



# RIDGELAND POLICE DEPARTMENT

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

Dear Applicant:

We appreciate your interest in becoming a Police Officer with the Ridgeland Police Department. As a candidate to become a Law Enforcement Officer with our Department, you must meet the following basic requirements:

- Be at least 21 years of age.
- Be a high school graduate or GED equivalent.
- Possess a valid South Carolina Drivers license or be eligible to obtain one.
- No felony convictions
- No convictions of criminal domestic violence
- Be of good moral character (as determined by a background investigation)

Based on the information provide on the application we will interview the most qualified applicants. If you meet the requirements and are selected for an interview, you will be required to furnish the following documents to the background investigator prior to the interview process.

- Birth Certificate
- High School diploma or GED certificate, college transcript if claiming
- College credits
- DD-214, if applicable (record of military discharge)
- Valid driver's license
- Recent credit report

If you have any questions, please feel free to call the Ridgeland Police Department  
At 843-726-7530

We thank you for your interest in our Department

Sincerely,

Richard V. Woods  
Chief of Police



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## AUTHORIZATION FOR RELEASE OF INFORMATION

This certifies the application completed by me and all entries and information contained therein are true and completed and failure to fully and truthfully answer any part may, at the sole discretion of the Chief of Police subject me to immediate dismissal.

I hereby authorize my former employers and/or references to furnish any information concerning my personal character, habits, or employment record, and hereby release all such persons from any liability or damages on account of having furnished this information. I further authorize my former employers to release any positive drug test results or alcohol tests greater than 0.04 or any refusals to be tested. I also agree to furnish such additional information and complete such examinations as may be required by the Ridgeland Police Department.

It is agreed and understood this application for employment in no way obligates the Ridgeland Police Department to employ me. I also understand and agree that if hired, my first six months employment shall be a probationary basis, and the probationary period does not end until the Division Head submits a personnel action request.

I hereby authorize the Ridgeland Police Department to investigate the information contained in my employment application and to do all that is necessary to verify the accuracy of the information. I further authorize any past or present employer, any law enforcement agency, or any school or personal reference to release to the Ridgeland Police Department any and all information contained in my work record, police record, School record, and personal reference.

I hereby release any past or present employers, any law enforcement agency, any schools, personal references and any and all of their employees from any liability in furnishing such information to the Ridgeland Police Department

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE RIDGELAND POLICE DEPARTMENT TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

I have read and understand the above statement.



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## 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.

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

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Other Qualifications:

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

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<b>References</b>
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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

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

\_\_\_\_\_  
Print Name of Notary Public

My Commission expires: \_\_\_\_\_

Check one: \_\_\_\_\_ Personally known OR  
\_\_\_\_\_ Produced Identification \_\_\_\_\_