

Columbia College Police Department

Employment Application



Columbia College Police Department
Howard M. Cook Chief
1301 Columbia College Drive
Columbia, SC 29203

All Columbia College Police Department Applicants

Pre-Employment Requirements

Thank you for your interest of employment by the Columbia College Police Department. To be considered for employment, you must meet the following qualifications and all sections of the application must be completed:

POLICE OFFICER

- Four (4) year graduate with applicable degree from an accredited college or university, **or**;
- Two (2) year graduate and two (2) years prior law enforcement or military police experience, **or**;
- Currently certified as a law enforcement officer

Additional Requirements:

- Minimum of twenty one (21) years of age
- Clear background Investigation
- Valid South Carolina Drivers License (with limited minor violations, if any)
- Drug Free
- Complete to the Department's satisfaction; pre-employment evaluation(s): Psychological testing, Drug testing, Polygraph Testing and a Positive Interview
- Meet physical fitness standards of the job description and provide written documentation of a complete physical

APPLICANT RESPONSIBILITIES:

You must provide a copy of the following documents at the time the application is filed:

1. Birth Certificate
2. Social Security Card
3. Drivers License
4. Certified ten (10) year driving history of current and previous licenses (all states)
5. High School Diploma / GED
6. College Diploma(s)
7. Form DD-214 (prior military personnel)
8. Current Credit Report
 - Experian: 1-888-EXPERIAN
 - TransUnion: 1-800-916-8800

Effective 02-01-1998, The Police Department will charge \$0.25 cents for all copies made by this department. A preliminary background investigation will be conducted by the Columbia College Police Department. All job applicants must have a satisfactory work background, be of good temperament, good character and have positive work ethics. Applications are kept on file for a period of six (6) months. Each qualified applicant will be notified by the department of the order of testing procedures and requirements deemed necessary by this department.



COLUMBIA COLLEGE POLICE DEPARTMENT EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Instructions: Complete each section of the Application. Print (Black or Blue ink) or Type

Filling out an application does not imply that you will be interviewed or hired, only that you will be considered for vacancies in which you qualify. Applications are considered active for a period of six (6) months. If you are offered employment, you will be required to complete a physical examination at your own expense.

Position Applied For: Police Officer Parking Enforcement Residence Security Administrative Courtesy Officer

PERSONAL DATA

Name: _____
 Last **First** **Middle** **(Jr, Sr, II,)**

Address: _____ **County:** _____

City: _____ **State:** _____ **Zip:** _____

How long have you resided at your current residence? _____

List previous addresses in the past five (5) years:

1. _____
2. _____
3. _____

Home Telephone: _____ Work: _____

Alternate Contact Number(s): _____

If you have ever used another name, indicate: _____

Have you legally changed your name? List former name: _____

Date of Birth: _____ Place of Birth: _____ SSN: _____

Drivers License Number: _____ State: _____ Voter Registration #: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

FINANCIAL STATUS:

List income other than salary, include salary of spouse _____

How many persons do you support? _____

What is the total amount of your debts? _____

List credit references, including businesses to which you make monthly payments.

Name of Business	Street Address	City	State	Zip	Telephone

Have you ever been sued? No Yes, explanation _____

MILITARY SERVICE: No Yes, Active Duty Reserves National Guard

Branch of Service: US Army US Navy US Air Force US Marines US Coast Guard

Total Years in Service: _____ Type of Discharge? _____

Highest Rank: _____ Date of your last Discharge? _____

Did you receive disciplinary action related to discharge? No Yes, (What type?) _____

Explain reason for Court Martial / Punishment: _____

If you are currently a member of any military service, give the Unit, location and describe your obligation: _____

Are you registered for Selective Service: Yes No

List all medals, commendations, or decorations awarded during your service:

Are you a United States Citizen? Yes No,

If No, give Visa Type and Immigration Number: _____

Voter Registration Number: _____

If hired, date that you will be able to start work? _____

Is there any reason known to you, as to why you could not consistently perform the job you have applied for?

No Yes, explanation: _____

How many work days have you missed in the last year, due to illness or injury? _____

Have you had any Worker's Compensation Claims in the past (2) years? No Yes, please explain: _____

MARITAL STATUS:

Single Engaged Married Separated Divorced Widowed

If Applicable,

Spouse Name: _____
Last First Middle Maiden Nickname

Spouse Occupation: _____ Where Employed? _____

Name of Former Spouse(s): _____

List all of your children, including any adopted or stepchildren

Name	Date of Birth	Name of whom the child resides	Address

EDUCATION:

SCHOOL	DATES	NAME/LOCATION	CREDIT HOURS	GRADUATED		LIST DEGREE	MAJOR / MINOR
				YES	NO		
High School				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
Technical				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
College				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
Other				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

If you did not graduate from high school, have you passed the General Educational Development (GED) Test?

No Yes, when and where did you complete the GED? _____

Indicate the languages you read, speak or write: _____

List any scholarships, academic honors or awards: _____

List any completed courses that would be useful for this position: _____

List any training, skills or experience that would be useful in this position: _____

Can you Type? No Yes, Typing Speed: _____

List any specialized equipment or office machines in which you are proficient: _____

WORK HISTORY:

Have you ever been or are you now engaged in a private business? No Yes, _____

List your capacity in the private business: _____

Have you ever been fired or asked to resign from a job? No Yes, _____

EMPLOYMENT HISTORY:

List all present and past employment, beginning with the most recent. This section must be completed and **not substituted with a resume**, although a resume may accompany this application. Start with your current or last employment.

Employer/Company Name:	_____	Business Phone:	_____
Employment Dates: From:	_____	To:	_____
		Ending Salary:	_____ Per _____
Employer Address:	_____		
	Street/Route or PO Box	City	State Zip Code
Supervisor Name:	_____	Job Title:	_____
Job Description:	_____		
Were you fired or asked to resign?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Reason:	_____	
If No, Reason for Leaving?	_____		

EMPLOYMENT HISTORY (Continue)

Employer/Company Name: _____ Business Phone: _____
Employment Dates: From: _____ To: _____ Ending Salary: _____ Per _____
Employer Address: _____
Street/Route or PO Box City State Zip Code
Supervisor Name: _____ Job Title: _____
Job Description: _____
Were you fired or asked to resign? No Yes, Reason: _____
If No, Reason for Leaving? _____

Employer/Company Name: _____ Business Phone: _____
Employment Dates: From: _____ To: _____ Ending Salary: _____ Per _____
Employer Address: _____
Street/Route or PO Box City State Zip Code
Supervisor Name: _____ Job Title: _____
Job Description: _____
Were you fired or asked to resign? No Yes, Reason: _____
If No, Reason for Leaving? _____

Employer/Company Name: _____ Business Phone: _____
Employment Dates: From: _____ To: _____ Ending Salary: _____ Per _____
Employer Address: _____
Street/Route or PO Box City State Zip Code
Supervisor Name: _____ Job Title: _____
Job Description: _____
Were you fired or asked to resign? No Yes, Reason: _____
If No, Reason for Leaving? _____

Employer/Company Name: _____ Business Phone: _____
Employment Dates: From: _____ To: _____ Ending Salary: _____ Per _____
Employer Address: _____
Street/Route or PO Box City State Zip Code
Supervisor Name: _____ Job Title: _____
Job Description: _____
Were you fired or asked to resign? No Yes, Reason: _____
If No, Reason for Leaving? _____

EMPLOYMENT HISTORY (Continue)

Employer/Company Name: _____ Business Phone: _____
Employment Dates: From: _____ To: _____ Ending Salary: _____ Per _____
Employer Address: _____
Street/Route or PO Box City State Zip Code
Supervisor Name: _____ Job Title: _____
Job Description: _____
Were you fired or asked to resign? No Yes, Reason: _____
If No, Reason for Leaving? _____

Employer/Company Name: _____ Business Phone: _____
Employment Dates: From: _____ To: _____ Ending Salary: _____ Per _____
Employer Address: _____
Street/Route or PO Box City State Zip Code
Supervisor Name: _____ Job Title: _____
Job Description: _____
Were you fired or asked to resign? No Yes, Reason: _____
If No, Reason for Leaving? _____

Employer/Company Name: _____ Business Phone: _____
Employment Dates: From: _____ To: _____ Ending Salary: _____ Per _____
Employer Address: _____
Street/Route or PO Box City State Zip Code
Supervisor Name: _____ Job Title: _____
Job Description: _____
Were you fired or asked to resign? No Yes, Reason: _____
If No, Reason for Leaving? _____

DRIVING INQUIRY

Can you operate a motor vehicle? Yes No, _____
Do you possess a valid South Carolina Drivers License? Yes No
DL Number: _____ Date Issued _____ Classification: _____
Do you possess a Drivers License in another state? No Yes, _____
Has your license ever been suspended or revoked? No Yes, _____
Do you have any driving violations pending court? No Yes, _____

DRIVING INQUIRY (Continue)

Have you had an accident, which you are waiting to go to court? No Yes, _____

Are your driving privileges restricted in any way? No Yes, _____

CRIMINAL HISTORY INQUIRY:

Have you ever been arrested by law enforcement? No Yes, Agency: _____

If yes, give details _____

OFFENSE CHARGED	LAW ENFORCEMENT AGENCY	STATE	DATE	DISPOSTION

Have you ever been convicted of a felony? No Yes, give details:

Have you ever been bonded? No Yes, list employment(s):

Have you ever been placed on probation? No Yes, explanation:

Have you ever had any traffic violations? No Yes, explanation:

Have you ever stolen anything? No Yes, give details:

CRIMINAL HISTORY INQUIRY (Continue)

Have you ever illegally used any of the following drugs? No Yes, give details:

- Amphetamines Barbiturates Cocaine Hallucinogens Hashish Heroin
 Marijuana Morphine Nerve Medicine Pep Pills Sleeping Pills Steroids
-
-

Are you attempting to conceal or misrepresent any information about your background? No Yes, give details:

I hereby certify that all statements included in this application are complete, true and correct to the best of my knowledge and that any misstatement or omission of information will subject me to disqualification or dismissal (if hired). 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. I further understand that if employed, I may terminate my employment at any time, with or without notice, with or without cause and Columbia College Police Department reserves the same right.

I ACKNOWLEDGE AND SWEAR

This, the _____ day of _____, year _____

Full Signature of Applicant



Columbia College Police Department

Authorization for Release of Records

In order to determine my suitability to be a police officer for the Columbia College Police Department, I fully understand that a complete personal background must be conducted.

I, _____ Do hereby authorize any military organization
Doctors, insurance companies, educational institutions, governmental and private agencies,
financial institutions and credit agencies, former and present employers, and individuals to furnish
to Columbia College Police Department any and all available information regarding me, whether
or not it is on their records. I hereby release them from any civil or criminal liability whatsoever
for issuing the information.

Signature: _____

Date: _____

Sworn to and subscribed to before me

This _____ **Day of** _____ , _____

Notary Public for South Carolina

My Commission Expires: _____

COUNTY OF)
)
STATE OF SOUTH CAROLINA)

AFFIDAVIT

Personally appeared before me, _____
Who first being sworn, deposed and says that he/she has read the attached memo which explains the provisions of the Gun Control Act of 1968 and he/she answers the following questions to the best of his/her knowledge and , belief and further understands that furnishing false information may be grounds for adverse personnel action as well as prosecution for false swearing.

- Have you been convicted of a misdemeanor crime of domestic violence within the meaning of the statute as defined in the memo pertaining to possession of firearms/ammunition?
 Yes No Not Certain
- Are you subject to a current restraining order issued by any court which restrains you from harassing, stalking, or threatening an intimate partner of such person or child of such intimate partner or person, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child and which includes a finding that the person represents a credible threat to the physical safety of the partner or by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against the intimate partner that would reasonably be expected to cause bodily harm, as defined in the memo pertaining to possession of firearms/ammunition?
 Yes No Not Certain

Applicant: _____ Date _____

Sworn to and subscribed to before me

This _____ **Day of** _____ , _____

Notary Public for South Carolina

My Commission Expires: _____

Applicant: _____

Date _____

NEW EMPLOYEE REQUIREMENTS – FOR INTERNAL USE ONLY Pg.1

I. Documentation Provided as requested:

- Current Credit Report Yes No
- Birth Certificate Yes No
- 10yr. Driver’s License Record/DL Yes No
- High School Diploma/GED Yes No
- Social Security Card Yes No
- Form DD214 (*Prior Military*) Yes No
- Judgment Statement from Clerk of Court Yes No
- Release of Liability Form Yes No

II. Follow-Up

- Background Check Clear Record Found Questionable
- Driver’s Lic. Check Clear Record Found Questionable

III. Testing / Evaluation (*At Department Discretion)

Nelson-Denny * Date: _____ Score _____

Psychological Evaluation * Date: _____ Score _____

Physical Fitness Evaluation * Date: _____ Score _____

Drug Test * Date: _____ Result _____

Polygraph * Date: _____ Time _____

- No Deception Deception Indicated Inconclusive Confession

Examiner: _____ Department _____

Comments: _____

Recommended to proceed? Yes No, Reason

Applicant: _____

Date _____

NEW EMPLOYEE REQUIREMENTS – FOR INTERNAL USE ONLY Pg.2

Background Investigation Completed

Yes No, give details:

Photograph Provided

Yes No, give details:

Constable Application Completed

Yes No, give details:

College Handbook Provided

Yes No, give details:

Policies / Procedures Provided

Yes No, give details:

Amorous Relation Acknowledgment

Yes No, give details:

Human Resources Initiated

Yes No, give details:

Lateral Hire?

Yes No N/A

Physical Training Evaluation Completed

Yes No, give details:

Physical Training Results _____

Gear / Equipment issued?

Yes No, give details:

Print Name of Reviewer: _____

Signature of Reviewer: _____

Date: _____



Columbia College Police Department

Consent to Drug Testing

The undersigned applicant for employment understands and acknowledges that Columbia College Police Department requires all applicants who are tentatively selected for employment to submit to and pass a drug screening test, and that failure to cooperate in taking the test, failure to follow test procedures, or testing positive for the use of illegal/illicit drugs or substances will result in disqualification from employment.

The drug test will be by urinalysis and if the collector of the test sample believes that there is a reasonable possibility that the applicant has or will tamper with or substitute the urine sample, the sample or an additional sample may be collected under conditions in which a person of the same gender of the applicant may witness the collection.

The applicant consents to the foregoing.

Signature of Applicant _____ **Date:** _____

Witness _____ **Date:** _____