



RIDGELAND POLICE DEPARTMENT

RIDGELAND, SOUTH CAROLINA • RICHARD V. WOODS *Chief of Police*

EMPLOYMENT APPLICATION

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY 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.

Position applying for:

Job Title: _____
Agency: _____ Location: _____

Contact Information

Name _____ Former Last Name _____
First Middle Initial Last

Mailing Address _____
Address _____
City County State Zip Code

Email Address _____
Home Phone _____ Alternate Phone _____ Notification Preference Mail Email

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

Can you, after employment, submit proof of your legal right to work in the United States Yes No _____
Month and Day of Birth

Do you have any physical defects/or injuries that preclude you from performing certain kinds of work?
Yes () No () If yes, describe such defects and specific work limitations.

What shifts are you available to work? Day Evening Night Rotating Weekends On Call (as needed)

Education

High School Name _____ Location _____ Diploma Other (specify) _____
Give name and address of school, major course of study, and degree achieved.
Undergraduate College/University _____ Graduate School _____
Degree Attained _____ Degree Attained _____
Year _____ Year _____

Additional Information

Certificates and Licenses _____

Additional Skills _____

Work History

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Provide explanation for any gaps in employment. All information in this section must be complete. A resume may be attached, but not substituted for completion of this section. Should you need additional space, copy this page.

1. Name of Present or Last Employer: _____

Job Title: _____

Address _____ Phone _____ Supervisor _____

From: ___/___/___ To: ___/___/___ Hours Per Week _____ Salary _____ Number Supervised _____

May we contact this employer? Yes No

Job Duties (give details) _____

Reason For Leaving _____

2. Name Next Most Recent Employer: _____

Job Title: _____

Address _____ Phone _____ Supervisor _____

From: ___/___/___ To: ___/___/___ Hours Per Week _____ Salary _____ Number Supervised _____

May we contact this employer? Yes No

Job Duties (give details) _____

Reason For Leaving _____

3. Name Next Most Recent Employer: _____

Job Title: _____

Address _____ Phone _____ Supervisor _____

From: ___/___/___ To: ___/___/___ Hours Per Week _____ Salary _____ Number Supervised _____

May we contact this employer? Yes No

Job Duties (give details) _____

Reason For Leaving _____

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

Describe any job-related training received in the United States Military.

Other Qualifications:

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

References

- 1. Name _____
Phone Number (_____) _____
Address _____

- 2. Name _____
Phone Number (_____) _____
Address _____

- 3. Name _____
Phone Number (_____) _____
Address _____

Signature of Applicant



RIDGELAND POLICE DEPARTMENT

RIDGELAND, SOUTH CAROLINA • RICHARD V. WOODS *Chief of Police*

843.726.7530

Fax 843.726.7524

Name of Applicant

Address

Social Security Number

Drivers License and State

Date of Birth

Place of birth

(City, County, State, Country)

TO WHOM IT MAY CONCERN:

Having filed an application with the Ridgeland Police Department for employment, I hereby authorize and request every person, official, representative or a firm, corporation, association, organization, institution or government agency (collectively the "Authorized Persons") originals or copies of any such documents, records and other information to the Ridgeland Police Department or any of its representatives and to permit the Ridgeland Police Department or any of its representatives to inspect and make copies of any such documents, record or other information.

I also authorize the National Personnel Records Center and any other agency in possession of military records or other records regarding the undersigned to release any such records, including, but not limited to, records of disciplinary proceedings (whether nonjudicial punishment or courts martial) or records regarding my release from the military service (including and undeleted copy of my DD Form 214) to the Ridgeland Police Department or to the Ridgeland Police Department's medical representative.

I hereby further authorize the Authorized Persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the Ridgeland Police Department or its authorized representative and to appear before the Ridgeland Police Department or its authorized representative and to give full and complete testimony concerning the undersigned, including any information furnished by the undersigned. I hereby relinquish any and all rights to receive said information furnished to the Ridgeland Police Department or its authorized representative. I fully understand that I shall not be entitled to have disclosed to me the contents of any of the foregoing.

I understand that this Authorization and Release shall be effective for ninety days from the date signed or through out my employment with the Ridgeland Police Department, which ever expires first. A copy of this Authorization and Release shall be as authentic as the original.

STATE OF SOUTH CAROLINA
COUNTY OF JASPER

Sworn to and subscribed before me this
____ Day of _____, 20 ____ by

Signature and Seal of Notary Public

Print Name of Notary Public

My Commission expires: _____

Check one: _____ Personally known OR
_____ Produced Identification

Signature of Applicant

Send completed application to fmador@ridgelandpd.com along with any additional information you wish to include. By submitting your application/signature digitally you are authorizing the Ridgeland Police Department to conduct any and all records checks, including criminal and driving, as well as granting permissions to contact all listed references & current/previous employers without a Notary signature and/or seal.