

RUSSELL COUNTY SHERIFFS OFFICE

P.o Box 640 • Phenix City, Alabama • 36868-0640

(334) 298-6535 • FAX (334) 291-7667

SHERIFF HEATH TAYLOR



APPLICATION FOR EMPLOYMENT

THE DEDICATION TO SERVE, THE EXPERIENCE TO PROTECT

APPLICATION FOR EMPLOYMENT

NAME OF APPLICANT

(LAST NAME FIRST) _____

POSITION APPLIED FOR

(ENFORCEMENT, CORRECTIONS): _____

SEX (M OR F): _____ DATE OF BIRTH: ____/____/____ AGE: _____ HEIGHT: _____

WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE (ST): _____ NUMBER: _____

PLEASE FILL THIS APPLICATION OUT AS COMPLETELY AS POSSIBLE.
ALL STATEMENTS IN THIS APPLICATION ARE SUBJECT TO VERIFICATION.

**ANY APPLICANT INTENTIONALLY GIVING FALSE INFORMATION
WILL BE SUBJECT TO DISQUALIFICATION.**

IF A QUESTION DOES NOT APPLY TO YOU, WRITE N/A (NOT APPLICABLE). IF THE SPACE PROVIDED IS INADEQUATE, PLEASE DOCUMENT THE ADDITIONAL INFORMATION ON A SEPARATE SHEET OF PAPER AND INDICATE THE QUESTION YOU ARE RESPONDING TO. MORE THAN ONE ANSWER MAY BE PUT ON ONE SHEET.

THIS APPLICATION SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK OR BLUE INK.

PLEASE ATTACH A RECENT ORIGINAL PHOTO OF YOURSELF IN THE SPACE BELOW.



TO WHOM IT MAY CONCERN:

I, _____, do hereby agree to the release of any and all information pertaining to me by any person to whom this authorization may be presented, in consideration of the fact that all such obtained information shall be held confidential and used only in relation to my application for employment with the Russell County Sheriff's Department. I further agree that a photo static copy of this authorization shall have the same effect as the original.

Signature

Date

Subscribed before me this the _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

CERTIFICATE OF WAIVER

I, _____, understand that prior to the acceptance of completed application for employment; I will be required to furnish three (3) copies of the following documents.

1. Birth Certificate
2. High School Diploma, or State Equivalency Certificate, Military GED not acceptable.
3. DD for 214 for former military.
4. Marriage license, if divorced, three copies of divorce degree.
5. One copy of college Transcripts

In addition to the aforementioned documents, be prepared to furnish the preliminary interviewing Deputy, your completed application which is to be either typed, or printed in legible form containing the following information: (Applications not legible will not be processed).

1. Names and complete addresses, including ZIP code, of employers, dates of employment and your Job titles.
2. Correct and complete addresses, including ZIP of former residence.
3. Correct and complete addresses, including ZIP Code, and active account numbers of your Credit Accounts.

You are hereby informed that an investigative consumer report, including information as to your character, general reputation, personal characteristics and mode of living will be made a part of your background investigation.

You are further informed that upon written request, a full and accurate disclosure of the nature and scope of the consumer report pertaining to you will be made available under the Consumer Credit Protection Act.

Any falsification of information on your application will automatically disqualify you from consideration for employment with this department.

PLEASE DO NOT CONTACT THIS OFFICE REGARDING YOUR APPLICATION STATUS

Upon completion of your background investigation you will be notified when to report for your pre-employment Polygraph Examination and subsequent appearance before the Personnel Review Board.

I release the Russell County Sheriff's Department and the Personnel conducting this investigation from all claims resulting from, or arising out of, the investigation and the subsequent dissemination of background information for the purpose of security and personnel.

Signature of Applicant

Witnessed:

Date _____

Social Security Number: _____

Drivers License Number: _____

Home Phone Number: _____

Business Phone Number: _____

I. PERSONAL

1. Full Name: _____

2. Age: _____ Date of Birth: _____

3. Place of Birth: _____
 City _____ County _____ State _____ Country _____

4. Your Weight: _____ lbs.

5. Your Height: _____ FT. _____ IN.

6. Your wife's (or husband's) name: _____

7. Are you a citizen of the United State? _____ YES _____ NO

8. If a naturalized citizen, check below if you are a citizen by virtue of a naturalization certificate issued to: SELF _____ PARENT _____ SPOUSE _____

9. Have you ever had your name legally changed: _____ YES _____ NO

10. If you responded positively to question (8) indicate as follows:

a. Previous name: _____

b. Date and location of change: _____

c. Reason for change: _____

11. Present home address:

_____ Street _____ City _____ State _____ Zip Code _____

12. How long have you resided at your present address: _____

13. Chronologically list all previous places of residence since leaving elementary school.

FROM		TO		ADDRESS, CITY AND STATE
MO.	YR.	MO.	YR.	

I. PERSONAL (cont.)

14. Have you ever changed or been advised to change your occupation or residence because of your health? _____ YES _____ NO

If yes, provide details on a separate sheet.

15. Have you ever been declined for life, accident or sickness insurance?

_____ YES _____ NO (If yes, provide details on a separate sheet)

16. Have you ever used any narcotic drug, barbiturates, amphetamines, marijuana, or any Hallucinogenic drugs? _____ YES _____ NO

(If yes, provide details on separate sheet)

17. Have you ever received any medical treatment for a drug habit?

18. _____ YES _____ NO (If yes, provide details on separate sheet)

19. Have you ever used tranquilizer? _____ YES _____ NO

(If yes, provide details on separate sheet)

20. Have you ever been treated for a nervous or mental disorder? _____ YES _____ NO

If yes, indicate on a separate sheet 1) The name of the physician, psychiatrist, or psychologist

2) The dates of treatment 3) The address of person administering treatment.

21. Do you every drink alcoholic beverages? _____ YES _____ NO

22. If yes, which types of drinks do you prefer and what is your weekly, or if more appropriate, your monthly rate of consumption?

23. List all clubs, societies, civic, or fraternal organizations to which you are or have been a member:

Name of Organization	Active	No longer member	Date of initial membership

24. If it became necessary in the course of your police duties to lawfully take a human life, would you have any reluctance to do so because of religious or other beliefs? _____ YES _____ NO

25. (If yes to question #24, provide all details on a separate sheet.)

II. MARRIAGE

(Present marital status) _____

Information in this section applies only to those applicants who are at present; married.

23. Wife/Husbands full name _____

24. Wife's maiden name _____

25. Date of marriage _____

26. Location of marriage _____

27. Are you at present living with your wife/husband? ____ YES ____ NO

28. Have you and your wife/husband ever separated because of marital difficulties?
____ YES ____ NO

29. Is your wife/husband in favor of your becoming a law enforcement officer? __ YES __ NO

III. DIVORCES, ANNULMENT, WIDOWED

Note: For information about additional divorces or annulments, use a separate sheet of paper.

30. Name of former spouse: _____

31. Complete mailing address of former spouse: _____

32. Date of Marriage: _____

33. Reason for dissolution of the marriage:

____ WIDOWED ____ ANNULLED ____ DIVORCED

34. Grounds for divorce or annulment: _____

35. Who instituted suit: _____

36. Title and location of court issuing divorce or annulment (Indicate date divorce or annulment was granted) _____

37. Are there any children by this former marriage: ____ YES ____ NO
Number: _____ Ages: _____

38. Are you responsible for child support payments? ____ YES ____ NO

39. Are you responsible for paying alimony? ____ YES ____ NO

40. If you are responsible for making child support payments or paying alimony, has legal action ever been taken against you for either failing to make payment or delaying payments?
____ YES ____ NO

41. Have you ever been named co-respondent in a divorce action? ____ YES ____ NO.
(If yes, give details on a separate sheet)

IV. EDUCATION

42. List all schools and colleges you have attended, if junior college or college graduate, show major study area.

Years - From / To	School	Location	Graduate

V. MILITARY

43. Have you ever served in a military organization of the United States? YES NO

44. If yes, give periods of active military service and other data requested:

From _____ to _____ Branch of Service _____
 Serial Number _____ Rank _____
 Reason for discharge _____

From _____ to _____ Branch of Service _____
 Serial Number _____ Rank _____
 Reason for discharge _____

45. Were you ever tried, punished, reprimanded, or reduced in rank for any infraction of military rules and regulations? YES NO

46. Has your discharge or separation ever been corrected or changed? YES NO

VI. RESERVE AND/OR NATIONAL GUARD RECORD

47. Are you now or were you ever an active member of any branch of the United States Reserves or State National Guard? YES NO

48. If Yes, indicate whether it was a United States Reserve Force or State National Guard along with other data requested:

Branch of service _____ From _____ to _____
 Unit _____ Present or last rank _____
 Type of discharge _____
 Mailing address of unit _____

49. While serving with the Reserves or National Guard were you ever tried, punished, reprimanded, or reduced in rank for any infraction of military rules and regulations?

YES NO If yes, indicate details below:

Changed from _____ to _____

Authority _____

VII. FOREIGN MILITARY SERVICE

50. Have you ever served in a military organization of any foreign government?

_____ YES _____ NO

If yes, indicate the country _____

Date of Entry _____

Date of separation _____ Rank _____

Type of discharge _____

VIII. SELECTIVE SERVICE

51. What is your present Selective Service

Classification? _____

Selective Service Board Number _____

Selective Service Board Address _____

Selective Service Number _____

IX. CRIMINAL AND JUVENILE RECORD

52. Have you ever been arrested or detained by an law enforcement officer? _____ YES _____ NO

If yes, indicate on a separate sheet 1) the Police Agency 2) the charge 3) the final disposition 4) the date 5) details of case. (This question also includes those instances in which you may have been judged a juvenile delinquent, youthful offender, or wayward minor.)

53. Have you ever been reported as a missing person? _____ YES _____ NO

X. VETERAN DISABILITY CLAIM RECORD

54. List all applications filed for disability with the Veterans Administration

Date	Claim #	Reason	Granted or Denied	Present Disability Granted	Percent of present disability

XI. EMPLOYMENT / UNEMPLOYMENT RECORD

Social Security Number _____

55. List all employments, including part-time employment and periods of unemployment over 20 Days.

Name and address of employer. If NOT employed during periods, show address of un-employment insurance office where you filed for benefits.

Mo/Yr.	Name & Address of Employer	Position Held	Reason for leaving

56. If any of the employers you have listed are relatives, indicate which on 56. If any of the employers you have listed are relatives, indicate which ones (this includes relatives through marriage).

57. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service?
 ____ YES ____ NO

If yes, list those employers who either 1) disciplined you 2) discharged you 3) or requested you to resign.

Employers Name Date

Name of supervisor involved _____

Employers Name Date

Name of supervisor involved _____

XII. FINANCIAL RESPONSIBILITIES

List all financial obligations for which you are responsible. If you have no current debts, list paid-up accounts which may be used for credit reference. List credit cards past and present.

To Whom Owed	Date Incurred	Original Amount	Balance	Mo. Payments

TOTAL INDEBTEDNESS AND MONTHLY PAYMENTS (INCLUDING RENT)

\$ _____

PRESENT RESIDENCE: Renting Own or buying home Leasing Living with relatives
 Monthly rent or payment \$ _____

VEHICLES AND VEHICLE INSURANCE:

Year, Make, Body Style & License Number of vehicles owned and/or driven by you:

(1) _____ (2) _____
 (3) _____ (4) _____

Name of Insured _____

Insurance Company Name: _____ Agent Name: _____

Policy # _____ Premiums _____

XII. FINANCIAL RESPONSIBILITIES cont.

FINANCIAL HISTORY - - References to Ex-Spouse apply only to that period during the time she/he was married to you.

YES NO

- Have you, your spouse or ex-spouse ever had your wages attached?
- Have you, your spouse or ex-spouse ever been a party to a small claims or other Court action?
- Do you, your spouse, or ex-spouse have any immediate civil actions against you?
- Have you, your spouse or ex-spouse ever had a judgement rendered against you?
- Have you, your spouse, or ex-spouse ever filed or been declared bankrupt?
- Have you ever been declared delinquent in child support payments ordered by the courts?
- Have you ever been refused a life, automobile health, or other insurance policy?
- Have you ever had a life, automobile, health or other insurance policy canceled?
- Have you ever been refused credit?
- Have you, your spouse, or ex-spouse ever had any property repossessed?
- Have you ever been bonded or had a bond refused?
- If employed by this agency, do you anticipate any income other than your salary?

When the answer to any of the above questions is "YES" give complete details, including dates and locations on a separate sheet.

58. Do you object to your present employer being contacted? ___YES ___NO

How soon would you be able to come to work? _____

59. Have you ever applied for a position with any law enforcement agency? _____YES _____NO

If yes, indicate on a separate sheet 1) the department to which you made application 2) the date which you applied 3) whether you were rejected or accepted 4) if rejected, the reason for Rejection 5) if accepted why you refused employment.

XII. FINANCIAL RESPONSIBILITIES cont.

60. Has any license or permit (exclude driver's license or learners permit) issued by any city, county state or federal agency ever been denied you or to any corporation or partnership of which you were an officer, director or partner been denied? YES NO

61. If yes, provide details on a separate sheet.

61. Has any such license or permit ever been revoked, canceled or suspended? YES NO

62. Have you ever been a member of any labor union? YES NO

63. Have you ever filed a claim for Workmen's Compensation? YES NO

If yes, provide details on a separate sheet.

64. Have you ever had any extended absences because of personal illness? YES NO

If yes, please provide details on separate sheet.

65. Approximately how many days have you lost from school or work due to illness during the past 5 years? _____

66. Are you now on any eligibility list? YES NO

If yes, where and for what position? _____

XIII. MOTOR VEHICLE OPERATOR RECORD

67. Can you operate a motor vehicle? YES NO

68. Do you possess a valid driver's license? YES NO

69. Driver's license type; chauffeurs _____ operators _____

License # _____ Expiration Date _____

70. Has your driver's license ever been revoked or suspended? YES NO

If yes, indicate on separate sheet 1) the State 2) the Date 3) all details

71. Was your license ever restored? YES NO

If so, when? _____

72. Have you ever been involved in a motor vehicle accident? YES NO

If yes, indicate on separate sheet 1) the date, 2) the location 3) injuries 4) charges 5) final disposition of any police charges or civil liability.

73. Have you ever been refused a driver's license by any state? YES NO

If yes, indicate on a separate sheet the reason for this refusal.

74. Have you ever received a traffic citation? YES NO

If yes, indicate on separate sheet 1) the city, county and state 2) name of agency issuing the citation 3) date 4) charge, 5) final disposition.

75. Do you now have any unpaid summonses outstanding against you for any parking violations?

YES NO

If yes, how many and where? _____

XIV. FAMILY BACKGROUND

76. List alphabetically by last name first, all members of your immediate family, spouse included and all members of your spouse's immediate family. Immediate family shall include father, step-father, mother, step-mother, brothers, sisters, guardians, and/or foster parents. This includes those relatives who are deceased.

Relationship	Name Last, First, M	Address	Occupation	Age or DOB

77. Has any member of your family or your spouse's immediate family ever been arrested?
If yes, provide details on separate sheet.

78. To best of your knowledge has any other relative, associate, or person residing with you, although not related, ever been arrested? ____ YES ____ NO

If yes, provide details on a separate sheet.

79. Has any member of your immediate family ever been committed to a mental institution?

____ YES ____ NO

80. To the best of your knowledge does any member of your family or your spouse's family belong to any subversive organizations? ____ YES ____ NO.

If yes, indicate on separate sheet 1) the name of the relative, 2) the relationship to you 3) the organization to which he or she is a member.

XV. REFERENCES

81. Fill in below the names of three persons not related to you and not former employers, who have known you for at least 5 years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality, and other qualities.

Name _____
Home address _____
Residence Phone _____
Business, Occupation or profession _____
Years known _____ Name of Business _____

Name _____
Home address _____
Residence Phone _____
Business, Occupation or profession _____
Years known _____ Name of Business _____

Name _____
Home address _____
Residence Phone _____
Business, Occupation or profession _____
Years known _____ Name of Business _____

XVI. ACQUAINTANCES

82. Fill in below the names of two persons not related to you, and not former employers or references who are friends, fellow students, or fellow workers, Names listed should be those of persons who have seen you frequently during the past year.

Name _____
Residence Phone _____
Address _____
Business Address _____
Business Phone _____
Business, Occupation or Profession _____

Name _____
Residence Phone _____
Address _____
Business Address _____
Business Phone _____
Business, Occupation or Profession _____

83. In what capacity are the above acquaintances known to you?? _____

84. Girl Friend/ Boy Friend (Steady)

Name _____ Home Phone _____
Home Address _____
Business Phone _____ Occupation _____

XVII. LOYALTY

INSTRUCTIONS:

The words "subversive organization" as used here means any group or organization which supports follows, or which is in sympathy with the principles of Communism or any other subversive doctrine or is listed by the U.S. Attorney General as Subversive.

Answer "Yes" or "No" to each question. If "Yes" give details on a separate sheet.

85. Have you ever by word of mouth or in writing advocated, advised, or taught the doctrine that the government of the United States of America, or of any state, or of any political sub-division thereof should be overthrown by force, violence or any unlawful means? YES NO

86. Are you nor or have you ever been a member of any subversive organization? YES NO

87. Have you ever paid, contributed, collected, or solicited any money or dues to, for, or in behalf of any subversive organizations? YES NO

88. Have you ever paid, contributed, collected or affiliated in any manner with or have you ever attended any meetings of any subversive organization? YES NO

89. Do you belong to a religious sect, or hold any belief, which would prevent you from vowing allegiance to the flag and constitution of the United States of America or from taking a life in carrying out your duties when such action is lawful and necessary? YES NO

90. Have you ever participated in any parade, picket line, delegation, or demonstration sponsored by any subversive organization? YES NO

91. Have you ever been a member of or attend any school, camp, class or forum sponsored by any subversive organization? YES NO

92. Have you ever signed or solicited others to sign any petition sponsored or issued by any subversive organization, or any portion which has as its purpose the aiding of any person, cause, or program connected with any subversive organization? YES NO

XVIII. POLYGRAPH EXAMINATION

93. Are you willing to take a polygraph examination to verify all information supplied in this application and all other information supplied by you to this department?

YES NO

If "No" state your reason(s) _____

I affirm that this application contains no misrepresentations or falsifications, omissions, or concealment of material, fact, and that information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this application are subject to later investigation. I am further aware that should any investigation disclose any such misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and my name removed from the eligible list. If already appointed, I may be dismissed.

Signature of Applicant

State of Alabama
County of Russell

Sworn to before me this the _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

Please write 250 words or more why you want to become involved in Law Enforcement.

