



City of Charleston

South Carolina

JOHN J. TECKLENBURG

Mayor

LUTHER T. REYNOLDS

Chief of Police

POLICE DEPARTMENT

Authorization for Release of Information

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 applying for the position of _____ with the Charleston Police Department.

I understand that in order to gauge my fitness for the position, the City of Charleston must conduct a thorough and complete background investigation.

I understand that to facilitate a thorough and complete background investigation and to ensure complete candor on the part of those providing the necessary information, I must:

- A.) Consent to an investigation by the city of Charleston concerning my background;
- B.) Waive any and all claims I might otherwise have against those individuals who conduct the investigation, or those who cooperate and provide information to the City;
- C.) Waive my right to review or obtain any part, complete and/or incomplete, of the background investigation

I do hereby specifically authorize the City of Charleston to conduct a thorough and complete background investigation on me for the purpose of gauging my fitness for the position.

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized officer, employee or agent of the City of Charleston and its Police Department, whether the said records are of public, private or confidential nature.

I do hereby authorize full and complete disclosure of any and all records, medical and psychiatric treatment or consultation, clinics, private practitioners, records and recollections of attorneys, criminal or civil records, or traffic and criminal history records.

I do hereby authorize access to any and all social networking accounts that have been created under my name and/or email addresses related to web based internet (Facebook, Twitter, etc.). Refusal to allow access to social networking site accounts created under my name and/or email addresses may be grounds for dismissal from the testing process.

POLICE DEPARTMENT

Release of Information Authorization

I understand that the City may, in its sole discretion, disclose to any appropriate law enforcement agencies and other governmental authorities any information received in the course of the background investigation indicative of conduct constituting any past, current or future felony or misdemeanor violations of any federal or state law or local ordinance committed or planned by me.

For purposes of conducting the background investigation and gathering the information necessary to gauge my fitness for the position, this Waiver and Release shall be effective for a period of 18 months from the date of my execution hereof. A copy of the Waiver and Release shall be deemed as effective as the original.

This Waiver and Release of All Claims is intended to be as broad and inclusive as permitted by the laws of the State of South Carolina and, if any portion hereof is held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect. My spouse (if any), heirs and legal representative, and any and all successors and assigns, are bound by the terms of this Waiver and Release of All Claims. This Waiver contains the entire agreement between the parties hereto and its terms are contractual.

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 they know to be false, deliberately intending to harm me or one of my family, heirs or associates.

Applicant Signature: _____

Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Witness: _____

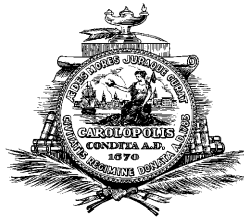
Date: _____

Sworn to and Subscribed before me
this _____ day of _____, _____

Notary Public

My Commission Expires: _____

(MUST BE NOTARIZED ABOVE)



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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, 843-720-2426
AN EQUAL OPPORTUNITY EMPLOYER



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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

