

PORT ROYAL POLICE DEPARTMENT

P.O. Box 576

Port Royal, SC 29935

(843) 986-2220 FAX (843) 986-2222

Web Address: www.portroyal.org

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR: _____

PERSONAL DATA

Name _____ Social Security Number _____

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/Tra					
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		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.

<h1>1</h1>	<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>
<h1>2</h1>	<p>Name of Company _____ Address _____</p> <p>Starting Date _____ Entry Job Title _____ Ending 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>
<h1>3</h1>	<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.

<h1>4</h1>	<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>
<h1>5</h1>	<p>Name of Company _____ Address _____</p> <p>Starting Date _____ Entry Job Title _____ Ending Salary \$ _____ Per _____ Mo Yr</p> <p>Ending Date _____ Ending Job Title _____ Ending Salary S _____ 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>
<h1>6</h1>	<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>

Are you legally authorized to work in the United States? Yes ___ No ___

Have you ever been employed by Town of Port Royal? Yes ___ No ___ What Year? ___

Are you related to anyone presently employed by Port Royal? 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

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. _____

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 Port Royal 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 Port Royal, I further agree, as a condition of my employment that at such time or times during my employment as Port Royal 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 examination. Finally, I agree that the results of any such examination shall be made available to Port Royal or its agents,

I agree to submit myself, upon request for a physical examination by a physician selected by the town 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.

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. The applications you receive for this position have been screened and meet the minimum job requirements as posted. This form must be completed, signed and returned to the department head 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?

1. Cannot meet work schedule.

2. Less experience than person considered/selected

3. Less related training/education than person considered/selected.

4. Less skills than person considered/selected.

5. Failure to pass required test(s).

6. Other (Specify) _____

