



## City of Southside

2255 Highway 77  
Southside, AL 35907

### Application for Employment

Equal access to programs, services and employment is available to all persons. Applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name \_\_\_\_\_ Date of Application \_\_\_/\_\_\_/\_\_\_  
Last First Middle

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail \_\_\_\_\_  
Street City State ZIP Code

Positions(s) applied for \_\_\_\_\_ Date Available to Work \_\_\_/\_\_\_/\_\_\_

Best time to call you at home is \_\_\_ a.m. / p.m. May we contact at work? \_\_\_ a.m. / p.m.

Can you furnish a work permit if under 18? YES \_\_\_ NO \_\_\_

If no, please explain \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_

Have you ever been employed here before? \_\_\_ If yes, dates FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

What is your desired salary range or hourly rate of pay? \$ \_\_\_\_\_ Per \_\_\_\_\_

Are you able to meet the attendance requirements of the position? \_\_\_\_\_

Will you work overtime if required? YES \_\_\_ NO \_\_\_

If no, please explain why: \_\_\_\_\_

Are you able to perform the 'essential functions' of the job for which you are applying (with or without reasonable accommodations)? This question is not designed to elicit information about an individual's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Have you ever pleaded 'guilty' or 'no contest' to or been convicted of a crime? YES \_\_\_ NO \_\_\_

If yes, please provide date (s) and details: \_\_\_\_\_

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? YES \_\_\_ NO \_\_\_ If yes, please explain: \_\_\_\_\_



# SOUTHSIDE POLICE DEPARTMENT

2255 HIGHWAY 77 SOUTHSIDE, ALABAMA 35907 • OFFICE (256)442-2255 FAX (256)442-9779

*Blake Ragsdale*  
Chief of Police

## PRE-EMPLOYMENT BACKGROUND INFORMATION

Carefully read the instructions on the following page **BEFORE** answering the questions contained in this packet.

Upon completion of the packet, return it to the Southside Police Department at the address shown above, along with the following documents:

1. Copy of birth certificate
2. Copy of Social Security card
3. Copy of driver's license
4. Copy of high school diploma or GED
5. High school transcript \*
6. College diploma \*
7. College transcript \*
8. Copy of DD214 \*

\* These items may take more time to locate/receive. They may be submitted up to fourteen (14) days after your receipt of this packet.

## RETURN THE COMPLETED PACKET WITHIN SEVEN (7) DAYS

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The information you provide in this packet will be verified as part of a thorough investigation of your qualifications and suitability to serve as a Police Officer for the City of Southside.

**Any intentional falsification of information or any negligent omission of relevant facts will be grounds for disqualification if discovered prior to appointment or for termination of employment if discovered subsequent to appointment.**

## INSTRUCTIONS TO APPLICANTS

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1. You are hereby advised that the contents of this booklet are considered confidential and will be disseminated to other persons/organizations only when essential to the conduct of official law enforcement business.
  2. **Each and every question in this booklet MUST be answered completely.** None may be left blank. If a question does not apply to you, print/type N/A in the space provided for response. If you desire to explain your response to an item, enter a brief and accurate response in the space provided and then go to the narrative section (pages 27-28) to complete your explanation.
  3. THE INTENTIONAL FALSIFICATION OF ANY INFORMATION REQUIRED IN THIS BOOKLET OR THE NEGLIGENT OMISSION OF ANY RELEVANT FACTS WILL BE GROUNDS FOR IMMEDIATE DISQUALIFICATION IF DISCOVERED PRIOR TO APPOINTMENT OR TERMINATION OF EMPLOYMENT IF DISCOVERED AFTER APPOINTMENT.
  4. The information you provide will be verified by an in-depth background investigation and / or polygraph examination to determine your suitability for employment.
  5. Please type or print in ink your responses in this booklet. If you unstaple the booklet, please ensure that it is reassembled in the proper order before submission.
  6. On page 30 of this booklet is a blank for your signature. There are also three (3) Authorization for Release of Information forms attached to this booklet. DO NOT SIGN YOUR NAME IN ANY OF THESE BLANKS UNTIL YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC.
  7. **If you do not have enough room to completely answer a question, go to the narrative section (pages 27-28) to finish your answer.**
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## PERSONAL AND FAMILY INFORMATION

- Jr.  
 Sr.  
 III

1. \_\_\_\_\_  
Last Name
First Name
Middle/Maiden

a. Name most commonly called \_\_\_\_\_

b. List all other names, aliases or nicknames you have used or by which have been known:  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Gender:      Male      Female     3. Social Security Number: \_\_\_\_\_

4. Date of Birth:     Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

a. Birth Certificate:     Number \_\_\_\_\_ State \_\_\_\_\_

b. Are you a citizen of the USA?      Yes      No

c. If you are a naturalized citizen of the USA, list below:  

Certificate Number	Date	Court	City	State

6. Marital Status:    Single    Divorced    Married    Separated    Widowed

a. If married, to whom (include maiden name and any other names).  
 \_\_\_\_\_

b. If previously married or divorced, list all former spouses:

NAME	DATE OF BIRTH	CURRENT ADDRESS	DATE & PLACE OF DIVORCE

## PERSONAL AND FAMILY INFORMATION CONTINUED

7. Beginning with your present address and working back, list each address at which you have resided in the past twelve (12) years:

From Mo/Yr	To Mo/Yr	Street Address (Include Apt/Lot No.)	City or Town	State	Zip

8. Telephone No: Residence \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

E-mail Address (if available) \_\_\_\_\_

9. Family Record

a. List below every family member (or other persons) presently residing with you:

NAME	RELATIONSHIP	DATE OF BIRTH	PLACE OF EMPLOYMENT	WORK PHONE NO.

**PERSONAL AND FAMILY INFORMATION CONTINUED**

b. List every child born to or fathered by you, whether alive or not. (Do not list names of those who reside in your home as in 9a.)

NAME	DOB	PLACE OF BIRTH	OTHER PARENT'S NAME & ADDRESS	AMT. OF CHILD SUPPORT

c. List the full names of your parents, stepparents, sisters and brothers:

LAST NAME	FIRST NAME	MI	RELATIONSHIP	PLACE OF EMPLOYMENT	DOB

d. Has any member of your listed family or any person residing in your home ever been arrested?  
 If yes, explain:  Yes    No

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**END OF PERSONAL AND FAMILY**

## EDUCATION

10. List below all schools you have attended starting with the 9th grade. Include all technical schools and colleges:

FROM	TO	SCHOOL NAME/ADDRESS	GRADES ATTENDED
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	
Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		TYPE OF DEGREE EARNED: _____ MAJOR: _____      MINOR: _____	

FROM	TO	SCHOOL NAME/ADDRESS	GRADES ATTENDED
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	
Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		TYPE OF DEGREE EARNED: _____ MAJOR: _____      MINOR: _____	

FROM	TO	SCHOOL NAME/ADDRESS	GRADES ATTENDED
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	
Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		TYPE OF DEGREE EARNED: _____ MAJOR: _____      MINOR: _____	

## EDUCATION CONTINUED

FROM	TO	SCHOOL NAME/ADDRESS	GRADES ATTENDED
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	_____ _____ _____
Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		TYPE OF DEGREE EARNED: _____ MAJOR: _____      MINOR: _____	

11. Have you ever been suspended or expelled from any school for any reason?  
 If yes, explain: \_\_\_\_\_  Yes     No

\_\_\_\_\_

\_\_\_\_\_

12. Have you ever been placed on academic probation from any school?  
 If yes, explain: \_\_\_\_\_  Yes     No

\_\_\_\_\_

\_\_\_\_\_

**END OF EDUCATION SECTION**



## EMPLOYMENT HISTORY

Beginning with your present employer and working back, list all employers, both full time and part time, for the past ten (10) years. Include, in sequence, any military service or unemployment.

Use narrative section on page 27 to include any additional employers or information.

FROM	TO	COMPANY NAME/ADDRESS	STATUS
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary

Job Title: \_\_\_\_\_ Phone No. \_\_\_\_\_

Work Performed: \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

FROM	TO	COMPANY NAME/ADDRESS	STATUS
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary

Job Title: \_\_\_\_\_ Phone No. \_\_\_\_\_

Work Performed: \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

FROM	TO	COMPANY NAME/ADDRESS	STATUS
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary

Job Title: \_\_\_\_\_ Phone No. \_\_\_\_\_

Work Performed: \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## EMPLOYMENT HISTORY CONTINUED

FROM	TO	COMPANY NAME/ADDRESS	STATUS
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary

Job Title: \_\_\_\_\_ Phone No. \_\_\_\_\_

Work Performed: \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

FROM	TO	COMPANY NAME/ADDRESS	STATUS
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary

Job Title: \_\_\_\_\_ Phone No. \_\_\_\_\_

Work Performed: \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

FROM	TO	COMPANY NAME/ADDRESS	STATUS
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary

Job Title: \_\_\_\_\_ Phone No. \_\_\_\_\_

Work Performed: \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## EMPLOYMENT HISTORY CONTINUED

FROM	TO	COMPANY NAME/ADDRESS	STATUS
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary

Job Title: \_\_\_\_\_ Phone No. \_\_\_\_\_

Work Performed: \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

FROM	TO	COMPANY NAME/ADDRESS	STATUS
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary

Job Title: \_\_\_\_\_ Phone No. \_\_\_\_\_

Work Performed: \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

FROM	TO	COMPANY NAME/ADDRESS	STATUS
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary

Job Title: \_\_\_\_\_ Phone No. \_\_\_\_\_

Work Performed: \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## EMPLOYMENT HISTORY CONTINUED

FROM	TO	COMPANY NAME/ADDRESS	STATUS
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary

Job Title: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Work Performed: \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

FROM	TO	COMPANY NAME/ADDRESS	STATUS
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary

Job Title: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Work Performed: \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

FROM	TO	COMPANY NAME/ADDRESS	STATUS
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary

Job Title: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Work Performed: \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

If more space is needed, go to the narrative page

## EMPLOYMENT HISTORY CONTINUED

If you answer "yes" to any of the following questions, please explain on pages 27 & 28.

13. Has any form of disciplinary actions (suspensions, fines, written reprimands, firing, etc.) ever been taken against you by an employer?  Yes  No
- 
14. Did you ever quit a job before you were about to be fired?  Yes  No
- 
15. Did you ever "lay out" of work or abuse sick leave?  Yes  No
- 
16. Without prior approval, have you come in late for work more than three (3) times in one year?  Yes  No
- 
17. Have you withheld any information on this application about reasons for leaving any places of prior employment?  Yes  No
- 
18. Have you ever slept on any job without authorization?  Yes  No
- 
19. How many days were you absent from work/school last year? \_\_\_\_\_
20. Have you ever been terminated or fired from a job for cause?  Yes  No
- 
21. Have you ever walked off a job or quit without giving the requested or required notice?  Yes  No
- 
22. Did you include all past employers?  Yes  No
- 
23. Have you ever been asked to resign a position?  Yes  No
- 
24. Did you give the real reason on this application for leaving the former employers that you listed?  Yes  No
- 

END OF EMPLOYMENT HISTORY

## MILITARY SERVICE RECORD

25. Have you ever served in the Armed Forces on either Active Duty, Reserve or National Guard?  Yes  No

26. Are you registered with the Selective Service?  Yes  No

27. List below all military service performed:

DATES FROM/TO	BRANCH OF SERVICE	ACTIVE OR RESERVE	HIGHEST & LAST RANK	SERVICE NUMBER	TYPE DISCHARGE OR SEPARATION

28. List below your last three (3) duty stations:

DATES FROM/TO	LOCATION	TYPE WORK PERFORMED

29. List below all disciplinary actions taken against you by military authorities while in the military service.

DATE	CHARGE (BE SPECIFIC)	TYPE ACTION	DISPOSITION

30. Did you have a military security clearance?  Yes  No  
 If yes, why? \_\_\_\_\_

a. What type? \_\_\_\_\_

b. Were you ever denied a military security clearance?  Yes  No  
 If yes, why? \_\_\_\_\_

31. Were you ever AWOL?  Yes  No

32. Were you ever investigated by any military authorities?  Yes  No  
 If yes, why? \_\_\_\_\_

**END OF MILITARY SECTION**

## FINANCIAL STATUS

33. List all of your outstanding debts. This should include all those asked for, plus any others that you may have. Use supplemental sheet, if needed.

PURPOSE OF DEBT	DATE MADE	ORIGINAL AMOUNT	MONTHLY PAYMENT	PRESENT BALANCE	NAME & ADDRESS OF COMPANY/PERSON DEBT IS OWED
RENT/ MORTGAGE					
MEDICAL					
AUTO					
UTILITIES					
STUDENT LOAN					
INSURANCE					
CREDIT CARD					
CREDIT CARD					
CREDIT CARD					
OTHER CHG ACCT.					
CHILD SUP/ ALIMONY					
OTHER BANK LOAN					

34. What is your current monthly income? \$ \_\_\_\_\_

35. What is your spouse's monthly income? \$ \_\_\_\_\_

36. Do you have a checking account?  Yes  No  
 Name of Bank: \_\_\_\_\_

37. Do you have a savings account?  Yes  No

38. Do you have any private or confidential debts that were not listed above?  Yes  No

## FINANCIAL STATUS CONTINUED

39. Complete each question. If "yes", please give complete details including dates and locations on the narrative page.

Have you or your spouse ever .....

- a. Had your wages attached or garnished?  Yes  No
- b. Been a party to a small claims or other civil court action?  Yes  No
- c. Had a judgment rendered against you?  Yes  No
- d. Filed for bankruptcy or been declared bankrupt?  Yes  No
- e. Had any property repossessed?  Yes  No
- f. Had a debt or bill turned over to a collection agency?  Yes  No

Have you ever .....

- a. Been refused any type of insurance or had any type of insurance cancelled?  Yes  No
- b. Been refused credit?  Yes  No
- c. Intentionally skipped out on a bill, debt or other financial obligation?  Yes  No
- d. Been evicted from a residence / building?  Yes  No
- e. Had any consistent bank account overdrafts?  Yes  No
- f. Defaulted on a loan?  Yes  No

Do you .....

- a. Or your spouse, have any immediate civil action pending against you?  Yes  No
- b. Owe any money to a former / present employer?  Yes  No
- c. Presently owe any gambling debts?  Yes  No
- d. Have any debts that you refuse to pay?  Yes  No

END OF FINANCIAL STATUS SECTION



## ARREST AND CRIMINAL ACTIVITY

**If you answer "yes" to any of the following questions, explain after or on narrative page.**

**40. List all arrests, including any resulting in youthful offender treatment:**

DATE	LOCATION	OFFENSE	DISPOSITION

41. Were you in any serious trouble as a juvenile?  Yes     No

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42. Has a warrant ever been issued for your arrest?  Yes     No

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43. Are there any outstanding warrants for you arrest now?  Yes     No

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44. Have you ever been detained, questioned or interrogated by any police, government or military agency?  Yes     No

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45. List below everything that you have ever stolen, valued at less than \$100.

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46. List below everything that you have ever stolen, valued at more than \$100.

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47. Are you now, or have you ever been associated, in any way with organized criminal conduct?  Yes     No

## ARREST AND CRIMINAL ACTIVITY CONTINUED

Have you ever .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 48. Shoplifted or switched price tags?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 49. Stolen any money?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 50. Stolen money from a place of employment?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 51. Assisted anyone in stealing anything?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 52. Been accused of stealing?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 53. Stolen a motor vehicle?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 54. Stolen a firearm?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 55. Schemed to defraud anyone?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 56. Broken into a house or building?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 57. Sold or received any stolen property?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 58. Made a false police or fire report?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 59. Caused the death of anyone?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 60. Been involved in an assault?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 61. Been involved in a robbery?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 62. Harassed someone by phone, mail, electronic media, etc.?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 63. Been involved in any sexual offense?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 64. Lied under oath in court?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 65. Made a real or false bomb threat?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 66. Forged another persons signature on a check or other document with the purpose to defraud anyone? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 67. Illegally used a credit card?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 68. Illegally taken or obtained any money from an employer?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 69. Participated in a riot or demonstration?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 70. Been involved in child abuse or molestation?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 71. Stolen anything from a relative?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 72. Been guilty of being a "Peeping Tom"?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**END OF ARREST AND CRIMINAL ACTIVITY SECTION**

## DRIVER LICENSE AND TRAFFIC HISTORY

73. Do you possess a valid Alabama Driver License?  Yes  No

a. Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

b. Restrictions: \_\_\_\_\_

74. If you have ever been issued a driver license by a state other than Alabama, complete the following:

ISSUING STATE	DRIVERS LICENSE NUMBER	DATES ISSUED	
		FROM	TO

75. Have you ever had a driver license suspended or revoked?  Yes  No

STATE	WHEN	WHY

76. List all traffic tickets you have received in any state:

DATE OF VIOLATION	AGENCY (Law Enforcement)	CITY, STATE	VIOLATION	DISPOSITION

77. Do you, at this time; have any traffic or parking tickets in any state that have not been paid?  Yes  No

## DRIVER LICENSE AND TRAFFIC HISTORY CONTINUED

78. List all traffic accidents that you have had in the last five (5) years. Use narrative page if additional space is needed.

DATE	CITY, STATE	LAW ENF. AGENCY	PERSON AT FAULT

79. While driving, have you ever hit another vehicle, pedestrian or object and left the scene without stopping?  Yes  No

80. Have you ever been drinking prior to any motor vehicle accident in which you have been involved?  Yes  No

**END OF DRIVER LICENSE AND TRAFFIC HISTORY**

## DRUG INVOLVEMENT

81. Answer "yes" or "no", whether or not you have ever used, sold or bought any of the drugs listed below. If you answer "yes", complete the adjacent columns.

**NOTE:** Do not indicate those drugs, which were prescribed or administered by your physician, if used as prescribed for medical treatment.

DRUGS	ANSWER		DATE FIRST USED	DATE LAST USED	LARGEST AMOUNT	
					BOUGHT	SOLD
<b>NARCOTICS</b>						
Codeine	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Demerol	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Dilaudid	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Hashish	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Heroin	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Marijuana	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Methadone	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Morphine	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Opium	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Paregoric	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Quaaludes	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Talwin	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<b>HALLUCINOGENS</b>						
DMT	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Ecstasy	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
LSD	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Mescaline	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
PCP (Angel Dust)	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Peyote	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Psilocybin	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<b>STIMULANTS</b>						
Cocaine (Powder)	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Crack	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Amphetamines	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Methamphetamines	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Speed	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<b>DEPRESSANTS</b>						
Barbiturates	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Tranquillizers	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Valium	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<b>DESIGNER DRUGS</b>						
Nitro	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Rohypnol	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
XTC	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Gamma Hydroxy Butyrate	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Ketamine	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Steroids	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Synthetic Marijuana	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Any Drug or Substance Not Listed	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

## DRUG INVOLVEMENT CONTINUED

Have you ever .....

82. Illegally used an inhalant, paint, glue, gas, thinner or other petroleum based products (buffing)?  Yes  No
83. Used steroids illegally?  Yes  No
84. Grown Marijuana?  Yes  No
85. Used illegal drugs while working?  Yes  No
86. Forged or altered a prescription?  Yes  No
87. Had any illegal drug, narcotic or marijuana with you at work, for any reason?  Yes  No
88. Been late to work, unable to work or had any interference with your work, in any way, due to your use of illegal drugs?  Yes  No
89. Given away any illegal drug or marijuana?  Yes  No
90. Abused your own prescribed medication?  Yes  No
91. Driven a vehicle under the influence of drugs?  Yes  No
92. Manufactured any illegal drugs?  Yes  No
93. Falsified a urine or blood test for drugs?  Yes  No
94. Possessed, sold or manufactured any counterfeited controlled or illegal substance?  Yes  No
95. Administered Rohypnol (roofies) or GHB to another person?  Yes  No
96. When was the last time you were with someone who was using illegal drugs? \_\_\_\_\_

Why? \_\_\_\_\_

97. Are any of your close friends involved in the use or sale of illegal drugs?  Yes  No
98. Is anyone in your family involved in the use or sale of illegal drugs?  Yes  No

If yes, who? \_\_\_\_\_

**END OF DRUG INVOLVEMENT SECTION**

## ALCOHOL USAGE

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You may explain your answers below each question or on a narrative page.

Do you ...

99. Drink alcoholic beverages on a regular basis?  Yes  No

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100. Drink alcoholic beverages on special occasions?  Yes  No

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101. Feel that you have a problem in controlling the amount of alcoholic beverages you consume?  Yes  No

---

Have you ever ...

102. Gone to work drunk?  Yes  No

---

103. Been absent from work because of drinking?  Yes  No

---

104. Secretly drank alcohol at work?  Yes  No

---

105. Gotten fired from a job because of drinking?  Yes  No

---

106. Had any disciplinary action taken against you by any employer because of your drinking?  Yes  No

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107. Has your drinking ever caused you any family problems?  Yes  No

---

108. How many times have you taken off work due to a hangover? \_\_\_\_\_

109. When did you last operate a motor vehicle under the influence of alcohol? \_\_\_\_\_

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**END OF ALCOHOL USAGE**

**FOR FORMER OR CURRENT  
CRIMINAL JUSTICE EMPLOYEES**

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Complete the questions below ONLY if you are currently or were ever involved or employed in criminal justice work. If a particular question does not apply, please enter "DNA" (Does Not Apply). If the answer to any questions is "Yes", please explain on a narrative page.

Have you ever .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 110. Received payoffs from criminals?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 111. Stolen anything from anyone you arrested?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 112. Received any type gratuity for dropping a case or disposing of a traffic ticket?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 113. Accepted a bribe?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 114. Tampered with evidence?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 115. Kept for your own use any type of illegal drugs taken from anyone who has been arrested, detained or questioned? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 116. Personally kept seized weapons for your own use?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 117. Intentionally destroyed a case file, computer entry or official record?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 118. "Planted" evidence?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 119. Stolen anything from a place of business while on duty?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 120. Used excessive force on a suspect?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 121. Had any police brutality complaints?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 122. Ever been suspended from work?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 123. "Covered up" a criminal offense for a friend or relative?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 124. Told a civilian friend, acquaintance or relative about an active investigation involving them?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 125. Kept any lost or found property turned in by a citizen or found by you?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 126. Lied or committed perjury in court or other official proceedings?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 127. Since being in criminal justice work, have you used any illegal drugs?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**END OF FORMER OR CURRENT CRIMINAL JUSTICE EMPLOYEES**



**MISCELLANEOUS**

Have you ever .....

128. Been involved in any subversive or terroristic activities or affiliations?  Yes  No
129. Been a member of a street gang or motorcycle gang?  Yes  No
130. Committed any act, which if it came to light, could be embarrassing to you or to a law enforcement agency employing you? If yes, what?  Yes  No

- 
131. Committed an act for which you could be blackmailed?  Yes  No
132. Applied for employment with the City of Southside before?  Yes  No

If yes, what position and when: \_\_\_\_\_

133. Made applications for employment with other agencies or companies?  Yes  No

If yes, list: \_\_\_\_\_

134. Do you advocate the violent overthrow of the present system of government in this state or the United States?  Yes  No

135. Do you have any anti-governmental ideologies or beliefs regarding law enforcement control of society?  Yes  No

136. What is the worst act you have ever committed? \_\_\_\_\_

- 
137. On a scale of 1-10, (1-Never Get Angry, 10-Explode at the Least Little Thing) what do you rate the level of your temper? \_\_\_\_\_

138. What licenses, permits or certifications do you now have that would be a benefit in the position for which you have applied? \_\_\_\_\_

- 
139. List below all clubs or organizations of which you are presently a member: \_\_\_\_\_

- 
140. Is there any information that has not been asked for, that you feel we need to know?  Yes  No

---

**END OF MISCELLANEOUS SECTION**

**REFERENCES**

141. List three (3) references (other than relatives or previous employers), preferably in the Etowah County area. Provide current addresses and phone numbers.

NAME	HOME ADDRESS & PHONE NO.	EMPLOYER'S NAME & PHONE NO.

142. Give the names of two (2) relatives that do not reside in the same house as you, preferably in the Etowah County area.

NAME	HOME ADDRESS & PHONE NO.	EMPLOYER'S NAME & PHONE NO.

143. List the names of your five (5) closest friends.

NAME	HOME ADDRESS & PHONE NO.	EMPLOYER'S NAME & PHONE NO.

144. List all employees of the Southside Police Department with whom you have had any type of association and explain the association.

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**END OF REFERENCES SECTION**

**NARRATIVE SECTION**

PAGE NUMBER	QUESTION NUMBER	EXPLANATION

**NARRATIVE SECTION CONTINUED**

PAGE NUMBER	QUESTION NUMBER	EXPLANATION

If more space is needed add another sheet

**END OF NARRATIVE SECTION**

### FALSIFICATION OF APPLICATION

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Have you .....

- 145. Intentionally falsified any part of this application?  Yes  No
- 146. Intentionally omitted or left out any information to any question on this application?  Yes  No
- 147. Answered all questions truthfully and to the best of your ability and knowledge?  Yes  No
- 148. Do you have any condition that would likely affect your job performance, either now or in the future?  Yes  No

**END OF QUESTIONNAIRE. PROCEED TO SIGNATURE PAGE.**

**PLEASE READ AND UNDERSTAND**

**SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC**

---

I affirm that this application contains no misrepresentation or falsifications, omissions or concealment of material fact and that the 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 and understand 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

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STATE OF ALABAMA  
COUNTY OF ETOWAH

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

---

Notary Public

My commission expires: \_\_\_\_\_

**SOUTHSIDE POLICE DEPARTMENT  
SOUTHSIDE, AL**

**AUTHORITY FOR RELEASE OF INFORMATION**

---

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the Southside Police Department bearing this release or a copy thereof, within one (1) year of its date, to obtain any information relating to me from schools, financial institutions, armed forces, credit bureaus, employers, criminal justice agencies or individuals. This information may include, but is not limited to, academic performance, military service, credit rating, residential housing, work performance, personal achievement, personal history, disciplinary action, arrests and conviction records.

I hereby direct you to release such information upon request to the bearer. I understand that the information released is for official use by the Southside Police Department and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including records custodians, from any and all liability for damages of whatever kind or nature, which may at any time result to me on account of compliance, or any attempts to comply, with this authorization. Should there be any question as to the validity of this authorization and release, you may contact me as indicated below:

Signature (full name): \_\_\_\_\_  
Full name (print or type): \_\_\_\_\_  
Other names uses/nicknames: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_  
Current street address: \_\_\_\_\_  
City, State, & Zip Code: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_

---

STATE OF ALABAMA  
COUNTY OF ETOWAH

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**SOUTHSIDE POLICE DEPARTMENT  
SOUTHSIDE, AL**

**AUTHORITY FOR RELEASE OF INFORMATION**

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Current street address: \_\_\_\_\_  
City, State, & Zip Code: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_

---

STATE OF ALABAMA  
COUNTY OF ETOWAH

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_



**SOUTHSIDE POLICE DEPARTMENT  
SOUTHSIDE, AL**

**AUTHORITY FOR RELEASE OF INFORMATION**

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Full name (print or type): \_\_\_\_\_  
Other names uses/nicknames: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_  
Current street address: \_\_\_\_\_  
City, State, & Zip Code: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_

---

STATE OF ALABAMA  
COUNTY OF ETOWAH

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreement contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be quired to provide proof of identify and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, genetic information, age, disability, or any other protected status. Examples of prohibited harassment include but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

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

Date \_\_\_\_\_