

City of Charleston

JOHN J. TECKLENBURG

Mayor

South Carolina

LUTHER T. REYNOLDS

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 it, please include the following documents with the application:

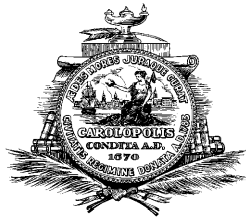
1. A photocopy of your birth certificate. US Citizenship **required** for sworn position (Police Officer).
2. A photocopy of your Social Security card.
3. A photocopy of your driver's license. You must provide a driving record for **all** states in which you were licensed.
4. A photocopy of the highest 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 may create a delay in processing your application. Thank you for your cooperation.

Revised 3/22/21



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



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

The application is reviewed by the Personnel Staff and Recruitment Unit. 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.

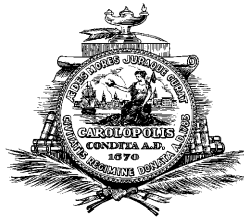
- Medical examination
- Drug screen
- Psychological evaluation

After successfully passing the above criteria, a hire date will be given to the candidate.

CPD Form 430
Revised 3/23/21



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PROCEDURES FOR RETEST – POLICE OFFICER

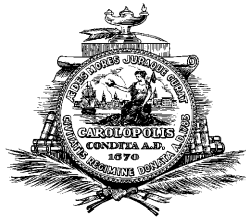
The Department will allow re-application, re-testing and re-evaluation of candidates not appointed to probationary status during the initial vacancy.

Should a candidate fail to successfully complete the physical agility test or the written test, the following re-testing procedures will apply:

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 for the position.
3. If the candidate fails the physical agility test, they will be re-tested within 3 months of the initial testing date.
4. If the candidate fails the written test, they will be re-tested within two (2) weeks of the initial testing date.
5. If the candidate fails either test a second time, they will be eligible to re-test no earlier than six (6) months after the second testing date.
6. If the candidate fails either test a third time, they will be eligible to reapply for the position one (1) year after the third testing date.

CPD FORM #323





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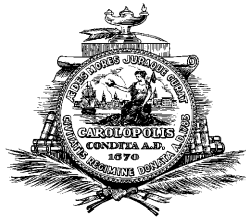
TO: Applicants
FROM: Chief Luther T. Reynolds
SUBJECT: Polygraph Examination

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 past 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



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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.

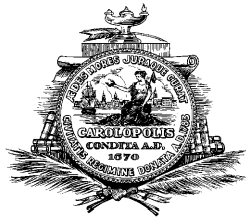
I, _____, am applying for the position of _____ with the Charleston South Carolina Police Department.

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; and
- C.) Waive my right to review the complete background investigation.





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WHEREFORE

I, for and in consideration of the city of Charleston's consideration of my application for the position, 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.

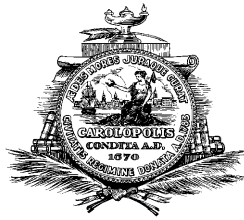
I understand this background investigation is required because of the nature of the particular position in which I have applied. I understand it is a sensitive position and that I may be working in an area where confidentiality and security is important.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, may be considered in determining my suitability for employment by the city of Charleston, South Carolina, whether the position sought is paid or unpaid position, voluntary or educational in nature.

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, South Carolina, 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 of educational institutions; financial or credit institutions, including records of loans, records of commercial or retail credit agencies, to include credit reports and/or ratings; and other financial statements and records wherever filed; medical and psychiatric treatment or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; current employment and previous employment records, including but not limited to any prior or current law enforcement agency employers, including background reports, efficiency ratings, complaints or grievances filed by or against me; records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; traffic and criminal history records; and records referred to in this paragraph shall include, but are not limited to papers, documents, recordings and photographs, whether on paper or stored/transmitted electronically.





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

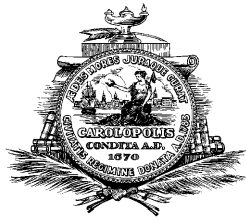
I understand that the City may, in its sole discretion, disclose to any appropriate law enforcement agencies and other governmental authorities any information received in the course of the background investigation indicative of conduct constituting any past, current or future felony or misdemeanor violations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

I release, discharge, covenant not to sue and indemnify and hold harmless the city of Charleston, South Carolina, and all of its employees, agents, and assigns, form and against any and all claims, causes of action, losses, damages and/or liabilities of any kind or type resulting from or in connection with the performance or use of the background investigation to any person or entity as may be authorized by the terms of this release or at my written direction and consent.

I do hereby specifically authorize, request and direct any individual, including but not limited to my family, friends, neighbors (past or present), and acquaintances (past or present), my employers (past or present), my references, educational institutions of any kind, credit bureaus or consumer reporting agencies, medical institutions or doctors, or any other person, institution, organization or governmental agency or instrumentality (local, state, federal, military, or foreign), wherever situated, to completely and thoroughly answer any and all questions concerning me posed by an official or employee of the City and to provide to the City, or any of its officials or employees, any requested document, information, record or file concerning me.

I understand that, in the event I suffer any injury of any kind as a result of the individual's cooperation with the conduct of the background investigation or release of information to the City, I am herein forfeiting any and all right to bring legal action against or seek redress in the courts from the individual, even if such





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injury or harm occurs as a direct result of the individual's negligence or actual malice or any other failure on the individual's part to satisfy any duty owed me.

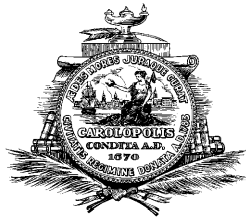
I understand that, in the event I suffer any injury of any kind as a result of the City's conduct of this background investigation, I am herein forfeiting any and all right to bring legal action against or seek redress in the courts from the City or any of its officials or employees. Even if such injury or harm occurs as a direct result of their negligence or any other failure on their part to satisfy any duty owed me.

And, also for and in consideration of the city of Charleston's consideration of my application for the position, recognizing that complete candor on the part of those from whom information is sought is ensured only by maintaining the confidentiality of a complete background investigation, I do hereby waive, release and forever relinquish any right I might otherwise have pursuant to any provision of federal or state statute or regulation, local ordinance or common law, to review and/or copy any background investigation report, including but not limited to the final and any draft reports, and all written or otherwise recorded documents or data created, compiled or collected in connection with such background investigation, completed on me or any part thereof.

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. My waiver of the right to review and copy the background investigation is perpetual.

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 and are not a mere recital.





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I have carefully read the above and foregoing Waiver and Release consisting of three pages in its entirety. I know and understand the contents thereof and do, of my own free will, sign this Waiver and Release indicating my specific agreement to any and all terms.

Applicant Signature: _____ Date: _____

Address: _____ State: _____ City: _____ Zip code: _____

Witness: _____ Date: _____

(MUST BE NOTARIZED BELOW)

STATE OF _____)

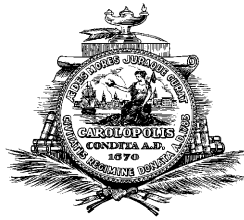
COUNTY OF _____)

SUBSCRIBED and **SWORN** to before me, a Notary Public, this _____ day of _____, 20_____.

Notary

My Commission Expires: _____





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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



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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

