

TALLADEGA COUNTY SHERIFF'S OFFICE

APPLICATION

REQUIRED DOCUMENTS

Applicants are required to provide the following documents during the prospective applicant criminal history background investigation phase. Not providing required documents along with completion of (13) page application will result in dismissal of application.

REQUIRED DOCUMENTS

Copy of Driver License	<input type="checkbox"/>
Copy of Social Security Card	<input type="checkbox"/>
High School Diploma or GED	<input type="checkbox"/>
Copy of law enforcement certification if certified	<input type="checkbox"/>
Copies of any position related training certificates	<input type="checkbox"/>
Completed (13) page application	<input type="checkbox"/>
	<input type="checkbox"/>

For information purposes, the employment process includes but is not limited to the following phases:

1. Position Opening Advertised
2. Application completion and return
3. Application Review
4. Background Investigation
5. Reference check
6. Physical Ability Test
7. Written Examination
8. Completion of in-depth background investigation
9. Oral interview
10. Second oral interview (if needed)
11. Conditional offer of employment
12. Drug screening and physical examination
13. Employment Begins

TALLADEGA COUNTY SHERIFF'S OFFICE

PERSONAL HISTORY | RESIDENCES JOB HISTORY

NAME: Last		First	Middle	
Other Names Used: (Maiden, Adoption, Etc.)		Name by which you prefer to be addressed:		Date of Birth: Sex:
Home Address: Address Number		Street Name	City	State Zip Code
Home Telephone Number ()		Work Telephone Number ()	Cell Telephone Number ()	
Email Address:			Driver License Number:	State of Issue:
Are you legally authorized to work in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Address: Address Number		Street Name	City	State	Zip Code	Length of Time Resided (Yrs/Mos)
From Date:	To Date:	Name of Complex				Phone Number ()
Address: Address Number		Street Name	City	State	Zip Code	Length of Time Resided (Yrs/Mos)
From Date:	To Date:	Name of Complex				Phone Number ()
Address: Address Number		Street Name	City	State	Zip Code	Length of Time Resided (Yrs/Mos)
From Date:	To Date:	Name of Complex				Phone Number ()
Address: Address Number		Street Name	City	State	Zip Code	Length of Time Resided (Yrs/Mos)
From Date:	To Date:	Name of Complex				Phone Number ()
Address: Address Number		Street Name	City	State	Zip Code	Length of Time Resided (Yrs/Mos)
From Date:	To Date:	Name of Complex				Phone Number ()
Address: Address Number		Street Name	City	State	Zip Code	Length of Time Resided (Yrs/Mos)
From Date:	To Date:	Name of Complex				Phone Number ()
Address: Address Number		Street Name	City	State	Zip Code	Length of Time Resided (Yrs/Mos)
From Date:	To Date:	Name of Complex				Phone Number ()

Beginning with your present or most recent job, list all of the jobs you have had for the previous ten (10) years. Include all part-time, temporary or seasonal positions

Check appropriate job description	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Seasonal	Employment Began On	Employment Ended On	Total Time				
Employer:											
Employer's Address: Street Number		Street Name		City		State Zip Code					
						()					
Your Job Title:				Time in Position: (Yrs) (Mos)							
Duties and Responsibilities:											
Salary/Earnings: Hourly Wage		If this is your current employer may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Did you receive performance evaluations while with this company?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Reason for leaving this position/company:											
Name of final supervisor:						Phone Number					
						()					
Check appropriate job description		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Seasonal	Employment Began On		Employment Ended On		Total Time	
Employer:											
Employer's Address: Street Number		Street Name		City		State		Zip Code		Phone Number	
										()	
Your Job Title:				Time in Position: (Yrs) (Mos)							
Duties and Responsibilities:											
Salary/Earnings: Hourly Wage		If this is your current employer may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Did you receive performance evaluations while with this company?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Reason for leaving this position/company:											
Name of final supervisor:						Phone Number					
						()					
Check appropriate job description		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Seasonal	Employment Began On		Employment Ended On		Total Time	
Employer:											
Employer's Address: Street Number		Street Name		City		State		Zip Code		Phone Number	
										()	
Your Job Title:				Time in Position: (Yrs) (Mos)							
Duties and Responsibilities:											
Salary/Earnings: Hourly Wage		If this is your current employer may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Did you receive performance evaluations while with this company?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Reason for leaving this position/company:											

Name of final supervisor:				Phone Number ()	
Check appropriate job description		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Seasonal
Employer:		Employment Began On		Employment Ended On	
Employer's Address: Street Number		Street Name	City	State	Zip Code
Your Job Title:				Time in Position: (Yrs) (Mos)	
Duties and Responsibilities:					
Salary/Earnings: Hourly Wage		If this is your current employer may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you receive performance evaluations while with this company?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving this position/company:					
Name of final supervisor:				Phone Number ()	
Check appropriate job description		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Seasonal
Employer:		Employment Began On		Employment Ended On	
Employer's Address: Street Number		Street Name	City	State	Zip Code
Your Job Title:				Time in Position: (Yrs) (Mos)	
Duties and Responsibilities:					
Salary/Earnings: Hourly Wage		If this is your current employer may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you receive performance evaluations while with this company?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving this position/company:					
Name of final supervisor:				Phone Number ()	
Check appropriate job description		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Seasonal
Employer:		Employment Began On		Employment Ended On	
Employer's Address: Street Number		Street Name	City	State	Zip Code
Your Job Title:				Time in Position: (Yrs) (Mos)	
Duties and Responsibilities:					
Salary/Earnings: Hourly Wage		If this is your current employer may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you receive performance evaluations while with this company?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving this position/company:					

Name of final supervisor:	Phone Number ()
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TALLADEGA COUNTY SHERIFF'S OFFICE

EDUCATION HISTORY | MILITARY SERVICE

List all high schools, colleges, technological or trade schools you have ever attended, regardless of whether or not you graduated and/or completed the prescribed course of study. If you are listing colleges/universities and you did not graduate, indicate the correct number of credit hours you obtained.

If you attended a technological or trade school, indicate your course of study; also if you were awarded a diploma or certificate.

Name and type of school and location	From date:	To date:	Degree or Credit Hours earned
Have you ever been expelled from any school you have attended?		<input type="checkbox"/> Yes <input type="checkbox"/> No	School:
From date:	To date:	Reason for expulsion:	
Have you ever been placed on academic probation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	School:
From date:	To date:	Reason for probation:	
Have you registered with selective service?		<input type="checkbox"/> Yes <input type="checkbox"/> No	When:
Have you ever served in any branch of the United States Military?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Which Branch:
Date of Induction:		Date of Discharge:	Type Discharge:
While serving in the military were you ever arrested for an offense, which resulted in a trial by deck court, summary, special, or general court-martial?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes: charge, date, place, enforcing authority or type court or court martial, and action taken for the incident(s)			

TALLADEGA COUNTY SHERIFF'S OFFICE

PERSONAL REFERENCES

List four (4) people who have known you for at least five (5) years and know you well enough to provide current information about you. It is **your responsibility** to provide the correct address and phone numbers! **Do not** list relatives or past/present employers. Failure to provide complete information may cause your application to be rejected.

Reference Name:				
Home Address: Address Number		Street Name	City	State Zip Code
Home Telephone Number ()	Work Telephone Number ()	Cell Telephone Number ()		
Email Address:		Occupation:	Years Known:	
Briefly describe your relationship with this person:				

Reference Name:				
Home Address: Address Number		Street Name	City	State Zip Code
Home Telephone Number ()	Work Telephone Number ()	Cell Telephone Number ()		
Email Address:		Occupation:	Years Known:	
Briefly describe your relationship with this person:				

Reference Name:				
Home Address: Address Number		Street Name	City	State Zip Code
Home Telephone Number ()	Work Telephone Number ()	Cell Telephone Number ()		
Email Address:		Occupation:	Years Known:	
Briefly describe your relationship with this person:				

Reference Name:				
Home Address: Address Number		Street Name	City	State Zip Code
Home Telephone Number ()	Work Telephone Number ()	Cell Telephone Number ()		

Email Address:	Occupation:	Years Known:
Briefly describe your relationship with this person:		

TALLADEGA COUNTY SHERIFF'S OFFICE

RELATIVE(S) | FRIEND(S) |ACQUAINTANCE(S) EMPLOYED BY TALLADEGA COUNTY

Name of Relative:	Relationship:
Division Employed:	Position Held:
Name of Relative:	Relationship:
Division Employed:	Position Held:
Name of Relative:	Relationship:
Division Employed:	Position Held:
Name of Relative:	Relationship:
Division Employed:	Position Held:
Name of Friend/Acquaintance:	Relationship:
Division Employed:	Position Held:
Name of Friend/Acquaintance:	Relationship:
Division Employed:	Position Held:
Name of Friend/Acquaintance:	Relationship:
Division Employed:	Position Held:
Name of Friend/Acquaintance:	Relationship:
Division Employed:	Position Held:
Name of Friend/Acquaintance:	Relationship:

Division Employed:	Position Held:
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TALLADEGA COUNTY SHERIFF'S OFFICE

POSITION QUALIFICATION DECLARATION

Please write a one (1) to two (2) paragraph explanation as to why you feel you are qualified for this position.

TALLADEGA COUNTY SHERIFF'S OFFICE

NATIONAL CRIME INFORMATION CENTER ("NCIC") ACCESS

In order to maintain and continue employment with Talladega County Sheriff's Office, an employee must retain the legal right and authority to access information from and through the Alabama Law Enforcement Agency and Federal Bureau of Investigation National Crime Information Center computer systems. Conviction of any felony, or any other crime that results in the loss of an employee's right to access said computer systems, or a sustained allegation of breach of the rules governing operation and access to said computer systems which results in a decision by either the Alabama Law Enforcement Agency or the Federal Bureau of Investigations to terminate the employee's right and/or authority to access, operate or receive information through said computer systems will immediately disqualify said employee from continued employment with the Talladega County Sheriff's Office.

I acknowledge and understand that I will be disqualified from continued employment with the Talladega County Sheriff's Office upon the conviction of any felony or any other crime that results in the loss of my right to access the above set forth computer systems or for any other reason set forth above.

Signature of Applicant

Date

TALLADEGA COUNTY SHERIFF'S OFFICE
CONSENT TO TEST FOR DRUGS AND ALCOHOL

I, the undersigned, understand that in accordance with the Talladega County Sheriff's Office policy of providing the people it serves and its employees a safe work environment which is free from the effects of controlled substances, I am being asked to undergo a substance abuse screening test. I understand that this is not a diagnostic examination designed to detect hidden or latent disease, but is instead for the purpose of screening for controlled substances. I also understand that refusal to sign this form could jeopardize future employment with the Talladega County Sheriff's Office or be considered insubordination and be grounds for termination.

I also understand that to gain employment and maintain said employment with the Talladega County Sheriff's Office, I must remain drug free. A verified positive result for drug use or any conviction for drug use will automatically forfeit my employment with the Talladega County Sheriff's Office.

I authorize the release of the results of this test to the Talladega County Sheriff's Office, the Medical Review Officer, and to such health insurers and health care groups that may be under contract to provide employee health care.

Print Employee/Applicant Name

Sign Employee /Applicant Signature

Date

TALLADEGA COUNTY SHERIFF'S OFFICE
CRIMINAL HISTORY RECORD RELEASE FORM

Last Name	First Name	Middle Name		
All Other Names Used				
Address	City	State	Zip Code	
Date of Birth (MM/DD/YYYY)	Social Security Number	Race	Sex	Telephone ()

I hereby give my permission to Talladega County Sheriff's Office to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment position with this organization. I also understand that if employed, a criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by Talladega County Sheriff's Office and a procedure is available for clarification if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the Talladega County Sheriff's Office and each of their officers, directors, employees and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever (including claims for negligence, gross negligence, and/or strict liability of the Talladega County Sheriff's Office and any and all related attorneys' fees, court costs and other expenses resulting from the investigation of my background in connection with my application for employment.

I certify that I have read this release and that I understand the significance of the same and in witness thereof I have voluntarily signed my name on this _____ day of _____ 20 _____.

Signature of Applicant

Name of Witness 1	Name of Witness 2				
Address of Witness 1	Address of Witness 2				
City	State	Zip	City	State	Zip

Sworn to and subscribed before me on this _____ day of _____ 20_____.

My Commission

TALLADEGA COUNTY SHERIFF'S OFFICE

AUTHORITY FOR RELEASE OF INFORMATION AND WAIVER

I, _____, do hereby authorize a review of a full disclosure of all records concerning myself to any duly authorized agents of the Talladega County Sheriff's Office, whether the said records are of a public, private or confidential nature.

I hereby authorize you to release information upon request of the Sheriff or any duly authorized representative of the Talladega County Sheriff's Office bearing this release, or copy thereof, to obtain any information in your files or through personal interviews with supervisors and business associates, pertaining to my employment, military or educational records including, but not limited to, academic, achievement, attendance, training, education, personal history, disciplinary records and medical records. The personal interviews may seek information about my past job performance, reliability, character, personal characteristics, and general reputation.

This release is executed with full knowledge and understanding that the information is for the official use of the Talladega County Sheriff's Office. Consent is granted for the Talladega County Sheriff's Office to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part; upon this release authorization will be considered in determining my suitability for employment by the Talladega County Sheriff's Office. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, retail business or any previous employer including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I am furnishing my Social Security Number on a voluntary basis with the understanding such is not required by State statute or regulation. The Talladega County Sheriff's Office will utilize this number to facilitate the location of employment, military, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

A photocopy of this release form will be valid as original thereof, even though said photocopy does not contain an original writing of my signature.

Signature of Applicant

Date of Birth of Applicant

Address of Applicant

City

State

Zip Code

Social Security Number of Applicant

Telephone Number

State of _____

County of _____

Before me, the undersigned authority, on this day personally appeared _____, known to me (# of years or introduced to me by) _____ or through (description of identity card or other document) _____ to be the person whose name is subscribed to the foregoing instrument and

acknowledged to me that he/she executed the same for the purposes and considerations expressed. Given under my hand and seal this _____ day of _____, 20_____.

Signature of Notary

My Commission Expires

Printed Name of Notary

NOTARY SEAL

TALLADEGA COUNTY SHERIFF'S OFFICE

ACCURACY CERTIFICATION

I, _____, by signature herby affixed, do affirm the accuracy of the information I have provided on application and all other documents attached, and further recognize that any misstatement, misrepresentation, omission, inaccuracy or falsification of the information required on this document will automatically disqualify me from consideration for a position with the Talladega County Sheriff's Office and/or for dismissal after beginning work.

Signature of Applicant

Date

