



Town of Ridgeland
One Town Square | Post Office Box 1119 | Ridgeland, SC 29936

Application for Employment
An Equal Opportunity Employer

INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR TOWN OF RIDGELAND EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION.

WHEN COMPLETING THIS APPLICATION, PLEASE ENSURE YOU:

- **APPLY FOR ONE VACANCY PER APPLICATION. RESUMES MAY BE SUBMITTED WITH THIS APPLICATION, BUT NOT IN LIEU OF THE APPLICATION.**
- **MAKE SURE TO INCLUDE ALL EDUCATION AND WORK HISTORY COMPLETELY.**
- **LIST EACH JOB HELP AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.**
- **CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.**

IF YOU WILL NEED REASONABLE ACCOMMODATIONS TO PARTICIPATE IN THE SELECTION PROCEDURES (INTERVIEWS, WRITTEN TESTS, OR JOB DEMONSTRATION), PLEASE CONTACT THE DIVISION HUMAN RESOURCES.

PHYSICAL ADDRESS:
DIVISION OF HUMAN RESOURCES
1 TOWN SQUARE
RIDGELAND, SC 29936

MAILING ADDRESS:
DIVISION OF HUMAN RESOURCES
PO BOX 1119
RIDGELAND, SC 29936

HUMAN RESOURCES EMAIL ADDRESS:
CROUNTREE@RIDGELANDSC.GOV

PHONE NUMBER:
843-726-7503



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POSITION APPLYING FOR: _____

DEPARTMENT OR OFFICE: _____

CONTACT INFORMATION:

FULL NAME: _____

LAST

FIRST

MIDDLE

MAILING ADDRESS: _____ EMAIL ADDRESS: _____

ADDRESS: _____

CITY

STATE

ZIP CODE

HOME PHONE: () _____

PERSONAL INFORMATION:

DO YOU POSSESS A VALID DRIVER'S LICENSE: YES NO IF YES, PROVIDE STATE & NUMBER:

EXPIRATION DATE: _____

CLASS (CHECK ONE): A B C D E F M G CDL

WHAT TYPE OF POSITION ARE YOU LOOKING FOR?

_____: FULL TIME _____: PART TIME _____: TEMPORARY

WHAT SHIFTS ARE YOU AVAILABLE TO WORK?

_____: DAY _____: EVENING _____: NIGHT _____: ROTATION

EDUCATION:

ARE YOU A HIGH SCHOOL GRADUATE: ____: YES ____: NO HIGHEST GRADE COMPLETED: _____

IF YOU DID NOT COMPLETE HIGH SCHOOL, DO YOU HAVE A HIGH SCHOOL EQUIVALENCY DIPLOMA?

____: YES ____: NO

STARTING WITH HIGH SCHOOL, PROVIDE COMPLETE INFORMATION ON ALL SCHOOL ATTENDED:

DEGREE RECEIVED	MAJOR	MINOR	DATES ATTENDED
1.			
2.			



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EXPERIENCE

STARTING WITH THE MOST RECENT, DESCRIBE ALL PAID, MILITARY, AND APPLICABLE VOLUNTARY EXPERIENCE. HIGHLIGHT YOUR KNOWLEDGE, SKILLS, AND ABILITIES, WHICH BEST DEMONSTRATES YOUR QUALIFICATIONS FOR THIS POSITION. A RESUME MAY NOT BE SUBSTITUTED FOR THIS SECTION. YOU MAY INCLUDE ONE WITH YOUR APPLICATION.

1. JOB TITLE _____	DUTIES: _____
EMPLOYER _____	_____
ADDRESS _____	_____
_____	_____
SALARY (START) _____ (FINISH) _____	_____
DATES AT EMPLOYER _____	_____
_____	_____
REASON FOR LEAVING: _____	

3. JOB TITLE _____	DUTIES: _____
EMPLOYER _____	_____
ADDRESS _____	_____
_____	_____
SALARY (START) _____ (FINISH) _____	_____
DATES AT EMPLOYER _____	_____
_____	_____
REASON FOR LEAVING: _____	

2. JOB TITLE _____	DUTIES: _____
EMPLOYER _____	_____
ADDRESS _____	_____
_____	_____
SALARY (START) _____ (FINISH) _____	_____
DATES AT EMPLOYER _____	_____
_____	_____
REASON FOR LEAVING: _____	



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ADDITIONAL INFORMATION

USE THIS SPACE FOR ANY ADDITIONAL INFORMATION YOU MAY THINK WOULD HELP US EVALUATE OUR APPLICATION, INCLUDING ANY TRAINING, SEMINARS, WORKSHOPS, AND/OR SPECIAL ACHIEVEMENTS:

REFERENCES

LIST NAMES, ADDRESSES, AND RELATIONSHIPS OF THREE PERSONS NOT RELATED TO YOU WHO KNOW YOUR QUALIFICATIONS:

NAME	ADDRESS	PHONE	RELATIONSHIP

DO YOU HAVE ANY RELATIVES EMPLOYED WITH THE TOWN OF RIDGELAND: ____: YES ____: NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY JOB? ____: YES ____: NO

IF YES, PLEASE EXPLAIN: _____

SIGNATURE

BY MY SIGNATURE, I AFFIRM, AGREE, AND UNDERSTAND THAT ALL STATEMENTS ON THIS FORM ARE ACCURATE AND TRUE. ANY MISREPRESENTATIONS, FALSIFICATIONS, OR MATERIAL OMISSION OF INFORMATION OR DATA ON THIS APPLICATION MAY RESULT IN EXCLUSION FROM FURTHER CONSIDERATION OR, IF HIRED, TERMINATION OF EMPLOYMENT. IF I HAVE REQUESTED HERIN THAT MY PRESENT EMPLOYER NOT BE CONTACTED, AN OFFCER OF EMPLOYMENT MAY BE CONDITIONED UPON ACCEPTABLE INFORMATION AND VERIFICATION FROM SUCH EMPLOYER PRIOR TO BEGINNING TO WORK.

DATE: _____

APPLICANT SIGNATURE: _____



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

Print Name of Notary Public

My Commission expires: _____

Check one: Personally known OR
 Produced Identification

Signature of Applicant

Send completed application to fmador@ridgelandpd.com along with any additional information you wish to include. By submitting your application/signature digitally you are authorizing the Ridgeland Police Department to conduct any and all records checks, including criminal and driving, as well as granting permissions to contact all listed references & current/previous employers without a Notary signature and/or seal.