



# Police Department

## APPLICATION FOR EMPLOYMENT

**The Application for Employment must be completed in full to be considered for employment with the City of Lincoln Police Department.**

The City of Lincoln defines an applicant as someone who completes an application for a specific job opening within the allotted time, meets the minimum qualifications, and follows the City's application procedure.

The City of Lincoln is dedicated to providing equal opportunity for employment to all law enforcement applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status or other status protected by law with the exception to bona fide occupational qualifications.

The City of Lincoln is E-Verify compliant. If offered employment, you will be required to provide documentation to prove eligibility and must comply with E-Verify and all federal and state immigration laws.

**DISCLAIMER:** The information contained in this application will be considered personal and confidential and used only in conjunction with your possible employment. **Please provide us with complete, truthful information. Any false, misleading or omitted information, whenever discovered, will result in rejection of application and employment or, if you are hired, a termination of your employment.** Please attach any additional information which you believe qualifies you for the position.

If you need assistance or any accommodation in completing this application, please contact Human Resources.

Personal Information	Date of Application		Date Available for Hire		
	Legal First Name		Middle Initial / Preferred Name	Legal Last Name	
	Physical Address		City	State	Zip Code
	Phone Number		Email Address		
	Driver's License #		State of D.L. Issuance	Driver's License Expiry Date	
	Social Security Number		Will you be attaching a resume?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Have you ever been a Certified Law Enforcement Officer in the State of Alabama?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
	<p><b>Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, the City of Lincoln will verify the status of every individual offered employment with the City. All offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identity and employment authorization.</b></p> <p>Are you legally authorized to work and remain in the United States and in the State of Alabama?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p>				

<b>Residence History</b>	Please answer the following questions as it pertains to your residence history. List all places you have lived within the past ten (10) years, beginning with the most recent. Please list all residences that you have stayed or lived in for thirty (30) days or more.	
	Full Address	
	Beginning (MM/YY)	Ending (MM/YY)
	Full Address	
	Beginning (MM/YY)	Ending (MM/YY)
	Full Address	
	Beginning (MM/YY)	Ending (MM/YY)
	Full Address	
	Beginning (MM/YY)	Ending (MM/YY)
	Full Address	
	Beginning (MM/YY)	Ending (MM/YY)
	Full Address	
	Beginning (MM/YY)	Ending (MM/YY)
	Please answer the following questions as it pertains to your residence history.	
	Have you ever been evicted from a residence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been forced to leave a residence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever had a house or property foreclosed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever or do you currently have a lien(s) on your house or property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answered yes to any of the questions above, please provide the details. Include the date(s), residence, and action taken.		

If additional space is required, please utilize the pages provided for 'Additional Information' located at the end of the application.

Education	School / College Name and Location (City, State)	Dates Attended		Degree, Certificate, Major, Course, etc. Earned	Graduate?
	High School/GED	From (MM/YY)	To (MM/YY)		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Location				
	College	From (MM/YY)	To (MM/YY)		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Location				
	College	From (MM/YY)	To (MM/YY)		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Location				
	College	From (MM/YY)	To (MM/YY)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Location					
Other (Specify)	From (MM/YY)	To (MM/YY)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Location					
Other (Specify)	From (MM/YY)	To (MM/YY)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Location					
Other (Specify)	From (MM/YY)	To (MM/YY)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Location					

If additional space is required, please utilize the pages provided for 'Additional Information' located at the end of the application.

Additional Training, Certificates, Special Courses, Military Training, etc.	<p>Please list any additional training, certifications, special courses, military training, etc. that you possess.</p> <p>If you possess any industry or state certifications, skills, or abilities that especially qualify you for this position please supply the certification type and number (i.e. POST - Peace Officer Standards and Training, etc.)</p>



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Additional Qualifications	Please list any additional personal skills, licenses, or other qualifications that may be applicable to a position in law enforcement (i.e. public speaking, martial arts, tactical training, computer skills, programs, etc.)

Employment History	Please list all jobs performed (paid, unpaid, full or part-time, etc.), beginning with the most recent. <b>DO NOT include MILITARY HISTORY here. If you were in the Armed Forces, only detail the branch and dates in this section.</b>			
	Employer/Business	Telephone Number	Job Duties	
	Address	Date Started (MM/YY)		
	Job Title	Date Ended (MM/YY)		
	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Paid Work <input type="checkbox"/> Unpaid Work <input type="checkbox"/>		Hourly Rate/Salary
	Reason for Leaving			Ending Hourly Rate/Salary
	Supervisor's Name and Phone Number			May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Employer/Business	Telephone Number	Job Duties	
	Address	Date Started (MM/YY)		
	Job Title	Date Ended (MM/YY)		
	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Paid Work <input type="checkbox"/> Unpaid Work <input type="checkbox"/>		Hourly Rate/Salary
	Reason for Leaving			Ending Hourly Rate/Salary
	Supervisor's Name and Phone Number			May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Employer/Business	Telephone Number	Job Duties	
	Address	Date Started (MM/YY)		
	Job Title	Date Ended (MM/YY)		
	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Paid Work <input type="checkbox"/> Unpaid Work <input type="checkbox"/>		Starting Hourly Rate/Salary
	Reason for Leaving			Ending Hourly Rate/Salary
	Supervisor's Name and Phone Number			May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>



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Employment History Continued	Employer/Business		Telephone Number	Job Duties		
	Address		Date Started (MM/YY)			
	Job Title		Date Ended (MM/YY)			
	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Paid Work <input type="checkbox"/>		Unpaid Work <input type="checkbox"/>	Hourly Rate/Salary
	Reason for Leaving		Ending Hourly Rate/Salary			
	Supervisor's Name and Phone Number		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Employer/Business		Telephone Number	Job Duties		
	Address		Date Started (MM/YY)			
	Job Title		Date Ended (MM/YY)			
	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Paid Work <input type="checkbox"/>		Unpaid Work <input type="checkbox"/>	Hourly Rate/Salary
	Reason for Leaving		Ending Hourly Rate/Salary			
	Supervisor's Name and Phone Number		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			

If additional space is required, please utilize the pages provided for 'Additional Information' located at the end of the application.

Employment History Questions	Please answer the following questions as it pertains to your employment history.		
	Have you ever been fired or terminated from a job?	Yes	No
	Have you ever left a job under the knowledge that you would be terminated?	Yes	No
	Have you ever quit or resigned from a job without providing a two week notice period?	Yes	No
	Have you ever been suspended with or without pay?	Yes	No
	Have you ever received a written reprimand?	Yes	No
	If you answered yes to any of the questions above, please provide the details. Include the date(s), employer, and action taken, etc.		

If additional space is required, please utilize the pages provided for 'Additional Information' located at the end of the application.

<b>Military Service</b>	Please list military service, beginning with the most recent. Include all deployments, listing the location of your deployment under 'Duty Station and Unit'.	
	Branch	Duty Station and Unit
	MOS	Date Started (MM/YY)
	Active <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard <input type="checkbox"/>	Date Ended (MM/YY)
	Branch	Duty Station and Unit
	MOS	Date Started (MM/YY)
	Active <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard <input type="checkbox"/>	Date Ended (MM/YY)
	Branch	Duty Station and Unit
	MOS	Date Started (MM/YY)
	Active <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard <input type="checkbox"/>	Date Ended (MM/YY)

**If additional space is required, please utilize the pages provided for 'Additional Information' located at the end of the application.**

<b>Military Service Questions</b>	Please answer the following questions as it pertains to your military service.	
	Are you currently serving in the U.S. Military?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you have a DD214? If yes, please provide a copy with this application.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Discharge Type:	
	<b>Military Offences</b>	
	Have you ever been court-martialed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Have you ever received a negative counseling?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Have you ever been investigated by a Military Law Enforcement entity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you now, or have you ever been considered AWOL?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Have you ever been dishonorably discharged?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered yes to any of the questions above, please provide the details. Include the date(s), charge, location of the incident and action taken, etc.		

**If additional space is required, please utilize the pages provided for 'Additional Information' located at the end of the application.**

<b>Driving History</b>	Please answer the following questions as it pertains to your driving history.		
	Have you ever received a traffic violation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Were you ever convicted of plead guilty to the traffic citation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever received a written warning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever operated a motor vehicle while intoxicated, whether you were arrested or not?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been in a traffic accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If you answered yes to any of the questions above, please provide the details. Include the date(s), charge, location of the incident and action taken, etc.		

**If additional space is required, please utilize the pages provided for 'Additional Information' located at the end of the application.**

<b>Criminal History</b>	Please answer the following questions as it pertains to your criminal history.		
	Have you ever been arrested/convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been the suspect of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been arrested/convicted for domestic violence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been arrested/convicted for a firearms offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been arrested/convicted a sex offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been arrested/convicted for a theft crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever stolen anything?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been involved in a civil suit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been trespassed from a property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever taken or consumed any illegal substances or narcotics?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever smoked or consumed marijuana?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever illegally taken prescribed medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



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Criminal History Continued	<p>If you answered yes to any of the criminal history questions above, please provide the details. Include the date(s), charge, location of the incident and action taken, etc.</p>
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**If additional space is required, please utilize the pages provided for 'Additional Information' located at the end of the application.**

Relatives or Friends in Employment	Are you a relative of any employee who works for the City of Lincoln, AL?      Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you a friend of any employee who works for the City of Lincoln, AL?      Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, list the name(s), relationship, and the position of the relative(s):
	Name of Employee and Relationship
	Name of Employee and Relationship
	Name of Employee and Relationship

**If additional space is required, please utilize the pages provided for 'Additional Information' located at the end of the application.**

Personal References	Please list three (3) personal references whom you have known for one (1) year or longer, who are unrelated to you, and who can provide information verifying qualifications, character, and/or work experience. Examples may include, current or former co-workers, teachers, mentors, friends, etc.	
	Please do not provide former supervisors or employers who may be listed above.	
	Name and Title	Phone Number
	Name and Title	Phone Number



Family References	Please list all immediate and in-law family members including spouse, dependents, mother, father, step-parents, siblings, step-siblings, half-siblings, etc. Do not include any family related to divorce, other than child dependents. <b>No phone number is required for family members under the age of 18.</b>		
	Name	Relationship	Phone Number
	Occupation or School		Age if Under 18
	Name	Relationship	Phone Number
	Occupation or School		Age if Under 18
	Name	Relationship	Phone Number
	Occupation or School		Age if Under 18
	Name	Relationship	Phone Number
	Occupation or School		Age if Under 18
	Name	Relationship	Phone Number
	Occupation or School		Age if Under 18
	Name	Relationship	Phone Number
	Occupation or School		Age if Under 18
	Name	Relationship	Phone Number
	Occupation or School		Age if Under 18
	Name	Relationship	Phone Number
	Occupation or School		Age if Under 18

**If additional space is required, please utilize the pages provided for 'Additional Information' located at the end of the application.**

<b>Marital Status</b>	Please answer the following questions as it pertains to your family and marital status.			
	What is your current marital status?	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Separated <input type="checkbox"/> Divorced <input type="checkbox"/>
	Are you currently separated from your spouse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Have you ever been divorced?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If you have children, have you ever been in a custody dispute involving the children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Have you ever been deemed by a court incapable of tending to the needs of a dependent for drug use, alcohol abuse, medication abuse, neglect, or incompetency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If you answered yes to any of the questions above, please provide the details. Include the date(s), brief details, and ruling if applicable.			

**If additional space is required, please utilize the pages provided for 'Additional Information' located at the end of the application.**

<b>Current Debt Status</b>	Please provide an estimated total of your current household debt status, such as credit card debt, pay day loans, title loans, property loans, business loans, hospital debt, etc. Please <b>do NOT include</b> mortgage or car payments. Disclosure of this information <b>will NOT</b> automatically disqualify you from employment. Please answer truthfully.	
	<b>HB411 ACT #2021-268</b> was signed by Governor Kay Ivey on April 22, 2021, which now requires the law enforcement applicant to provide a full credit report to the hiring agency upon application for employment. A free copy may be available through <a href="http://www.annualcreditreport.com">www.annualcreditreport.com</a> .	
	Type of Debt	Estimated Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Credit History Continued	Have you ever accepted a bribe at any of your current or previous places of employment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Have you ever been <b>offered</b> money or favors in exchange for illegal activity or cooperation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Have you ever <b>accepted</b> money or favors that was offered to you in exchange for illegal activity or cooperation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Have you ever borrowed money to pay off debt?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Have you ever borrowed money to pay off money lost through gambling?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If you answered yes to any of the questions above, please provide the details. Include the date(s), brief details, and monetary value if applicable.				

**If additional space is required, please utilize the pages provided for 'Additional Information' located at the end of the application.**

Medical History	Please answer the following questions as it pertains to medical history. Disclosure of this information <b>will NOT</b> automatically disqualify you from employment. Please answer truthfully.				
	Have you ever been clinically diagnosed with an alcohol addiction?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Have you ever been clinically diagnosed with a drug addiction?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Have you ever self-identified as an alcoholic or drug addict?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Have you ever been hospitalized overnight for anything other than a surgical procedure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If you answered yes to any of the questions above, please provide the details. Include the date(s) and brief details, if applicable.				

**If additional space is required, please utilize the pages provided for 'Additional Information' located at the end of the application.**







## Police Department

### Applicant's Consent and Agreement

**Please read carefully before signing below. I signify that I understand and voluntarily agree that:**

1. The information that I have provided on this application is complete, true to the best of my knowledge and made in good faith. Any false, misrepresentation, or omission of any fact in my application, resume, or any other materials, or during the application or any interviews, when discovered, can result in a rejection of employment or, if hired, a termination of employment. In addition, you may no longer be considered for future employment with the City of Lincoln Police Department.

2. Unless indicated "no", the City of Lincoln may contact former employers identified in this Application for Employment to provide the City with any information that may be pertinent to the application. I understand and authorize the City of Lincoln to conduct a complete background investigation to verify the accuracy of information in this Application for Employment, and I authorize the City to obtain complete information concerning any conviction or guilty plea for any crime. I consent to the release of all such information to the City, and I release each person, school, employer, or agency from any liability or damage related in any way to the furnishing of such information.

3. I understand that the City of Lincoln is a drug-free workplace, and that persons hired in certain job classifications are required to undergo a physical examination and a drug/alcohol test before beginning work for the City and at any time specified by the City of Lincoln's Substance Abuse Policy. I understand that any offer of employment for these jobs is conditioned upon satisfactory completion of the physical examination and/or drug/alcohol test.

4. I understand that if I am hired by the City of Lincoln, the terms and conditions of my employment are governed by the City's policies, rules, regulations, and procedures. I agree to comply with the policies, rules, regulations, and procedures of the City of Lincoln. Further I understand that no representative of the City of Lincoln has the authority to enter into an employment agreement with me except elected or appointed officials of the City of Lincoln who have the authority to hire, employ, and dismiss employees according to the provisions of local law.

5. Any offer of employment I may receive from the City of Lincoln is contingent upon my successful completion of the City's total pre-employment screening process, including the receiving of satisfactory references, and my satisfactory completion of any post-job offer/pre-employment physical examination that the City may require.

6. I understand that federal law requires me to provide proof of identification and employment eligibility.

7. I understand that once I submit this Application for Employment, the application becomes the property of the City of Lincoln and that my application may be considered public record subject to the disclosure to the public.

8. Attached is a **copy** (please do not submit originals) of my:

- Driver's License
- Social Security Card
- Birth Certificate
- Passport (if applicable)
- High School Diploma or G.E.D, and/or transcripts
- Post-secondary diploma, course certificates, and/or transcripts (if applicable)
- Full-Credit Report
- POST Certificate (if applicable)
- DD214 (Long Version)(if applicable)



# Police Department

**By my signature, I certify that I have read, understand, and voluntarily agree with the Applicant's Consent and Agreement.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## NOTARY PUBLIC

**This application is to be signed and notarized before submission to the City of Lincoln Police Department for consideration. If you can not find a Notary Public, please contact the Investigator with the Lincoln Police Department.**

State of \_\_\_\_\_ County of \_\_\_\_\_

SEAL

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Day Month Year

\_\_\_\_\_  
Name of the Notary Public

\_\_\_\_\_  
Signature of the Notary Public

## APPLICATION FOR EMPLOYMENT PROCESS

**It is recommended that you keep a copy of this application for your own records and reference.**

Once your application is submitted, Police Officer candidates who meet the minimum requirements will be further screened through our evaluation process, which considers related work experience, education, certifications, and special training. Police Officer candidates who pass the application screening process will be invited to participate in the Physical Agilities/Abilities Test. Candidates will be informed of the date, time, and location of the Physical Agilities/Abilities Test.

To be eligible for employment with the City of Lincoln Police Department the candidate must successfully complete the Physical Agilities/Abilities Test. You can view the Physical Abilities/Agilities requirements at the following website - <http://www.apostc.state.al.us>.

Police Officer candidates who successfully pass the application screening process and PA test will then be evaluated based on personal interviews. Candidates will be informed of the date, time, and location of the interview.



# Police Department

## Additional Information

Please utilize the sections provided below for any additional information required.

<b>Residence History</b>	Please answer the following questions as it pertains to your residence history. List all places you have lived within the past ten (10) years, beginning with the most recent. Please list all residences that you have stayed or lived in for thirty (30) days or more.	
	Full Address	
	Beginning (MM/YY)	Ending (MM/YY)
	Full Address	
	Beginning (MM/YY)	Ending (MM/YY)
	Full Address	
	Beginning (MM/YY)	Ending (MM/YY)
	Full Address	
	Beginning (MM/YY)	Ending (MM/YY)
	Full Address	
	Beginning (MM/YY)	Ending (MM/YY)
	Additional information as it pertains to residence history.	



Education	School / College Name and Location (City, State)	Dates Attended		Degree, Certificate, Major, Course, etc. Earned	Graduate?
	High School/GED	From (MM/YY)	To (MM/YY)		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Location				
	College	From (MM/YY)	To (MM/YY)		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Location				
	College	From (MM/YY)	To (MM/YY)		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Location				
	College	From (MM/YY)	To (MM/YY)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Location					
Other (Specify)	From (MM/YY)	To (MM/YY)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Location					
Other (Specify)	From (MM/YY)	To (MM/YY)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Location					
Other (Specify)	From (MM/YY)	To (MM/YY)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Location					

Additional Training, Certificates, Special Courses, Military Training, etc.	Please list any additional training, certifications, special courses, military training, etc. that you possess.
	If you possess any industry or state certifications, skills, or abilities that especially qualify you for this position please supply the certification type and number (i.e. POST - Peace Officer Standards and Training, etc.)

<b>Additional Qualifications</b>	Please list any additional personal skills, licenses, or other qualifications that may be applicable to a position in law enforcement (i.e. public speaking, martial arts, tactical training, computer skills, programs, etc.)

<b>Employment History</b>	Employer/Business	Telephone Number	Job Duties
	Address	Date Started (MM/YY)	
	Job Title	Date Ended (MM/YY)	
	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Paid Work <input type="checkbox"/> Unpaid Work <input type="checkbox"/>	Hourly Rate/Salary	
	Reason for Leaving	Ending Hourly Rate/Salary	
	Supervisor's Name and Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Employer/Business	Telephone Number	
	Address	Date Started (MM/YY)	
	Job Title	Date Ended (MM/YY)	
	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Paid Work <input type="checkbox"/> Unpaid Work <input type="checkbox"/>	Hourly Rate/Salary	
	Reason for Leaving	Ending Hourly Rate/Salary	
	Supervisor's Name and Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Employer/Business	Telephone Number	Job Duties
	Address	Date Started (MM/YY)	
	Job Title	Date Ended (MM/YY)	
	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Paid Work <input type="checkbox"/> Unpaid Work <input type="checkbox"/>	Starting Hourly Rate/Salary	
	Reason for Leaving	Ending Hourly Rate/Salary	
	Supervisor's Name and Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Employment History Questions</b>	Additional information it pertains to employment history questions.
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<b>Military Service</b>	Branch	Duty Station and Unit
	MOS	Date Started (MM/YY)
	Active <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard <input type="checkbox"/>	Date Ended (MM/YY)
	Branch	Duty Station and Unit
	MOS	Date Started (MM/YY)
	Active <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard <input type="checkbox"/>	Date Ended (MM/YY)
	Branch	Duty Station and Unit
	MOS	Date Started (MM/YY)
	Active <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard <input type="checkbox"/>	Date Ended (MM/YY)
	Additional information as it pertains to military service.	



<b>Driving History</b>	Additional information as it pertains to driving history.
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<b>Criminal History</b>	Additional information as it pertains to criminal history.
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<b>Relatives or Friends in Employment</b>	Name of Employee and Relationship
	Name of Employee and Relationship
	Name of Employee and Relationship
	Name of Employee and Relationship
	Name of Employee and Relationship
	Name of Employee and Relationship
	Name of Employee and Relationship
	Name of Employee and Relationship
	Name of Employee and Relationship

Family References	Please list all immediate and in-law family members including spouse, dependents, mother, father, step-parents, siblings, step-siblings, half-siblings, etc. Do not include any family related to divorce, other than child dependents. <b>No phone number is required for family members under the age of 18.</b>		
	Name	Relationship	Phone Number
	Occupation or School		Age if Under 18
	Name	Relationship	Phone Number
	Occupation or School		Age if Under 18
	Name	Relationship	Phone Number
	Occupation or School		Age if Under 18
	Name	Relationship	Phone Number
	Occupation or School		Age if Under 18
	Name	Relationship	Phone Number
	Occupation or School		Age if Under 18
	Name	Relationship	Phone Number
	Occupation or School		Age if Under 18
	Name	Relationship	Phone Number
	Occupation or School		Age if Under 18
	Name	Relationship	Phone Number
	Occupation or School		Age if Under 18

Marital Status	<p>Additional information as it pertains to your family and marital status.</p>
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Current Debt Status	<p>Additional information as it pertains to your current debt status.</p> <p><b>HB411 ACT #2021-268</b> was signed by Governor Kay Ivey on April 22, 2021, which now requires the law enforcement applicant to provide a full credit report to the hiring agency upon application for employment. A free copy may be available through <a href="http://www.annualcreditreport.com">www.annualcreditreport.com</a>.</p>	
	Type of Debt	Estimated Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<p>Additional information as it pertains to your current debt status.</p>		





<b>Personal Statement</b>	Additional space for the personal statement.



## National Background Screening Consent Form

Applicant's Legal Name (printed)

\_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant's Address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local Criminal background records/information
- National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

Motor Vehicle Check: Drivers License Number \_\_\_\_\_

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named organization my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my employment with this organization.

Print Name:

\_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_