



Application for Employment City of Jackson Police Chief

I. Personal History

Full Name (Last, First, Middle) _____

List all other names you have used including nicknames (for female furnish maiden name). If you have used any surnames other than your true name, during what period and under what circumstances were these names used?

Date of Birth _____ Place of Birth _____ Age _____ Sex _____

Social Security # _____ Marital Status _____

Spouse Full Name _____ Citizenship (Country) _____

Citizenship Acquired by:

Birth _____ Marriage _____ Naturalization _____ Naturalization Certificate # _____

Date and Place of Naturalization _____

Driver License State _____ Driver License Number _____

II. Residences

Current Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

ACTUAL PLACES OF RESIDENCE FOR THE PAST 10 YEARS

Any applicant who has been out of high school for more than 10 years must include addresses while at school and in the military. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city, state and country. *Post Office Boxes are not acceptable addresses.*

From Month/Year	To Month/Year	Street Address	City	State
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III. Education

High School

Name _____ Address _____ Years Attended _____

Year Graduated _____ GED _____ Year Obtained _____

College

Name _____ Address (City, State) _____

Major _____ Minor _____ Years Attended _____ Degree _____ GPA _____

Name _____ Address (City, State) _____

Major _____ Minor _____ Years Attended _____ Degree _____ GPA _____

Name _____ Address (City, State) _____

Major _____ Minor _____ Years Attended _____ Degree _____ GPA _____

Specialized Schools

Name _____ Address (City, State) _____

Study or Specialization _____ Date Attended _____ Graduate: Yes _____ No _____

Name _____ Address (City, State) _____

Study or Specialization _____ Date Attended _____ Graduate: Yes _____ No _____

Name _____ Address (City, State) _____

Study or Specialization _____ Date Attended _____ Graduate: Yes _____ No _____

Name _____ Address (City, State) _____

Study or Specialization _____ Date Attended _____ Graduate: Yes _____ No _____

Have you ever been dismissed from a school, or had any disciplinary action ever taken against you during your scholastic career?

Yes _____ No _____

School _____ Date _____ Action _____

IV. Employment History

Include chronological history of employment starting with current or most recent position. Account for all periods including casual employment and all periods of employment. Be sure to include military experience, if applicable.

Name of Organization _____ Date Employed From/To _____

Phone Number _____ Full Time _____ Part Time _____ Salary _____

Title of Position _____

Name of Immediate Supervisor _____

Reason for Leaving _____

Description of Work/Duties

Name of Organization _____ Date Employed From/To _____

Phone Number _____ Full Time _____ Part Time _____ Salary _____

Title of Position _____

Name of Immediate Supervisor _____

Reason for Leaving _____

Description of Work/Duties

Name of Organization _____ Date Employed From/To _____

Phone Number _____ Full Time _____ Part Time _____ Salary _____

Title of Position _____

Name of Immediate Supervisor _____

Reason for Leaving _____

Description of Work/Duties

If additional space is needed, attach additional sheets to the application in the same format.

Have you ever been dismissed or asked to resign from any employment or position you have held: Yes _____ No _____
If you answer "Yes", set forth your explanations on an attached sheet indicating the name of the company, your dates of employment and the reason(s) for your dismissal/resignation.

V. Military Record

Have you ever served in the Armed Forces of the United States? Yes _____ No _____

Branch of Military Service _____ Type of Discharge _____ Date of Active Duty From _____ To _____

Service # _____ Member of the Reserve Yes _____ No _____

Branch of Service (Reserve) _____

National Guard Present _____ Former _____ None _____

If you attend drills, meeting or camps; give name of unit and location.

VI. Professional References

Give three references (not relatives or present employers, fellow employees, or school teachers, who are responsible adults of reputable standing in their communities, such as property owner, business or professional men or women including your physician, if you have one, who have known you well for at least five years, preferably those who have known you during the past five years. If retired, give former occupation.

1. Name _____
Home Address _____
Business Address _____
Home Phone _____
Business Phone _____
Years Acquainted _____ Occupation _____
2. Name _____
Home Address _____
Business Address _____
Home Phone _____
Business Phone _____
Years Acquainted _____ Occupation _____
3. Name _____
Home Address _____
Business Address _____
Home Phone _____
Business Phone _____
Years Acquainted _____ Occupation _____

VII. Social References

Give three references (not relatives or present employers, fellow employees, or school teachers, who are responsible adults of reputable standing in their communities, such as property owner, business or professional men or women including your physician, if you have one, who have known you well for at least five years, preferably those who have known you during the past five years. If retired, give former occupation.

1. Name _____
Home Address _____
Business Address _____
Home Phone _____
Business Phone _____
Years Acquainted _____ Occupation _____

2. Name _____
Home Address _____
Business Address _____
Home Phone _____
Business Phone _____
Years Acquainted _____ Occupation _____

3. Name _____
Home Address _____
Business Address _____
Home Phone _____
Business Phone _____
Years Acquainted _____ Occupation _____

Have you ever been a plaintiff or defendant in a court action? Yes _____ No _____

If yes, give date, place, court, names of parties involved, nature of action, and final disposition.

VIII. Financial Status

Do you have any source of income other than your salary or of your spouse?

Yes _____ No _____

If yes, specify amount and source. _____

Have you ever been in or petitioned for bankruptcy?

Yes _____ No _____

Have you ever been served or involved in a civil action for garnishment of wage or property?

Yes _____ No _____

IX. Relatives Employed by the City of Jackson

List the complete names of any relatives (including in-laws) who are employed by the City of Jackson.

Name _____

Relation _____ Department _____

Name _____

Relation _____ Department _____

X. Friends/Acquaintances Employed by the City of Jackson

List the complete names of any friends and acquaintances who are employed by the City of Jackson.

Name _____ Department _____

Name _____ Department _____

Name _____ Department _____

Name _____ Department _____

Name _____ Department _____

XI. Physical

Height _____ Weight _____

XII. Personal Declarations

Do you use intoxicants? Yes _____ No _____

If yes, to what extent? _____

Do you use or have ever used such items as marijuana, hashish, cocaine, LSD, amphetamines, heroin, or drug of similar nature? Yes _____ No _____

If yes, complete the following items for each drug used.

Drug _____ How taken _____

Circumstance _____ How many times used _____

First time used _____ Last time used _____

List the names of Federal, State, and local law enforcement agencies to which you have applied for employment.

If, to your knowledge, any of the above agencies have conducted an investigation of you, indicate the name of the agency and the approximate date of investigation.

Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of Government of the U.S. by unconstitutional means?

Yes _____ No _____

If answer is Yes to any of these items, explain fully on another sheet of paper, and attach to the end of the application

An investigation will be conducted of all information listed in this application. Because of this, are you aware of any information about yourself or any person with whom you are, or have been closely associated with which may tend to reflect unfavorably on your reputation, moral, character, ability or loyalty?

Yes _____ No _____

If yes, please provide your version of this or these incident(s) on another sheet of paper, and attached to the end of the application.

Do you understand all prospective Jackson Police Department employees will be required to submit to a urinalysis for drugs prior to employment?

Yes _____ No _____

XIII. Availability of Applicant

Have you previously submitted any application for employment with the Jackson Police Department? Yes _____ No _____

If yes, give date and position _____

Earliest date available for employment _____

How much notice to report do you need _____

XV. Pre-Employment Substance Testing Consent and Release

I do hereby certify that I have been given notice of the City of Jackson's pre-employment substance testing policy, that I have been provided with access to a copy of the City of Jackson's Alabama Drug-Free Workplace Policy Statement: and that I have read or waived my right to read it. I hereby freely and voluntarily consent to submit to urinalysis and/or other screening or tests as shall be determined by the City of Jackson in the selection process of final applicants for employment, for the purpose of determining the presence of, and content of, any or all of the following substances:

Amphetamines	Methadone
Cannabinoids	Methaqualone
Cocaine	Barbiturates
Phencyclidine	Benzodiazepines
Opiates	Propoxyphene

I agree that the employer representative, collection site, physician, or clinic or may collect these specimens for screening or testing and may screen them or forward them to a testing laboratory designed by the City of Jackson for analysis.

I further agree to and hereby authorize the release of the results of said tests to the City of Jackson. I further agree to release and hold harmless the City of Jackson and its agents individually and collectively, including each person or business entity involved in the sample request, collecting, screening, testing, evaluation, and reporting: and for any decisions, adverse or otherwise, made concerning my application for employment based on the screening or test results.

I understand that a negative screen or test is a pre-condition of employment with the City of Jackson and that the refusal to submit to screening or testing, or a positive screen or test result will result in the rejection of my application, or the rescinding of a conditional offer of employment, as described in the City of Jackson's Alabama Drug-Free Workplace Policy Statement. I also understand that it is not the purpose of this screen or test to identify any disability I may have and that pre-employment screening activities are conducted in compliance with ADA requirements.

I further agree that a reproduced copy of this pre-employment consent and release form shall have one same force and effect as the original. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant Name _____ SSN# _____

Applicant Signature _____ Date _____

Witness Name _____ Witness Signature _____

XVII. Applicant Affidavit of Alabama P.O.S.T. Certification and Basic Law Enforcement Overall Course Average Grade

NOTICE TO APPLICANT: The information requested on this form is required in order to process your request to be placed on the City of Jackson (Police Department Eligible Candidates List). All information requested must be provided or this request will not be processed. Providing the requested information regarding an applicant's Basic Academy Overall Course Average Grade is the responsibility of the applicant. If there is some doubt regarding this Grade, the applicant should contact the Alabama Peace Officers' Standards and Training Commission (A.P.O.S.T.) at 334-242-1045. The City will verify the information contained on this form through A.P.O.S.T. prior to employment consideration. Any discrepancies between the applicant's records and the A.P.O.S.T. records must be resolved by the applicant and a A.P.O.S.T prior to the addition of the applicant's name to any police department Eligible Candidates List. Records and grades maintained by A.P.O.S.T. will be considered official and final. Inaccuracies or incorrect information provided by the applicant on this form will result in automatic disqualification from consideration for employment and removal of the applicant's name from any police department Eligible Candidate List.

Applicant Information

Name _____

Date of Birth _____

Social Security Number _____

Alabama P.O.S.T. Certification Number _____

Law Enforcement Academy Attended _____

Academy Session Number _____

Dates of Academy Attendance _____

Basic Academy Overall Course Avg Grade _____

Current Employer _____

I, _____, by signature hereby affixed, do affirm the accuracy of the information I have provided on this document, and further recognize that any mis-statement, mis-representation or inaccuracy of the information required on this document will automatically disqualify me from consideration for a position with the Jackson Police Department and will result in the removal of my name from all Police Department Eligible Candidates Lists. I further agree that a copy of the separate "AUTHORITY TO RELEASE INFORMATION" form I have signed shall authorize A.P.O.S.T. to release any and all information in their records pertaining to me.

Applicant signature

Date