

Calera Police Department Employment Application

Calera Police Department
P.O. Box 730
Calera, Al. 35040
205-668-3505

An Equal Opportunity Employer

The Calera Police Department strives for constant improvement of public service by employing and developing the best qualified people available. Every job applicant is rated solely on his/her ability without regard to race, color, religion, gender, national origin, age, marital status, veteran status, disability, or any other legally protected status.

Instructions

Read through the entire application. Answer every question in black ink and **in your own handwriting**. Write “no”, “none”, or “N/A” after questions that do not apply to you. Attach additional sheet if needed to supplement your answers with reference to the section you are supplementing. Failure to complete this application may disqualify you from employment consideration. All information that you provide may be verified through a thorough background investigation and/or polygraph. **Falsification of any part of the application is grounds for immediate disqualification from employment consideration or dismissal after being hired.**

Effects of Non-Disclosure

In order to qualify for employment with the Calera Police Department, prospective applicants must fully complete all items on the police department application form. Failure to comply with this requirement may disqualify you from consideration.

Return Procedure

Completed applications will be accepted by hand-delivery, or by mail. If mailed, please send to : Calera Police Department
Attn: Employment Application Processing
P.O. Box 730
Calera, Al. 35040

Application will not be accepted by fax.

Copies of application will not be accepted.

Documents that Must Be Submitted

- () Pages 1-19 of the application
- () Copy of Birth Certificate
- () Copy of Social Security Card
- () Copy of Driver's License
- () High School Diploma or GED
- () High School Transcripts *
- () College Diploma
- () College Transcripts *
- () Copy of DD-214 (if applicable)
- () Any Marriage Licenses
- () Any Divorce Decrees

* These items may take more time to provide, but must be submitted before employment can begin. If mailed, please use the address given in the "Return Procedure" section.

Page # 18 of the application, "Applicant Statement and Authorization to Release Information" **must** be signed **in the presence** of a Notary Public.

Note: All applicants for the position of police officer must meet the criteria set forth in the 1997 Public Safety Federal Legislation, which makes it illegal for any person convicted of a misdemeanor crime of domestic violence to possess, ship, transport, or receive any firearm or ammunition whether government issued or privately owned.

Remove these first two pages before submitting application.

Personal History

 Last Name First Name Middle Name

 Maiden or Nick Nickname Social Security Number Position Applied For

 Home Telephone Number Cell Phone Number Work Number Other

List all other names that you have used such as former name, aliases or nicknames

Name Used	Reason	Date Used From... (Month/Year)	Date Used Until... (Month/Year)

 Current Address (Physical) City State Zip

 Mailing Address (P.O. Box if applicable) City State Zip

How long have you lived at this address : Years _____ Months _____

List all previous addresses through the past 10 years

Dates at address (Month/Year)	Address	City	State

____/____/____
 Date of Birth Place of Birth: City County/Parrish State Country

Education/Training

High School (Copy of your high school diploma, transcripts, or GED must be submitted)					
High School name and location	Date started (Mo./Year)	Date Ended (Mo./Year)	Years completed	Did you graduate?	Type of Diploma

College/University (Copy of your college diploma or transcripts must be submitted)					
College/Univ. name and location	Date started (Mo./Year)	Date Ended (Mo./Year)	Years completed	Did you graduate?	Type of Diploma

Are you currently working toward a college degree? _____

If "yes", which type? Associates Bachelor Graduate Other

When do you expect to receive it? _____

Major _____ Minor _____

Are you fluent in any other languages besides English? Yes No

If "yes" please list: _____

Are you a current or past POST certified law enforcement officer? Yes No

Academy Attended _____ Date Attended _____

What state did you obtain your POST certification in _____

POST certificate number _____

Employment History

Have you ever been discharged or requested to resign from any position? Yes No

If "yes", explain:

Employer	Date	Explanation

List and describe all of your employment experience in chronological order. Start with your current or most recent employer and work back. Include summer, part-time, and temporary employment. For any length of time not employed, indicate dates of unemployment. Attach a separate sheet of paper for addition employment history if needed.

May we contact your current employer? Yes No

Period of: <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment		
Date (From) Mo/Yr	Date (Until) Mo/Yr	Employer:
Physical and Mailing Address:		Telephone Number
		Supervisor
Hours per week	Starting Salary : <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly \$	Ending Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly \$
Your title:	Duties:	
Reason for leaving:		
Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
If "no", explain		

Period of: <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment		
Date (From) Mo/Yr	Date (Until) Mo/Yr	Employer:
Physical and Mailing Address:		Telephone Number
		Supervisor
Hours per week	Starting Salary : <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly \$	Ending Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly \$
Your title:		Duties:
Reason for leaving:		
Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
If "no", explain		

Period of: <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment		
Date (From) Mo/Yr	Date (Until) Mo/Yr	Employer:
Physical and Mailing Address:		Telephone Number
		Supervisor
Hours per week	Starting Salary : <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly \$	Ending Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly \$
Your title:		Duties:
Reason for leaving:		
Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
If "no", explain		

Period of: <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment		
Date (From) Mo/Yr	Date (Until) Mo/Yr	Employer:
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Date (From) Mo/Yr	Date (Until) Mo/Yr	Employer:
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Date (From) Mo/Yr	Date (Until) Mo/Yr	Employer:
Physical and Mailing Address:		Telephone Number
		Supervisor
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Date (From) Mo/Yr	Date (Until) Mo/Yr	Employer:
Physical and Mailing Address:		Telephone Number
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Your title:		Duties:
Reason for leaving:		
Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
If "no", explain		

Period of: <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment		
Date (From) Mo/Yr	Date (Until) Mo/Yr	Employer:
Physical and Mailing Address:		Telephone Number
		Supervisor
Hours per week	Starting Salary : <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly \$	Ending Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly \$
Your title:		Duties:
Reason for leaving:		
Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
If "no", explain		

Volunteer Work			
Date From	Date to	Hrs./month	Description

Have you ever applied for employment with any law enforcement agency? Yes No

If "yes" explain:

Agency:	Date Applied:
Address:	
Position Applied for:	Status

Agency:	Date Applied:
Address:	
Position Applied for:	Status

Agency:	Date Applied:
Address:	
Position Applied for:	Status

Do you own a business or are you a corporate officer in any business or organization not listed previously as a current or former employer? Yes No

If "yes", please provide name and address of the business or corporation and describe your relationship or position

Have you ever performed paid or unpaid services for a law enforcement agency not listed as an employer to include extra duty detail and auxiliary or reserves? Yes No

If "yes", please provide name and address of the agency and describe your relationship or position.

Arrest History/Court Data

Have you ever been arrested, charged, or received a summons to appear for any criminal violation?

Yes No

Have you ever been charged or convicted of a misdemeanor?

Yes No

Have you ever been charged or convicted of a felony?

Yes No

To your knowledge, has any member of your family ever been charged or convicted of a misdemeanor or felony?

Yes No

Have you or your spouse ever been a plaintiff or defendant in a court action?

Yes No

Have you ever been detained by any law enforcement officer for investigation purposes or have you ever been the subject of or a suspect of a criminal investigation?

Yes No

Have you ever been fingerprinted for any reason (arrest, job application, military, etc)?

Yes No

Have you or your spouse ever been the subject of a Department of Human Resources investigation?

Yes No

Do you have any pending criminal charges (felony, misdemeanor, traffic)?

Yes No

If you answered “yes” to any question above, explain in this section. Use additional sheets if needed.

Location/Department	Charge	Your plea	Charge date	Disposition

Relative's name/relationship	Location/Department	Approx. Date	Dispos. (if known)

Controlled Substances/Drug Use

Do you now or have you ever tried any illegal, illicit, or controlled substances? () Yes () No

Do you now or have you ever purchased any illegal, illicit, or controlled substances? () Yes () No

Do you now or have you ever sold any illegal, illicit, or controlled substances? () Yes () No

If you answered “yes” to any question above, complete this section

Name of Drug or Controlled Substance	Total number of times used	Total # of time purchased	Total # of times sold	First time used (mo/yr)	Last time used (mo/yr)
Marijuana/THC/Cannabis					
Hashish					
PCP/Angel Dust					
Methamphetamines/Speed					
Mushrooms/Psilocybin					
Heroin					
Cocaine					
Crack					
Quaaludes					
Opium					
Barbiturates/Downers					
Steroids					
Valium					
Speedballs					
Rohypnol (Ruffies)					
Inhalants/Whippets					
LSD					
GHB/GBL					
Hydromorphone/Dialudid					
Oxycodone/Percodan/Percocet					
Ketamine/Special K					
Ecstasy					
List any others below:					

Personal References

List four references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional people who have known you well for the past 5 years.

Name:		Complete Address:		
Relationship to Applicant:				
Years known:	Occupation:			
Home phone		Work Phone		Cell Phone

Name:		Complete Address:		
Relationship to Applicant:				
Years known:	Occupation:			
Home phone		Work Phone		Cell Phone

Name:		Complete Address:		
Relationship to Applicant:				
Years known:	Occupation:			
Home phone		Work Phone		Cell Phone

Name:		Complete Address:		
Relationship to Applicant:				
Years known:	Occupation:			
Home phone		Work Phone		Cell Phone

Personal History Questionnaire

If you answer yes to any of the following questions or further explanation of your answer is required, use the attached sheet labeled "Personal History Explanation" and reference the question number giving a **detailed explanation** to include dates. **Each question must be answered.**

1. Have you ever purchased an alcoholic beverage for a minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been denied a permit or had the right to carry a concealed weapon revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever obstructed, lied, or presented a false or altered identification to a law enforcement officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever committed or been involved in any undetected crime of any type?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever committed perjury, made a false statement or affirmation, or falsified an employment application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever forced anyone to engage in any type of sexual activity with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever intentionally viewed, downloaded, or possessed materials containing sexually explicit pictures of minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever done anything to harm, insult, or frighten another person because of that person's race, sexual preference, nationality, or religion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you have any unpaid citations or summons against you at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you have any outstanding warrants at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you have any type of civil process or litigation pending at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you ever released confidential documents or information without your employer's consent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Is there any reason you cannot accept shift work, including nights, weekends, and holidays?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have you ever had any property repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have you ever been evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you ever failed to pay a traffic citation or any other fine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have you ever operated a vehicle after consuming alcohol or controlled substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Have you ever driven another person's vehicle without their permission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Have you ever been discharged, asked to resign, or laid off from employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Have you ever been subjected to disciplinary actions from an employer? (Including verbal or written warnings, reprimands, counseling, or suspensions.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Have you ever been interviewed by an employer's internal affairs, quality control, loss prevention, or other disciplinary unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Have you ever stolen or been accused of stealing anything from an employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Have you ever, by word of mouth or in writing, advised or taught the doctrine that the government of the United States of America or of any state, or of any political subdivision thereof should be overthrown by force, violence, or any unlawful means?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are you now or have you ever been a member of any subversive organization that is directed toward the undermining and/or overthrow of the government of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Have you ever knowingly paid, contributed, collected, or solicited any money or dues for or on behalf of any subversive organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Do you belong to any group or hold any belief, which would prevent you from vowing allegiance to the flag or the Constitution of the United States of America?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Have you ever resigned or left a job by mutual agreement for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Are you now or do you anticipate being related by blood or marriage to anyone now employed by the Calera Police Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you ever stolen anything from a relative?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Statement and Authorization to Release Information

I hereby certify that all answers to the above questions are true and correct. I understand that any misstatement of material facts contained in this application will cause forfeiture upon my part of all rights to any employment subject to the jurisdiction of the Calera Police Department. I understand that this application and all papers in connection with the examination shall be confidential records of the Calera Police Department subject to the inspection of the appointing authority as provided by the rules and regulations and to my personal inspection.

I, _____, am an applicant for employment with the Calera Police Department. In order to process my application, certain information must be available to the department. This information is for my benefit. This release is valid for a period of two years from its date. All information will be held confidential.

I hereby authorize, request, and direct educational institutions; my references; my employers (past and present); financial institutions of any kind; credit bureau or consumer reporting organization; and all governmental agencies and instrumentalities (Local, State, Federal, or Foreign) wherever said individuals or organizations are situated, to release to the Calera Police Department or any representative thereof, any document, information, record, or file that is deemed material to the processing of my application for employment. Said information can be furnished if the request therefore is made in person or in writing.

Further, I hereby release you, as the custodian of such records and all of said individuals and organizations, including its officer, 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.

Further, I appoint the Calera Police Dept. Chief of Police or his representative as my agent and attorney-in-fact for the sole purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information, and be permitted to make copies thereof at his discretion. This request can be treated as if I were making this request in person. Should there be any question as to the validity of this release, you may contact me as indicated below.

Date _____ Signature of Applicant _____

Address _____ City, State, Zip _____

Phone (home) _____ (work) _____

Affidavit: I, _____ being first duly sworn, depose and say as follows: I am the person who executed the above authorization: I understand its meaning, intention, and effect, and that the statements therein made are true and correct.

Signature (sign only in the presence of a Notary Public) _____

Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Public _____ My commission expires: _____

BACKGROUND INVESTIGATION AUTHORIZATION

I _____, hereby authorize the Calera Police Department, hereinafter referred to as Employer, and/or its designated agents to procure a consumer report and/or an investigative consumer report on me for the purpose of evaluating me for employment, promotion, reassignment, discipline and/or retention and to make an independent investigation of my background, references, past/present employment, education, credit, motor vehicle records, drug screening records, federal, civil, criminal and police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application, resume, or in other supporting documentation and/or obtaining other information, including personal interviews with those acquainted with me, which may be material to my qualifications.

I understand that the Employer, and/or its designated agents will adhere to applicable state and federal statutes concerning the securing of the information, handling, and release of information obtained in the investigation. I further understand, pursuant to Section 606(b) set forth in the federal Fair Credit Reporting Act, I have the right to request additional disclosures as to the nature and scope of the investigation and will be provided a copy of the consumer rights as defined by the Federal Trade Commission. I also understand if an adverse decision is made, due to the contents of this investigative report, then pursuant to Section 604(b)(3), I will receive a free copy of the report and a summary of my rights as a consumer under the FCRA. The following is my true and complete legal name and all information on this document is true and correct to the best of my knowledge. Any falsification of the facts or omission of material facts under any circumstances, found during the investigation or at anytime thereafter, constitutes the basis for immediate disqualification as a candidate or termination of my employment. I understand that the information requested below is for the sole purpose of gathering information accurately and positive identification and will not be used to discriminate against me in violation of any law. I understand any initial offer will be contingent until all information is obtained and processed and may be subsequently withdrawn based on the results of this investigation. I further understand this signed consent hereby authorizes the Employer, and/or its designated agents, to conduct necessary, random and/or periodic background investigations as a requirement of my continued qualifications. Please provide complete legal name and complete all areas below.

I understand that I have the right to refuse participation in the investigation procedure and that my participation is totally voluntary. I understand that the completion of this form is condition and requirement of employment with the Calera Police Department. I also understand that if I decline to sign this form, I will not be eligible for employment with the Calera Police Department.

Print Full Legal Name	
Social Security Number	Date of Birth
Signature	Date