



City of Charleston

JOHN J. TECKLENBURG

Mayor

South Carolina

GREGORY G. MULLEN

Chief of Police

POLICE DEPARTMENT

Dear Applicant:

We appreciate your interest in employment at the Charleston Police Department. When you have completed the application and are ready to submit, please include the following documents with the application:

1. A photocopy of your birth certificate. US Citizenship **required** for sworn position (Police Officer).
2. A photocopy of your Social Security card.
3. A photocopy of your driver's license. You must provide a driving record for **all** states in which you were licensed.
4. A photocopy of the highest college degree earned and a photocopy of your high school diploma. We will need an official transcript from the college from which you graduated sent directly to the Charleston Police Personnel Office.
5. If you served in the U.S. Military for any period of time, a photocopy of your DD-214 (Member 4 Copy listing Characterization of Service, Separation and Re-Enlistment Codes) or photocopy of your discharge certificate.
6. A photocopy of any licenses or certificates which show special qualifications or skills. If you are a certified law enforcement officer from outside S.C., a photocopy of your state certificate and training academy curriculum with hours.

Please insure all photocopies are clearly legible. Failure to include the required documentation will mean delay in processing your application. Thank you for your cooperation.

Revised 12/07/12



180 LOCKWOOD BLVD., CHARLESTON, SOUTH CAROLINA 29403, 843-577-7434
AN EQUAL OPPORTUNITY EMPLOYER



City of Charleston

JOHN J. TECKLENBURG

Mayor

South Carolina

GREGORY G. MULLEN

Chief of Police

POLICE DEPARTMENT

PROCEDURES FOR RETEST

Should a candidate fail to successfully complete process of the testing procedure, the following re-testing procedures will apply;

The Department will allow re-application, re-testing and re-evaluation of candidates not appointed to probationary status during the initial vacancy. The conditions for re-testing are as follows:

1. The candidate must request to be re-tested.
2. In the event that six months has lapsed between the initial test and the request to be re-tested the candidate must re-apply.
3. If the candidate fails the written test he/she will be re-tested in two (2) weeks.
4. If the candidate fails a second time he/she will be eligible to be re-tested in six (6) months for that position as a police officer
5. All other positions will be tested and re-tested no more than three (3) different occasions provided the candidate fails the preceding exam.

CPD FORM #323



180 LOCKWOOD BLVD., CHARLESTON, SOUTH CAROLINA 29403, 843-577-7434
AN EQUAL OPPORTUNITY EMPLOYER



City of Charleston

SOUTH CAROLINA

POLICE DEPARTMENT

JOHN J. TECKLEBURG
Mayor

GREGORY G. MULLEN
Chief of Police

CHARLESTON POLICE EMPLOYMENT PROCEDURES **FOR SWORN & NON-SWORN APPLICANTS**

The application is reviewed by the Personnel Staff. Qualified applicants will be scheduled for the next steps in the process.

1. A physical agility test (Sworn only)
2. A written examination (Sworn only)
3. A polygraph examination
4. Oral board interview
5. Background Investigation

Upon completion of the background investigation a conditional offer of employment is made and the candidates will then be scheduled for the remaining testing.

- Medical examination
- Drug screen
- Psychological evaluation

Upon completion, a hire date will be given to the candidate.

CPD Form 430
Revised 10/23/13





City of Charleston

SOUTH CAROLINA

POLICE DEPARTMENT

JOHN J. TECKLENBURG
Mayor

GREGORY G. MULLEN
Chief of Police

TO: Applicants

FROM: Chief Gregory Mullen 

SUBJECT: Polygraph Examination

As per our departmental policy, prior to employment with the Charleston Police Department, you will be requested to submit to a polygraph examination. You should be prepared to discuss questions pertaining to your honesty in handling money and merchandise with your present and previous employers, use of drugs, alcohol, gambling habits, arrests and/or convictions. You should also be prepared to answer questions concerning undetected crimes you may have committed and investigations you may have been involved.

Revised 5/14/12



180 LOCKWOOD BLVD., CHARLESTON, SOUTH CAROLINA 29403, 843-720-2426
AN EQUAL OPPORTUNITY EMPLOYER



City of Charleston

JOHN J. TECKLENBURG
Mayor

South Carolina

GREGORY G. MULLEN
Chief of Police

POLICE DEPARTMENT

Authorization For Release Of Information

CHARLESTON POLICE DEPARTMENT

TO:

Any Doctor, Hospital, Medical Association, U.S. Armed Forces,
U.S. Selective Service System, Maritime Service, Veterans Administration, or

Any Academic Dean, Registrar, Principal, Guidance Counselor, other
authorized person at a school (college, business, trade or high school), or

Any past or present Employer, or

Any Credit Bureau or Retail Merchants Association, Bank, Financial institution or any other Credit Extending Organization, or

Any County, State, or Federal Governmental Agency.

I, _____, am aware that my entire background is to be investigated and hereby authorize and request the release of any and all information you have concerning me, excluding bank or savings and loan association balances, to the Charleston Police Department or its agents. I hereby designate the Charleston Police Department as my authorized representative for the purpose of obtaining such information.

I hereby release anyone addressed above, who gives information about me in the course of an investigation covered by this authorization, from any and all liability for damages of whatever kind to me, my family, heirs or associates as a result of giving such information, except that I do not release anyone who gives information that he knows is false, deliberately intending to harm me or one of my family, heirs or associates.

Signature _____ Date _____

Address _____

State Of _____

_____ of _____

Subscribed and Sworn to before me this _____ day of _____, A.D. 20 _____.

My Commission Expires _____ Notary Public _____

FORM #103





City of Charleston

JOHN J. TECKLENBURG

Mayor

South Carolina

GREGORY G. MULLEN

Chief of Police

POLICE DEPARTMENT

NOTICE OF USE OF CONSUMER CREDIT REPORT FOR EMPLOYMENT PURPOSES

Pursuant to Section 604 (b) of the Consumer Credit Reporting Reform Act of 1996, you are hereby advised that as part of a background investigation for employment with the Charleston Police Department a copy of your Consumer Credit Report will be sought for review. This report may be used to make a decision regarding an offer of employment. A copy of your credit report will be furnished to you for your review.

I HEREBY AUTHORIZE THE CHARLESTON POLICE DEPARTMENT TO OBTAIN MY CONSUMER CREDIT REPORT FOR THE PURPOSE OF DETERMINING MY SUITABILITY FOR EMPLOYMENT WITH A LAW ENFORCEMENT AGENCY, AND AFFIRM THAT I HAVE BOTH READ AND UNDERSTOOD THE ABOVE NOTICE.

NAME (PRINT) _____

SIGNATURE _____

DATE _____

SSN _____

CPD FORM #600

Revised 6/20/12



180 LOCKWOOD BLVD., CHARLESTON, SOUTH CAROLINA 29403, 843-577-7434
AN EQUAL OPPORTUNITY EMPLOYER



City of Charleston

South Carolina

JOHN J. TECKLENBURG
Mayor

GREGORY G. MULLEN
Chief of Police

POLICE DEPARTMENT

NAME (PRINT) _____

SIGNATURE _____

DATE _____

SSN# _____

1. Do you have any relatives by blood or marriage that presently work for or have ever worked for the Charleston Police Department or the City of Charleston.

Yes ____ or No ____

Relatives are defined as: husband, wife, father, mother, children, grandparents, grandchildren, brothers, sisters, and in-laws and step of those family members.

Name of Relative: _____

Type of Relationship: _____

Job Position: _____

Duty Assignment: _____

Phone: _____

2. Are you now or have you ever been employed with the City of Charleston?

Yes ____ or No ____

If so, please explain.

(Form #16)
Revised 04/09/07





City of Charleston

JOHN J. TECKLENBURG

Mayor

South Carolina

GREGORY G. MULLEN

Chief of Police

POLICE DEPARTMENT

Personal Drug History

Please document your personal drug history below. This document should be completed, scanned, and downloaded with your application.

Illegal Substance	Approximate # of Times Used	Approximate Date of Last Use
Marijuana		
Hashish, Hashish Oil		
Powder Cocaine		
“Crack” Cocaine		
LSD, PCP, Mushrooms		
Methamphetamines: Speed, Crank, Ice		
Ecstasy/ Molly/ MDMA		
Synthetics: K2, Spice, Bath Salts		
Depressants/tranquilizers: Barbiturates, Valiums, Quaaludes		
Heroin or other Opiates/ Morphine		
GHB		
Inhalants		
Steroids		
Prescription drugs for recreational purposes		
Other		
Sold any illegal substance?	If yes, what?	How many times:

The information provided above is true, complete and accurate. I understand that withholding any information, falsification, or misrepresentation of any information regarding my use of illegal substances could result in disqualification from the application process.

Printed Name of Applicant

Signature of Applicant

Date



EEO INFORMATION

Not for Interview or Screening Purposes

In accordance with Equal Employment laws, we are required to maintain statistical data on all applicants. We ask for your cooperation in completing and returning the following information. This form will separate from your application and not used in the screening or interviewing processes.

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH		
ADDRESS		TELEPHONE NUMBER		
GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	CHECK ONE, IF APPLICABLE <input type="checkbox"/> Disabled Individual <input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Disabled Veteran	Please identify your race/ethnic category: <input type="checkbox"/> American Indian or Alaskan Native <small>(original peoples of N. America who maintain cultural identification through tribal affiliation or community recognition)</small> <input type="checkbox"/> Asian or Pacific Islander <small>(original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands)</small> <input type="checkbox"/> Hispanic <small>(all persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race)</small> <input type="checkbox"/> Black (not of Hispanic origin) <small>(all persons having origins in any of the Black racial groups of Africa)</small> <input type="checkbox"/> White (not of Hispanic origin) <small>(all persons having origins in any of the original peoples of Europe, North Africa or the Middle East)</small> <input type="checkbox"/> Other (specify) _____		
Position Applied For:				
Where did you learn about this job opening? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Radio Ad <input type="checkbox"/> TV Ad/Cable <input type="checkbox"/> Internet <input type="checkbox"/> City Referral (employee name) _____ <input type="checkbox"/> Other (specify) _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Job Service <input type="checkbox"/> Job Line <input type="checkbox"/> Walk-in <input type="checkbox"/> City's Website </td> </tr> </table>			<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Radio Ad <input type="checkbox"/> TV Ad/Cable <input type="checkbox"/> Internet <input type="checkbox"/> City Referral (employee name) _____ <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Job Service <input type="checkbox"/> Job Line <input type="checkbox"/> Walk-in <input type="checkbox"/> City's Website
<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Radio Ad <input type="checkbox"/> TV Ad/Cable <input type="checkbox"/> Internet <input type="checkbox"/> City Referral (employee name) _____ <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Job Service <input type="checkbox"/> Job Line <input type="checkbox"/> Walk-in <input type="checkbox"/> City's Website			

I hereby authorize any city, county, state or federal agency, department or bureau to release any information in their files under the above name. I understand and realize that the information so released may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I further release all personnel whomever from any liability arising out of or resulting from the release of this information.

Signature of Applicant: _____ Date: _____

NOTICE TO INDIVIDUALS WITH DISABILITIES, DISABLED VETERANS AND VIETNAM ERA VETERANS
 Federal government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era; and section 503 of the Rehabilitation Act of 1973, as amended, which requires the same of qualified disabled individuals.

If you are a disabled veteran or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will not adversely affect any consideration you may receive for employment.

If you wish to be identified, sign here: _____