided at time your application is being processed by investigator). If you have any questions, please feel free to contact the Police Department at (843) 322-7900

I have read and understood these requirements.

Print Your Name

Signature

Date

THE CITY OF BEAUFORT POLICE DEPARTMENT

1901 Boundary St.
Beaufort, SC 29902 (843) 322-7900



Dale McDorman
Chief of Police

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 you 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, _____, born on _____, 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 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 thereof, concerning myself by and to the 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 my provide pertinent data for the 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 if may appear to be.

I consent to your release of all public and private information that you have concerning me, my work record, by background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records as an adult or juvenile, 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.

THE CITY OF BEAUFORT POLICE DEPARTMENT

1901 Boundary St.
Beaufort, SC 29902 (843) 322-7900



Dale McDorman
Chief of Police

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 employer 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 employee 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 form. 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 _____ Date of Birth _____

(Printed Name)

(Signature)

(Date)

(Address)

(Phone Number)

I agree to take a polygraph Exam

I decline to take a polygraph Exam

THE CITY OF BEAUFORT POLICE DEPARTMENT

1901 Boundary St.
Beaufort, SC 29902 (843) 322-7900



Dale McDorman
Chief of Police

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 forgoing disclosure.

(Printed Name)

(Signature)

(Date)

(Authorized Police Department Signature)

(Date)

