



FORMS & DOCUMENTS

Instructions for Applying:

If you wish to apply for a Police Officer or Fire Fighter position please print this application packet and complete and sign the application and all forms. The completed application packet along with legible copies of all required forms may be dropped off or mailed in to the City of Spartanburg's Human Resources Department.

Drop-Off [Mon – Fri 8 am – 5 pm]

City of Spartanburg
HR Department
145 W. Broad Street
Spartanburg, SC 29306

Mail- In

City of Spartanburg
HR Department
P. O. Box 1749
Spartanburg, SC 29304



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FOR POLICE APPLICANTS:

[Any applicant who is presently employed by a Law Enforcement Agency, Correctional Facility or Fire Department in South Carolina must have 2 consecutive years of employment with that agency]

LEGIBLE COPIES OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH YOUR EMPLOYMENT APPLICATION:

- Birth Certificate
- Driver's License
- Social Security Card
- High School Diploma or GED
- DD214 (If applicable)

All applications will be reviewed and applicants will be notified by mail or telephone of any minor omissions or deficiencies. Failure to complete any portion of the application, including failure to submit copies of required documents within specified time limits, may result in disqualification. A preliminary criminal history check will be conducted on each applicant and then an executive review will be made of all applications. An eligibility list will be compiled based on the review. Disqualified applicants will be notified by mail. Qualified applicants will be notified by mail of the testing date, time, and location.

Police applicants must successfully complete a series of tests and be certified by the Civil Service Commission to be considered for employment. This testing consists of a written exam, a physical agility test and an oral interview before a three-person panel.

Applicants will be kept abreast of their employment status by mail or telephone. All applicants selected for consideration will be subject to a very strenuous background investigation. This will include at a minimum a polygraph examination, a psychological examination, criminal history, credit history, driving record, employment history, and reference checks. Also, upon a contingent job offer, a pre-employment physical and drug screen are conducted. This entire process can take an extensive period of time, often taking four to six months to complete.

POLYGRAPH TESTING FOR PRE-EMPLOYMENT

Polygraph examinations conducted by this agency conform to the policy and procedures of this department, and the standards of practice of the American Polygraph Association. The following topics are subject to examination. Substance abuse issues, past illegal activity, previous employment, and all information submitted in your Personal History Data Booklet.

Applications are kept on file for one year. Re-application may be made one year from the date of application.

Employer	Phone #	Dates Employed	Job Responsibilities
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Pay Rate	
<input type="text"/>		\$ <input type="text"/>	Reason for Leaving
Job Title		Supervisor	
<input type="text"/>		<input type="text"/>	<input type="text"/>
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Employer	Phone #	Dates Employed	Job Responsibilities
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Pay Rate	
<input type="text"/>		\$ <input type="text"/>	Reason for Leaving
Job Title		Supervisor	
<input type="text"/>		<input type="text"/>	<input type="text"/>
May we contact for reference Yes <input type="checkbox"/> No <input type="checkbox"/>			

Comments /Additional Information (include explanations of any gaps in employment)

Skills and Qualifications (Summarize special skills, awards, and accomplishments that may qualify you to work with the City of Spartanburg.)

References (List names and phone numbers of 3 business /work references who are NOT related to you. If not applicable, list 3 school or personal references who are NOT related to you.)

Name	Phone No.	Years Known
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the City's service if I have been employed. I give the City of Spartanburg the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the City and its representative for seeking such information and all other persons, corporations, and organizations for furnishing such information. This application is current for a three-month period in the active files and for one year on the inactive files. At the conclusion of this time, if I have not heard from the City of Spartanburg and still wish to be considered for employment, it will be necessary to fill out a new application. I agree to conform to the rules and regulations of the City of Spartanburg and I understand that just as I am free to resign at any time, the City reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the City has the authority to make any assurances to the contrary.

Signature of Applicant _____ Date: _____



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AUTHORIZATION TO RELEASE INFORMATION

This is to certify that I, , an applicant for the position of , with the Spartanburg Public Safety Department and that I do hereby authorized the release of any and all information to the Spartanburg Public Safety Department or the City of Spartanburg Human Resources Department that they may request, from whomever they may deem it necessary to make such a request, from any of my records or files.

Such information will include, but will not be limited to: hospital records, medical records, military records, police records, arrest records, court records, police reports including juvenile records, police polygraph examination reports, credit records, background investigative material and reports, employment records, attendance records, traffic records, confidential records, educational records and transcripts, etc. I also release all person s from any liability which could result from furnishing said information to the Spartanburg Public Safety Department and direct the disclosure by third parties of materials requested to the Spartanburg Public Safety Department or the City of Spartanburg Human Resources Department.

Further, I authorized the Spartanburg Public Safety Department to copy or otherwise reproduce this original document and to let such copied or otherwise reproduced copy at as the original instrument. The original document is to be retained on file with the Spartanburg Public Safety Department.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

DATE

SIGNATURE

ADDRESS



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FCRA Authorization Form

CONSENT TO PROCUREMENT OF CONSUMER CREDIT REPORT

I understand that, as a condition of my consideration for employment with the City of Spartanburg, or as a condition of my continued employment with the City of Spartanburg, the City may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, and any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to the City of Spartanburg's procurement of such a report. I understand that, pursuant to the Federal Fair Credit Reporting Act, the City of Spartanburg will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with the City of Spartanburg. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Signature of Applicant or Employee

Printed Name of Applicant or Employee

Date

Date



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The City of Spartanburg strongly recommends that each participant consult his/her physician with regard to participating in this physical evaluation.

WAIVER STATEMENT

The undersigned acknowledges, appreciates, and agrees that:

(Printed Name of Participant)

The risk of injury from the activities involved in this physical assessment is significant, including the potential for permanent paralysis and death, the risk of serious injury does exist; and,

- 1) I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation; and
- 2) I willingly agree to comply with the stated and customary terms and conditions for participation; and
- 3) If, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, hereby release and hold harmless the City of Spartanburg and the Public Safety Department, their officials, officials, agents and/or employees, with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from my own negligence or otherwise.

I have read this release of liability and assumption of risk agreement, fully understand its terms, and sign it freely and voluntarily without any inducement.

Signed _____

Date

Emergency Information

In case of an emergency contact:

Print Name Telephone Number



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Affirmative Action Voluntary Information

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, veteran/reserve/national guard or any other similarly protected status.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position(s) applied for Date

Referral Source

Walk-in Government Employment Agency Private Employment Agency

Employee Relative School

Advertisement – Source Other

Name of person who referred you, if applicable

Applicant Information

Name Telephone
LAST FIRST MIDDLE

Address
STREET CITY STATE ZIP CODE

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- White (not of Hispanic origin) Black (not of Hispanic origin) Hispanic
- American Indian/Alaskan Native Asian/Pacific Islander