

Town of Pine Ridge, South Carolina



Please print or type.

An Equal Opportunity Employer

Number of attachments _____

Position title _____

Instructions

Application for Employment

Employees of the Town of Pine Ridge and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by contacting the Town Administrator.

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE APPLICANT AND THE TOWN OF PINE RIDGE, THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE TOWN RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

****REASONABLE ACCOMODATIONS MAY BE AVAILABLE TO DISABLED APPLICANTS AND EMPLOYEES UNDER THE ADA/ADAA, IF GIVEN NOTICE BY THE APPLICANT OR EMPLOYEE.****

INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR TOWN EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM NOT OTHERWISE LISTED AS OPTIONAL.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- APPLY FOR ONE VACANCY PER APPLICATION. RESUMES MAY BE SUBMITTED WITH, BUT NOT IN LEIU OF APPLICATION.
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE). INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.
- SEPARATELY LIST EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST. THE TOWN OF PINE RIDGE WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

IF YOU WILL NEED REASONABLE ACCOMMODATIONS TO PARTICIPATE IN THE SELECTION PROCEDURES (E.G., INTERVIEW, WRITTEN TESTS, OR JOB DEMONSTRATION), THEN PLEASE CONTACT THE TOWN ADMINISTRATOR.

Mailing Address: Pine Ridge Town Hall
Town Administrator
2757 Fish Hatchery Road
West Columbia, SC 29172

Physical Address for
Non-Postal Delivery:

Pine Ridge Town Hall
Town Administrator
2757 Fish Hatchery Road

Phone: (803) 755-2500

Fax: (803) 955-0605

www.townofpineridgesc.com

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I. POSITION APPLYING FOR:

Position applied for _____ Department or Office _____
(one per application)

II. CONTACT INFORMATION:

Full legal name _____ Maiden Name _____
Last First Middle
Mailing Address _____ Email Address _____
Address _____
City State Zip
Home Phone () Alternat Phone () Notification Preference Mail Email

III. OTHER PERSONAL INFORMATION

Do you possess a valid driver's license? Yes No If Yes, provide State and Number: _____
Expiration Date: _____ Class (Check One) A B C D E F M G CDL
Are you willing to relocate? Yes No Can you, after employment, submit proof of your legal right to work in the United States? Yes No
What type of job are you looking for? Full Time Part Time Temporary Internship
What types of work will you accept? Full Time Part Time
What shifts are you available for work? Day Evening Night Rotating On Call (As Needed)
Are you at least 18 years of age? Yes No Are you at least 21 years of age? Yes No (Police Dept. Applicants Only)

IV. EDUCATION

Are you a high school graduate? Yes No Highest Grade Completed _____ Year Completed _____
If you did not complete high school, do you have a high school equivalency diploma? Yes No Date Received _____
Check number of years of post high school education 1 2 3 4 5 6 7

Starting with High School, provide complete information on all schools attended. Include any special courses or training school	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected and completion date: _____

V. EXPERIENCE

Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. **A resume may not be substituted for this section. However, a resume may be attached upon full completion of the application.**

You may list significantly different jobs within the same organization as separate items. **May we contact your present supervisor?**

Yes No

1. Job Title _____	Duties: _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time Part-time Hours/week	Your name if different from present _____

2. Job Title _____	Duties: _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time Part-time Hours/week	Your name if different from present _____

3. Job Title _____	Duties: _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time Part-time Hours/week	Your name if different from present _____

4. Job Title _____	Duties: _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time Part-time Hours/week	Your name if different from present _____

5. Job Title _____	Duties: _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time Part-time Hours/week	Your name if different from present _____

VI. ADDITIONAL INFORMATION

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:

Licenses, certificates, or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

VII. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

VIII. ADDITIONAL INFORMATION

Have you ever been convicted for any violation(s) of law, including moving traffic violations. Yes No. If YES, please provide the following:

Charges	Location	Date	Disposition / Status

Note: Omit minor vehicle violations and any offense committed before your 17th birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction will be evaluated individually.

Do you have any relatives employed with the Town of Pine Ridge? Yes No. If YES, please provide the name and relationship of the

Have you ever been discharged or forced to resign from any job? Yes No. If YES, please explain below:

IX. CONSENT TO CONDUCT CERTAIN BACKGROUND CHECKS

By providing the information below and by my signature, I consent to allow authorized officers, agents, and employees of the Town of Pine Ridge South Carolina to conduct certain background checks to include, but not limited to, law enforcement, a criminal records check, a credit check, a driving records check and other background investigations as applicable. I release the organization, educational entity, present and former employers, law enforcement organizations, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment. ***I understand that providing my identification information below is optional, but may be required prior to being offered employment with the Town. Failure to submit your date of birth and social security number on this form will not prohibit employment consideration.***

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

Date _____ Applicant Signature _____

X. CERTIFICATIONS – All applications must be signed to be considered

AUTHORITY TO RELEASE INFORMATION—By my signature, I consent to the release of information that may be lawful obtained to authorized officers, agents, and employees of the Town of Pine Ridge, South Carolina which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service records; law enforcement records; and any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and employees of the Town of Pine Ridge South Carolina to make inquiries of third parties. I further release the organization, educational entity, present and former employers, law enforcement organizations, all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Date _____ Applicant Signature _____

CERTIFICATION OF APPLICANT—By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentations, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

Date _____ Applicant Signature _____



Pine Ridge Police Department

2757 Fish Hatchery Rd
West Columbia, SC 29172

Phone: (803) 755-2500
Fax: (803) 955-0605

EMPLOYMENT APPLICATION

- Copy of 10 year certified driver's history from all states currently or previously licensed
- Copy of current (within last 6 months) credit report with no missing pages
- Copy of college transcripts, if applicable
- Copy of social security card
- Copy of birth certificate
- Copy of high school diploma (or GED) and college diploma, if applicable
- Copy of DD-214, if applicable
- Copy of your SC Class 1 Law Enforcement Certification if you are currently certified
- Application completed in its ENTIRETY. All items that are not applicable should be marked N/A.

Date Turned In: _____

Date Completed: _____

DRIVING HISTORY:

Has your license ever been suspended or revoke? _____

Reason State Date Restored? Date

Have you ever had any traffic violations? _____

*TRAFFIC VIOLATION	POLICE AGENCY	DATE	DISPOSITION & SENTENCE

**If a charge was reduced, the original charge should be listed and the reduced charge listed under "disposition"

CRIMINAL HISTORY:

Do you have anything in your background that may disqualify you from becoming a Law Enforcement Officer in the State of South Carolina? _____

Explanation & date(s): _____

Have you ever been arrested by Law Enforcement? _____

If yes:

*OFFENSE CHARGED	POLICE AGENCY	STATE	DATE	DISPOSITION

*If a charge was reduced, the original charge should be listed and the reduced charge listed under "disposition"

Have you ever been convicted of a felony?

Details: _____

Have you ever been investigated, arrested, prosecuted or convicted of Domestic violence?

Explanation: _____

Have you ever been involved as a suspect or victim in a domestic abuse incident?

Explanation: _____

Have you committed any act involving hurting, abusing, striking, or injuring any person?

Explanation: _____

Have you ever purposefully caused harm to another person?

Explanation: _____

Have you ever hit, slapped, kicked or struck your spouse or girl/boyfriend?

Explanation: _____

Have you ever physically struck a parent or stepparent?

Explanation: _____

Have you ever applied for a permit to carry a concealed firearm or other weapon? _____

Was a permit granted? _____ Date Issued: _____

Purpose for permit: _____

Have you ever been prohibited by a court from possessing a firearm? _____

Explanation: _____

Were you ever in a fight in which a weapon was used? _____

Explanation: _____

Have you ever discharged a weapon either accidentally or on purpose that caused injury to yourself or others? _____

Explanation: _____

Did you ever lie about anything really important or to stay out of trouble? _____

Explanation: _____

Have you ever been contacted and/or questioned by law enforcement as a possible suspect for any kind of criminal investigation? _____

Explanation: _____

Have you committed any act involving fleeing from, running from, or evading by any means, including on foot or by vehicle, a police officer who is attempting to arrest, detain, or question you or any other person? _____

Explanation: _____

Have you committed any act involving disturbing the peace, including abusive, profane, or vulgar language, fighting in a public place or threatening another? _____

Explanation: _____

Were you ever in court as a defendant? _____

Explanation: _____

Have you ever lied under oath in court or on any official document? _____

Explanation: _____

Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, or group of persons that is, or was totalitarian, fascist, communist, or subversive in nature, or which has adopted or expressed a policy of advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States, which seeks to alter the form of government of the United States by unconstitutional means? _____

If "Yes", identify the organization and explain: _____

Have you committed any act involving unlawful possession of a weapon, illegal weapons or ammunition, or explosive device? _____

Explanation: _____

Have you ever committed any act involving theft of a vehicle, use of a vehicle without the owner's consent or joyriding in a stolen vehicle? _____

Explanation: _____

Have you ever entered or remained on the property of another knowing you did not have permission to do so? _____

Explanation: _____

Have you ever stolen merchandise, property or cash from a business? _____

Explanation: _____

Have you committed any act involving the intentional damage or destruction of any property belonging to another person? _____

Explanation: _____

Have you committed any act involving stealing a credit card, presenting a credit card to obtain property or services fraudulently, using a credit card without the consent of the person to whom the credit card was issued, using an expired credit card, using a fictitious card or number, using a stolen credit card receipt or in any way attempting to commit theft or to steal from anyone by using a credit card? _____

Explanation: _____

Please check any of the following undetected crimes you may have ever committed or participated in and explain:

- ARSON
- BURGLARY
- ILLEGAL DRUGS
- ARMED ROBBERY
- ASSAULT
- GAMBLING
- MURDER
- DOMESTIC VIOLENCE
- PERJURY
- ILLEGAL POSSESSION OF FIREARM
- FISH & GAME VIOLATION
- INCEST
- RECEIVING STOLEN PROPERTY
- PUBLIC DRUNKENESS
- SHOPLIFTING
- CHILD MOLESTATION
- THEFT
- VANDALISM
- ILLEGAL WIRETAP
- KIDNAPPING
- TRESPASSING
- BRIBERY
- RAPE
- CRIMINAL DAMAGE TO PROPERTY
- ILLEGAL USE OF CREDIT CARDS
- FORGERY
- CONCEALED WEAPON
- COMUTER "HACKING"

If none of the above listed, list the most serious undetected crime you were ever involved in. ____

DRUG USE:

DRUG	YES	NO	DATE FIRST USED	DATE LAST USED	USED ONCE
MARIJUANA					
HASHISH, HASHISH OIL					
COCAINE					
CRACK, ROCK, ICE					
BARBITURATES , HYPNOTICS, "DOWNERS"					
AMPHETAMINES, CROSSTOPS, WHITES, BENNIES, "UPPERS"					
METHAMPHETAMINE (SPEED, CRANK)					
LSA OR OTHER HALLUCINOGENS					
PCP, ANGEL DUST, SHERM					
HEROIN OR OTHER OPIATES					
STEROIDS					
PHARMACEUTICAL DRUGS NOT PRESCRIBED TO YOU					

QUESTION	YES	NO
Is there any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body?		
Have you introduced into your body a substance, which you thought, were an illegal drug and then found out it was not?		
Have you ever injected an illegal drug into your body?		
Have you ever sold any illegal drugs?		
Have you ever purchased any drug, narcotic, or controlled substance other than by a doctor's prescription?		
Have you ever acted as a courier by transporting any illegal drug, narcotic, or controlled substance?		
Have you ever participated in the manufacturing, cultivation, or production of any illegal drug, narcotic, or controlled substance?		
Have you ever acted as a middle man, go-between, or "done a favor for a friend" by becoming involved in any illegal drug transaction?		
Have you ever told anyone where to purchase illegal drugs?		
Have you ever temporarily stored or "held" any illegal drug, narcotic, or controlled substance?		
Have you ever had illegal drugs in your possession while at work?		
Have you ever bought or sold any illegal drug at work?		
Are any illegal drugs presently in your home or car?		

Explain any "Yes" answer in detail below, to include when, where, what kind of drug, how taken and circumstances. _____

Have you ever deliberately handled evidence in an illegal manner? _____

Explanation: _____

Have you ever falsified or altered an investigative report or document? _____

Explanation: _____

Have you accepted anything in exchange for not issuing a citation or making an arrest? _____

Explanation: _____

Have you ever lied under oath, in court, in an official report or on an application? _____

Explanation: _____

While on duty as a law enforcement officer, have you ever witnessed other officers commit a crime and did not report it? _____

Explanation: _____

Since becoming a law enforcement officer, have you committed a crime? _____

Explanation: _____

Have you ever used your position as a law enforcement officer to take sexual advantage of anyone? _____

Explanation: _____

Have you ever been accused of sexual misconduct? _____

Explanation: _____

Have you ever had sex while on duty? _____

Explanation: _____

Have you ever used alcohol while on duty? _____

Explanation: _____

Have you ever used an illegal drug while on duty? _____

Explanation: _____

Have you ever slept while on duty? _____

Explanation: _____

Have you ever been the subject of an internal investigation? _____

Explanation: _____

Have you ever violated any policies or procedures? _____

Explanation: _____

Have you ever been disciplined? _____

Explanation: _____

Have you ever been discharged from any commissionable or recruit position within a law enforcement agency for disciplinary reasons, resigned to avoid suspension or discharge, or resigned during a disciplinary investigation without a final judgment being rendered? _____

Explanation: _____

Have you ever used marijuana or other illegal drugs since becoming a law enforcement officer?

Explanation: _____

Have you ever informed anyone they were being investigated without authorization to do so?

Explanation: _____

Have you ever stolen anything from an investigation site? _____

Explanation: _____

Have you ever kept a "lost and found" item? _____

Explanation: _____

Have you ever accepted a bribe or gratuity? _____

Explanation: _____

Have you ever used excessive force? _____

Explanation: _____

Have you ever observed a fellow officer use excessive force and fail to report it? _____

Explanation: _____

Has anyone ever filed a lawsuit or complaint against you for using excessive force? _____

Explanation: _____

Have you ever kept evidence or contraband and converted it to your personal use? _____

Explanation: _____

Have you ever concealed or failed to report a crime, misconduct, or improper behavior of any civilian? _____

Explanation: _____

Have you ever done anything you could have been suspended for had your supervisor been aware? _____

Explanation: _____

**Consumer Report/Investigative Consumer Report
(Including Substance Abuse Testing / Drug Testing)
Disclosure and Release of Information Authorization**

I authorize the Town of Pine Ridge to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities; and I authorize these entities to supply any and all information concerning my background. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records. I understand some or all of this information may be transmitted electronically and authorize such transmission.

I understand substance abuse testing/drug testing may be a requirement of the position for which I am applying, as well as a pre-employment physical. I consent to this testing and understand I must pass the substance abuse test/drug test as a condition of employment or continued employment. I hereby authorize any physician, laboratory, hospital, or medical professional to conduct such testing and release the results to authorized representative(s) of the Town of Pine Ridge, South Carolina. I understand only physical and test results will be provided and no other medical information about me will be disclosed to anyone. I understand some or all of this information may be transmitted electronically and authorize such transmission.

I understand a Consumer Report or Investigative Consumer Report (“Consumer Report”) may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and mode of living. Further, I understand the Consumer Report may include substance abuse testing/drug testing results. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand I have the right to inspect those files with reasonable notice during regular business hours and I may be accompanied by one other person. The consumer-reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required and I should direct my request to: Town of Pine Ridge Human Resources Department, 2757 Fish Hatchery Road, West Columbia, SC 29172 – Phone (803) 755-2500.

If currently employed: My current employer may be contacted.

Yes No N/A Post Hire Only _____ Applicant’s Initials

I hereby certify all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false, or information has been omitted, such false statements or omissions will be just cause for the termination of my employment. Further, I understand that by requesting this information, no promise of employment is being made. I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if employed by the Town of Pine Ridge, this authorization will remain in effect throughout such employment.

Signature

Date of Birth

Today’s Date

NOTE: The following information is provided voluntarily and IS NOT considered as part of your application. It is used only for identification purposes in verifying information on your Employment Application. PLEASE PRINT CLEARLY.

Last Name

First Name

Middle Name

Street Address

City

State

Zip Code

Driver’s License Number

State

Expiration Date

List any other LAST NAMES you have used in the previous 10 years OR under which you received your GED, Diploma, or other degrees.

List any other addresses used in the previous 10 years:

Street Address

City

State

Zip Code

Street Address

City

Revised 02/25/2020

State

Zip Code