



NOTICE TO ALL LAW ENFORCEMENT APPLICANTS

The Johnston Police Department and the South Carolina Criminal Justice Academy requires certain documentation.

Therefore you must provide the following documents at time of submitting your Application. Failing to provide as requested will subject your Application to be rejected. Please indicate those that are attached with a check mark in the spaces provided.

CHECK LIST

- Legible copy of Birth Certificate.
- Legible copy of High School Diploma/G.E.D. Equivalency
(Transcripts MUST be official)
- Copy of Driver's License
- Copy of Social Security Card
- Credit History Report
(Must be within 10 days of turning in Application)
- Name Change documents. If last name or name has ever been changed.
- * Peace Officer Standards and Training certificate of graduation from a Police academy. *(If Applicable, for certified Law Enforcement only)

Applicants may add copies of other certificates, awards, or commendations that they would like to consider to this application.

**TOWN OF JOHNSTON
LAW ENFORCEMENT
APPLICATION FOR EMPLOYMENT**

NAME: _____
 Last First Middle

ADDRESS: _____
 Street City Zip Code

PHYSICAL MAILING ADDRESS: _____

PHONE: _____ BUSINESS PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____

Law Enforcement Applicants Only: Are you 21 or older? Yes () No ()

This organization does not discriminate on the basis of race, color, national origin, sex, religion, age, and handicapped status in employment or the provision of services.

Are you a U.S. Citizen? Yes () No ()
(If no, proof of citizenship or immigration status may be required upon employment.)

Date you can start to work: _____ Minimum Acceptable Salary: _____

Check the following types of work you would accept: Full Time () Part Time ()
Temporary () Rotating Shift ()

Clerical Skills:
Typing _____ WPM CRT () Dictaphone ()

Shorthand _____ WPM Word Processor ()

List any other types of office equipment you can operate:

List any reasons known to you why you might be unable to perform consistently and promptly any job duties if hired: _____

Have you been convicted of or pled guilty of a crime other than a minor traffic violation within the last seven years? Yes () No ()

If yes, give date, place, charge, and disposition: _____

Are you a certified Law Enforcement Officer? Yes () No ()

If yes, which Law Enforcement Agency:

Agency	Phone#	State	Supervisor

Do you have a valid driver's license? Yes () No ()

If Yes, License No. _____ State _____ Exp. Date _____

Please list any other states you have had driver licenses:

1) _____

2) _____

3) _____

Are you registered or licensed for a profession in South Carolina? Yes () No ()

If yes, profession/craft _____ License No. _____ Exp. Date _____

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 5 6 7 8

Do you have a High School Diploma or GED? Yes () No ()

Name & Location of School	From - To (Mo./Yr.)	Graduated?	Degree & Major
High School (s)			

Middle School (s)

Technical/Trade/Criminal Justice Academy, etc.

College (s)

List any special courses of training you have had: _____

Are you certified or trained in a specific skill such as CPR? Yes () No ()

Certifications: _____

MILITARY HISTORY

Branch of Service _____ Dates: From _____ to _____

Rank of Entry _____ Rank on Discharge _____

List any specialized training you received: _____

WORK HISTORY

Are you employed now? Yes () No ()

If yes, may we contact your present employer? Yes () No ()

PLEASE LIST YOUR WORK HISTORY BEGINNING WITH THE MOST RECENT POSITION.

• Company Name _____ Employed From _____ To _____

Address: _____

Position/Title _____ Supervisor's Name _____

Work Phone Number _____ Salary \$ _____ Per _____

Description of Duties _____

Reason for Leaving _____

• Company Name _____ Employed From _____ To _____

Address: _____

Position/Title _____ Supervisor's Name _____

Work Phone Number _____ Salary \$ _____ Per _____

Description of Duties _____

Reason for Leaving _____

Company Name _____ Employed From _____ To _____

Address: _____

Position/Title _____ Supervisor's Name _____

Work Phone Number _____ Salary \$ _____ Per _____

Description of Duties _____

Reason for Leaving _____

• Company Name _____ Employed From _____ To _____

Address: _____

Position/Title _____ Supervisor's Name _____

Work Phone Number _____ Salary \$ _____ Per _____

Description of Duties _____

Reason for Leaving _____

LIST THREE REFERENCES WHO ARE NOT RELATIVES OR PREVIOUS EMPLOYERS

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

CERTIFICATE OF APPLICANT:

Applicant's Signature _____ Date _____

PERSONAL INQUIRY WAIVER
AUTHORITY FOR RELEASE
OF INFORMATION

To: Concerned person or Authorized
Representative of Any Organization
Institution or Repository of Records

Applicant's Name _____
Date of Birth _____
SS# _____

I respectfully request and authorize you to furnish the Johnston Police Department any and all information that you may have concerning my work record, school record, reputation, financial and credit status and military records. Please include any records of detainment, arrest and conviction by any law enforcement agency including all information of a confidential or privileged nature and Photostatus of same if requested. This information is to be used to assist the Johnston Police Department in determining my qualifications and fitness for the position I am seeking.

I have been advised and am fully aware that I will be requested to submit to a polygraph examination. The purpose of the examination is to assist in verifying all information furnished in this application and obtained during applicant investigation. I am fully aware that refusal to submit to the polygraph exam will terminate further consideration for employment. I am willing to take the polygraph examination:
____ YES ____ NO

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

Applicant's signature _____ Date _____

Address _____

AFFIDAVIT

State of _____

County _____

Personally appeared before me the said _____, who says that he executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

SWORN to and subscribed before me this _____ day of _____, 20 _____

Notary Public

My commission expires: _____

NOTICE TO LAW ENFORCEMENT APPLICANTS

TOWN OF JOHNSTON

ALCOHOL & DRUG TESTING POLICY

Due to the health and safety risks of alcohol & drug abuse and the integrity of law enforcement responsibilities, applicants tentatively selected for employment, by the Town of Johnston, in Law Enforcement positions, will be required to undergo an alcohol & drug test. A positive test results, indicating illegal drug use or active alcohol use at the time of testing, will disqualify you from consideration for employment. A negative test result will not guarantee employment. Any applicants not willing to comply with these requirements may simple excuse themselves prior to completing the attached application form. All positions are subject to on-going testing during employment with the Town of Johnston.

I understand and agree to the above testing requirements.

Applicant's Signature

Date



CERTIFICATION OF APPLICANT AND PENALTY

I hereby declare that all statements and information provided to the Johnston Police Department in this personal history statement, as well as any other statements and information provided for my pre-employment background investigation or any other phase of my pre-employment screening, are true and complete to the best of my knowledge and belief. I understand that any mis-statement of material fact, will omission or material fact, or willful deception, will be cause for disqualification and rejection as a candidate for employment, without appeal. I further understand that these aforementioned mis-statements, omissions, or deceptions are also grounds for termination after employment, without notice and without any right of appeal.

Signature of Applicant _____

Date _____

Subscribed and Sworn before me this _____ day of
_____, 20____.

Notary Public In and for said County of,

State of _____

Notary Public

My Commission Expires



LETTER OF UNDERSTANDING

I am applying for a position with the Johnston Police Department. I understand that there are requirements I must meet before I can be accepted into this position. I understand that I must submit to an extensive background investigation. This consists of the following areas of concern, at a minimum:

- Review of my completed Personal History Statement
- Thorough criminal background check
- Thorough examination of prior employment
- Examination of my personal credit/ financial report

A hiring review Board will evaluate the results of this investigation and make preliminary decisions as to my potential suitability for employment. I may at this point receive a conditional offer of employment, which will be followed by completion of some or the entire following test depending upon the position being sought and what my prior qualifications are that meets the employer minimum standards.

- Police Officer Selection Test (POST)
- Physical Abilities Test
- Polygraph Test
- Drug screening test
- Standard Medical Examination

The aforementioned tests will be administered in a manner selected by the Johnston Police Department. I understand that the results that the test are the property of the agency to which I have applied, and that I will not receive copies of the reports nor any information contained in them, except as it may relate to a serious condition discovered by the examining physician.

A second Hiring Review Board will evaluate all tests in light of the requirements of the job along with the previous information and will make a final decision as to my suitability for employment. I understand that I could possibly be asked to report in front of Hiring review Board for a verbal interview.

I agree to assist in the expedient conclusion of these reviews and examinations. I understand that successful completion of this process does not guarantee employment with Johnston Police Department only that I will be considered for positions as they become available, pursuant to established rules and regulations of the Johnston Police Department. I have read and understand the content and purpose of this letter of understanding. I agree to abide by these requirements as a condition of employment with the Johnston Police Department.

Signature of Applicant _____

Date _____

Subscribed and Sworn before me this _____ day of _____, 20____, Notary Public

In and for said county of _____ State of _____

Notary _____

My Commission Expires _____