

*City of Darlington*

SOUTH CAROLINA

***POLICE DEPARTMENT***

**KELVIN WASHINGTON- CHIEF OF POLICE**

**APPLICATION PACKET**

We are pleased that you are interested in applying for a position with the City of Darlington Police Department. The City of Darlington Police Department does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, or ancestry; or on the basis of age against persons whose age is between 40 and 70 or on the basis of a handicap not limiting the applicant's ability to perform satisfactorily the job available. No question on this form is intended to secure information to be used for discrimination.

We will give this application every consideration. However, in accepting it, the Department makes no commitment of employment to the applicant.

All applications should be filled out completely by the applicant and include a copy of the following documents:

S.C. Driver's License

Social Security Card

High School Diploma or GED

Military Records or Form DD214, if applicable

Birth Certificate

Credit History

**\*\*\*Copies can be made by the Police Department at NO charge.\*\*\***

\*Credit History/Reports can be obtained from the following sources:

Equifax (P.O. Box 740256 Atlanta, GA 30374-0256)

[www.equifax.com](http://www.equifax.com)

800-997-2493

Experian

[www.experian.com](http://www.experian.com)

888-397-3742

National Credit Information Network

[www.wdia.com](http://www.wdia.com)

Trans Union (Consumer Disclosure Center: P.O. Box 1000 Chester, PA 19022)

[www.transunion.com](http://www.transunion.com)

800-888-4213

# Hiring Disqualifiers

List of disqualifiers:

- I. Misdemeanor Arrest/Conviction within the last five years
- II. Any Felony Arrest/Conviction would be a permanent disqualifier
- III. Illegal Drug Use within the past three years
- IV. Any Drug Arrest Misdemeanor or Felony is a permanent disqualifier
- V. Body Art of any type that cannot be covered by winter or summer police uniform
- VI. Excessive traffic violations over the last five years
- VII. Poor Credit Record as a result of nonpayment/bankruptcy without just cause
- VIII. Unwillingness to submit to a Polygraph

# Applicant Waiver

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.

I, \_\_\_\_\_, am making application to become  
a/an \_\_\_\_\_ of and for the Darlington Police Department (DPD). I am  
currently employed as a/an \_\_\_\_\_ of and for

\_\_\_\_\_.

\_\_\_\_\_

(Initial)

I fully understand that DPD will perform a complete and thorough background investigation to ensure that I have the necessary skills, abilities and integrity to perform as a/an  
\_\_\_\_\_ of and for DPD.

I recognize and understand that this background investigation will include, but not be limited to, matters pertaining to personal history, usage of illegal drugs, criminal misconduct, domestic violence or any other behaviors considered by DPD which would have a negative impact upon employment as a/an  
\_\_\_\_\_.

I also fully understand that information learned by DPD may result in my not being hired.

\_\_\_\_\_

(Initial)

Recognizing all of the above, I hereby consent to DPD conducting the aforesaid background investigation and further consent to DPD disclosing the findings and results of this comprehensive background investigation to my current employer, \_\_\_\_\_, as DPD deems appropriate.

I understand that this disclosure may result in adverse consequences for me in my current job, including but not limited to termination from employment, negative reference for future employment and possible criminal prosecution.

I agree to hold DPD harmless from any and all claims made by me as a result of this release of information.

\_\_\_\_\_

(Initial)

I have initialed each of the above paragraphs and have signed this Waiver at the bottom of this page. I fully understand this Waiver, have been offered and have declined to withdraw my application for employment with DPD avoid such background investigation and disclosure, and voluntarily elect to continue with my application process under the above stated terms and conditions.

\_\_\_\_\_

(Initial)

\_\_\_\_\_

Name of Current Employer

\_\_\_\_\_

Address of Current Employer

\_\_\_\_\_

Name of Current Department Head

\_\_\_\_\_

Phone Number of Department Head

Signed this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, S.C. \_\_\_\_\_

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Witness Signature

# CITY OF DARLINGTON

## CONSENT, AUTHORIZATION, AND RELEASE OF LIABILITY FOR ALCOHOL/DRUG TESTING

I understand and agree that in accordance with City of Darlington's substance abuse policy. I voluntarily agree to undergo a drug test. I understand that, as a condition of employment, the City of Darlington's Substance Abuse Policy requires drug urine tests of applicants selected for employment and employees for the purpose of evaluating mental and physical suitability for employment in positions as specified in the City's Substance Abuse Policy.

I hereby give my permission for the Alcohol & Drug Abuse Testing Centers, Inc., and its agents, to obtain a urine and/or breath specimen from me now. I further give my voluntary permission for the City to take an alcohol or drug test anytime during my employment, including post-accident situations when an additional consent may be impractical or unobtainable. I also understand that this is not a diagnostic examination designed to detect hidden or latent diseases, but is instead for the purpose of predicting job performance effectiveness, regulatory compliance and possible safety risks to the City, and to me, which might arise as a result of such employment.

I understand that a positive test result will disqualify me from consideration of employment, or at a later time, may result in denial of workers' compensation claims or even my termination from employment. I fully understand and accept the condition that any false answers or willful omissions made by me will be sufficient grounds for my discharge, irrespective of when the false answers or omissions are discovered.

I understand and agree that neither the City of Darlington, Alcohol & Drug Abuse Testing Centers, Inc., the examining physicians, medical personnel or other staff shall be liable for injury or suffering experienced by me as a result of physical or mental infirmities, disease, or conditions not detected during the course of such testing or for failure to direct me to a specialist for treatment. I understand that all drug testing will be conducted at a DHHS certified laboratory or alcohol tests will be obtained by a trained Breath Alcohol Technician (BAT) using Evidentiary Breath Testing equipment approved by the National Highway Traffic Safety Administration (NHTSA). I authorize the release of my test results to the Substance Abuse Policy Administrator of City of Darlington.

_____	____ - ____ - ____	____/____/____
Employee/Applicant (Print)	Social Security Number	Date of Birth
_____		____/____/____
Signature of Employee/Applicant		Date
_____		____/____/____
Witness Signature		Date

**NOTICE TO APPLICANTS**  
**CITY OF DARLINGTON**  
**ALCOHOL & DRUG TESTING POLICY**

Due to health and safety risks of alcohol and drug abuse, applicants selected for employment, by the City of Darlington, in Law Enforcement, Department of Transportation (DOT) or safety-sensitive positions will be required to undergo a drug test. A positive test result, indicating illegal drug use, will disqualify you from consideration for employment. A negative test result, indicating being free of drugs, will not guarantee employment. Any applicants not willing to comply with this requirement may simply excuse themselves prior to completing the attached application form. All DOT regulated positions are subject to on-going testing during employment with the City of Darlington.

I understand and agree to the above testing requirements.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

PLEASE PRINT IN BLACK INK.

NAME: \_\_\_\_\_

LAST

FIRST

MIDDLE

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email: \_\_\_\_\_

Do you have a personal web page or social networking website? (MySpace, FaceBook, Second Life, etc.)

Web Address: \_\_\_\_\_

Access Rules/Keys: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ SC Driver's License #: \_\_\_\_\_

Have you EVER had a Driver's License in another State? YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, what State(s) and when? \_\_\_\_\_

**EDUCATION:** \*Please indicate:    Name & Location                      Highest Grade & Year

High School \_\_\_\_\_

College \_\_\_\_\_

Technical \_\_\_\_\_

Other Education \_\_\_\_\_



**MILITARY SERVICE**

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ MOS/Duties: \_\_\_\_\_

Entered: \_\_\_\_\_ Discharge: \_\_\_\_\_ Type: \_\_\_\_\_

**FAMILY**

Spouse: \_\_\_\_\_ Contacts #: \_\_\_\_\_

Employed By: \_\_\_\_\_ City: \_\_\_\_\_ # \_\_\_\_\_

Father: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Mother: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

**POLICE RECORD** – Include Arrest of ANY kind and Traffic Violations

Charge	City/State	Disposition
1.		
2.		
3.		
4.		

**FORMER EMPLOYERS** – Last Three (3) Employers, beginning with current

1. \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**REFERENCES – List Three (3) People. No Relatives OR Former Employers.**

1. \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Occupation: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Occupation: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Occupation: \_\_\_\_\_