

LIBERTY POLICE DEPARTMENT

JOB APPLICATION

P.O.Box 716 Liberty, S.C. 29657

Telephone: 864-843-3956

We consider applicants for all positions without regard to race, color, religion, creed, sex, national origin, age, physical or mental disability, or marital, veteran or other legally protected status.

POSITION APPLIED FOR:			Date: ____/____/____	
Last Name:		First:	Middle:	
Current Address:		City:	State:	DL# ____ State:
Previous Address:		City:	State:	SSN: ____-____-____
Telephone #'s	Home: ____-____-____	Work: ____-____-____	DOB: ____/____/____	
Have you filed an application here before? Yes No Date: ____/____/____				
Have been employed here before? Yes No Date: ____/____/____				
May we contact your present employer? Yes No				
Are you a United States Citizen? Yes No				
Are you available to work Full Time Part Time Temporary?				
Have you been convicted of a traffic violation within the past ten (10) years? Yes No				
Details: _____				
Have you been convicted of a misdemeanor, plead guilty or no contest? Yes No				
Details: _____				
Have you been convicted of a felony, plead guilty or no contest? Yes No				
Details: _____				
Are you currently under any domestic or restraining order? Yes No				
Details: _____				
EDUCATION				
Name, address of school		Course of Study	Yrs. Completed	Diploma/Degree
High School: _____				
College: _____				
Other: _____				
REFERENCES				
Name	Relationship	Address	Telephone #	

EMPLOYMENT HISTORY

List current or most recent employer first. If necessary, continue on a separate sheet.

Employer:

Address:

Dates Employed:

Job Title:

Salary Rate:

Supervisor:

Work Performed:

Reason for Leaving:

Next

Employer:

Address:

Dates Employed:

Job Title:

Salary Rate:

Supervisor:

Work Performed:

Reason for Leaving:

Next

Employer:

Address:

Dates Employed:

Job Title:

Salary Rate:

Supervisor:

Work Performed:

Reason for Leaving:

ADDITIONAL INFORMATION

Describe any specialized training, apprenticeship, skill and extracurricular activities, including job related training received in the military.

List professional, trade, business, or civic activities and offices held. You may exclude memberships, which would reveal gender, race, religion, creed, national origin, age, ancestry, disability, or other protected status.

The information I have provided in this application is true and accurate to the best of my knowledge. I understand that providing false information may disqualify me from being considered for a position with the Liberty Police Department.

Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN, I am an applicant for a position with the **LIBERTY POLICE DEPARTMENT (LPD)**. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal, employment, and credit history be disclosed to this agency.

I hereby authorize any representative of the LPD bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the LPD whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the LPD in consider in determining my suitability for employment in that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, my credit and financial records, my criminal history record, including any arrest records, any information contained in investigators files, efficiency rating, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have had an interest attendance records, polygraph examinations, and any internal affairs investigations and discipline including any files which are deemed to be considered and or sealed.

I hereby release you, your organization, and others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records of the organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the LPD regardless of any agreement I may have previously made with you to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

In consideration of the LPD's acceptance and processing of my application for employment. I hold your organization, it's agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision where or not to employ me with the LPD. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the LPD in conjunction with employment procedures.

A photocopy or fax copy of this release form will be as valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

This waiver is valid for a period of sixty (60) days from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agent and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

_____ Applicant Signature	_____ Date	
_____ Applicant's Name (Please Print)	_____ Social Security Number	_____ Date of Birth
_____ Applicant's Address	_____ City, State	_____ Telephone Number