SUMMERDALE POLICE DEPARTMENT

EMPLOYMENT APPLICATION

APPLICANT: _____

POSITION: _____

DATE: _____

The Town of Summerdale is an Equal Opportunity Employer.

The Town of Summerdale prohibits discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral and other aspects of employment on the basis of race, color, religion, sex or national origin.

Please forward the completed employment application to Chief Gaull at
mgaull@summerdaleal.com

NOTICE TO APPLICANT

Submission of this application is voluntary but necessary to be selected as a potential candidate for hire. Please complete this booklet in its entirety. Answer all questions thoroughly and honestly. Please return the completed document to the Summerdale Police Department in person or via email to:

mgaull@summerdaleal.com

We cannot stress enough the importance of the accuracy of your answers. The information, which you supply in this booklet, will be compared with information provided by you and others throughout the application process. You **will** be asked to verify these answers. Any discrepancies or omissions may result in your removal from this and future application processes. You may not be especially proud of something you have done in the past, but you **must** disclose it if you choose to continue with the application process. Applicants are removed from the process for this reason each year. Answers that you wish could be omitted or falsified may not cause exclusion from consideration.

We do not expect perfection but we do demand honesty!!

If you have any questions about this application process or clarification about any of the questions contained in this booklet, please call (251) 989-7777.

REQUIREMENTS FOR CONSIDERATION:

- Successfully pass the required physical agility test or have successfully completed POST minimum standards training.
- Complete scheduled interview.
- Successfully complete background investigation.

REQUIREMENTS UPON CONDITIONAL OFFER OF EMPLOYMENT

- Successfully complete polygraph examination.
- Successfully complete psychological examination.
- Negative Urine screen.

READ THIS FIRST BEFORE COMPLETING FORM

ENTRIES MUST BE TYPED OR PRINTED BY THE APPLICANT IN BLACK INK.

No other document, which you prepare during your application, will be as important as the attached booklet. It is in your best interest to follow these instructions carefully. There are many applications for employment than there are positions available. A properly completed document will enable us to better evaluate your application. We may be unable to process an incomplete document.

Before completing this document, closely read the instructions that are written throughout. There are a number of copies of official documents that you are required to obtain, and some of the documents may be necessary to adequately complete this booklet.

When mentioning persons, be sure to fully identify the individual by their legal name. Further, give complete addresses. DO NOT ASSUME that the investigator will attempt to determine street numbers, correct street spellings, apartment numbers, telephone numbers or zip codes.

When completing the residence portion of this booklet, be sure that you provide every address where you have lived for the past ten years. Begin in order from your present address. If necessary, call the appropriate person to find out the exact address and time period when you resided at that residence.

When completing the employment portion of this booklet, be sure that you provide: Employment over the past ten years. If there was a period of unemployment, enter it in the booklet in the same manner as if this were another employer be indicating "from" and "to" and printing "UNEMPLOYED" in the block headed "Name of Employer". If you worked more than one job at a time, place the primary job first and enter the part-time job in the block immediately after the primary position. If additional space is required for any item, the answer should continue on the reverse side of the page.

Again, answer each question completely and honestly. Many people are not accepted because of omissions and concealment rather than because of previous behavior. While indiscretions or other situations in your life history may or may not be condoned, deception will absolutely not be tolerated.

PLEASE NOTE THE LAST PAGE OF THIS APPLICATION MUST BE NOTARIZED

Fully complete this booklet and return it with the following documents attached:

1. **Copy of Birth Certificate** *(original required upon hire)*
2. **Copy of High School Diploma/GED (or proof that they had been requested)**
3. **Copy of College Transcripts, if applicable** *(or proof that they have been requested)*
4. **Copy of DD-214, if applicable** *(long form)*
5. **Copy of Naturalization Certification, if applicable**
6. **Photocopy of Current Driver's License**
7. **A passport type photo of applicant**
8. **Copy of Social Security Card**
9. **Copy of Post Certification** *(if applicable)*
10. **Copy of Resume** ***(recommended but not required)***
11. **Signed and Notarized Release Form** *(last page of application packet)*

APPLICANT INFORMATION

Name: _____

Last First Middle

Present Address: _____

Home Phone: _____ Work Phone: _____

Cellular Phone: _____ Pager: _____

Nicknames: _____

Maiden Name (if applicable): _____

Social Security Number: _____ DL# _____

Date of Birth: _____Place of Birth: _____

Email Address: _____

PREVIOUS ADDRESSES

List applicant's address for the past ten (10) years (work backwards from current address).

1. _____ From: _____ to: Present
2. _____ From: _____ to: _____
3. _____ From: _____ to: _____
4. _____ From: _____ to: _____
5. _____ From: _____ to: _____
6. _____ From: _____ to: _____
7. _____ From: _____ to: _____
8. _____ From: _____ to: _____
9. _____ From: _____ to: _____
10. _____ From: _____ to: _____
11. _____ From: _____ to: _____

EDUCATION/TRAINING/SKILLS

High School(s)/Vocational Schools Attended:

_____

_____

_____

_____

Dates graduated or GED awarded: _____

Highest grade completed: _____

COLLEGES ATTENDED

COLLEGE CITY/STATE DATES ATTENDED

_____

_____

_____

Do you have a degree(s)? Yes○ No○ Type(s):_____

If not, how many college credits have you earned? _____

What is your major field of study? _____

POLICE EXPERIENCE

Do you have experience as a sworn police officer? If yes, list any State certification or Alabama Peace Officer's Standard Training Certification held, and date of certification (fill out only if applicable).

_____

_____

_____

_____

List any other Law Enforcement agencies you were previously employed with.

_____

_____

_____

Have you ever been disciplined by any police agency? If yes, explain.

_____

_____

_____

MILITARY STATUS OF APPLICANT

Have you served in the armed forces of the United States? Yes_____ No _____

If yes, which Branch of Service: _____

Military Occupational Specialty: _____

Date of Service: From: _____ To: _____

Type of discharge: _____

Do you still have any Reserve Obligation (to include Inactive Reserve Requirement?)

Yes: _____ No: _____

If yes, supply Reserve Organization name and address below:

Organization: _____

Address: _____

Supervisor: _____ Business Phone: _____

Were you ever subject to any type of disciplinary action under the Code of Military Justice while serving in the Armed Forces? If yes, described in detail. Use the reverse side if needed.

_____

_____

_____

_____

_____

APPLICANT'S EMPLOYMENT BACKGROUND

List your employers for the past ten (10) years. **We may contact your former employers in the course of our background investigation.** Is it okay to contact your current employer? Yes _____ No _____

Company: _____

Address: _____

Supervisor: _____ Phone: _____

Position: _____

Dates of Employment: From: _____ To: _____

Reason for leaving: _____

Company: _____

Address: _____

Supervisor: _____ Phone: _____

Position: _____

Dates of Employment: From: _____ To: _____

Reason for leaving: _____

Company: _____

Address: _____

Supervisor: _____ Phone: _____

Position: _____

Dates of Employment: From: _____ To: _____

Reason for leaving: _____

Company: _____

Address: _____

Supervisor: _____ Phone: _____

Position: _____

Dates of Employment: From: _____ To: _____

Reason for leaving: _____

Company: _____

Address: _____

Supervisor: _____ Phone: _____

Position: _____

Dates of Employment: From: _____ To: _____

Reason for leaving: _____

Company: _____

Address: _____

Supervisor: _____ Phone: _____

Position: _____

Dates of Employment: From: _____ To: _____

Reason for leaving: _____

Company: _____

Address: _____

Supervisor: _____ Phone: _____

Position: _____

Dates of Employment: From: _____ To: _____

Reason for leaving: _____

Company: _____

Address: _____

Supervisor: _____ Phone: _____

Position: _____

Dates of Employment: From: _____ To: _____

Reason for leaving: _____

Company: _____

Address: _____

Supervisor: _____ Phone: _____

Position: _____

Dates of Employment: From: _____ To: _____

Reason for leaving: _____

SPECIAL SKILLS AND TRAINING

Do you have skills or training in the following areas?

Skill/Training	Yes	No	Specify Course/Certification
EMT/Paramedic	____	____	_____
Firearms Training	____	____	_____
Counseling	____	____	_____
Legal/Paralegal	____	____	_____
Leadership Course	____	____	_____
Martial Arts	____	____	_____
Other (specify)	____	____	_____

FOREIGN LANGUAGE SKILLS

Are you able to communicate in any language other than English (including sign language)? If yes, specify and state fluency level (poor, good or excellent).

_____

_____

Is there any reason you would be prevented from:

Taking an oath with or without affirmation? Yes ____ No ____

If yes, explain._____

_____

Supporting and defending the Constitution of the United States, the State of Alabama and the laws of Baldwin County? Yes ____ No ____

If yes, explain._____

_____

Taking a life in pursuit of duty (for sworn personnel only)? Yes ____ No ____

If yes, explain._____

_____

Working rotating shifts? Yes ____ No ____

If yes, explain._____

_____

Do you know or are you related to any Town of Summerdale employee?

Yes ____ No ____

If yes, list names of all employees this applies:_____

_____

_____

CHARACTER REFERENCES

List four (4) character references, **NOT** related to you by blood or marriage, that you have known you for at least three (3) years.

Name: _____

Address/City/State/Zip: _____

Occupation: _____Phone: _____

Email Address: _____

Name: _____

Address/City/State/Zip: _____

Occupation: _____Phone: _____

Email Address: _____

Name: _____

Address/City/State/Zip: _____

Occupation: _____Phone: _____

Email Address: _____

Name: _____

Address/City/State/Zip: _____

Occupation: _____Phone: _____

Email Address: _____

MOTOR VEHICLE/LICENSE INFORMATION

Motor vehicle insurance company(s) _____

Address: _____ Phone: _____

Agent: _____

Has your automobile insurance ever been cancelled? Yes ____ No ____ If yes, explain.

_____

_____

_____

List all driver's license (including CDL).

Number: _____ State: _____ Type: _____

Valid: Yes ____ No ____ Expiration _____ Restrictions: _____

Number: _____ State: _____ Type: _____

Valid: Yes ____ No ____ Expiration _____ Restrictions: _____

Has your license or privilege to operate a motor vehicle ever been revoked, refused, suspended or cancelled? If yes explain. _____

_____

Have you ever been arrested or charged with DRIVING WHILE INTOXICATED or DRIVING WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? If yes, when/where. _____

_____

To the best of your knowledge, how many points are currently on your driver's license?

_____

TRAFFIC RECORD

List all the traffic violations you have received in the past ten (10) years.

Violation_____Date_____

Location_____Disposition_____

Violation_____Date_____

Location_____Disposition_____

Violation_____Date_____

Location_____Disposition_____

Violation_____Date_____

Location_____Disposition_____

Violation_____Date_____

Location_____Disposition_____

Violation_____Date_____

Location_____Disposition_____

TRAFFIC RECORD (continued)

Violation_____Date_____

Location_____Disposition_____

Violation_____Date_____

Location_____Disposition_____

Violation_____Date_____

Location_____Disposition_____

Violation_____Date_____

Location_____Disposition_____

Violation_____Date_____

Location_____Disposition_____

Violation_____Date_____

Location_____Disposition_____

Violation_____Date_____

Location_____Disposition_____

Violation_____Date_____

Location_____Disposition_____

Violation_____Date_____

Location_____Disposition_____

Violation_____Date_____

Location_____Disposition_____

CRIMINAL HISTORY

HAVE YOU EVER COMMITTED OR PARTICIPATED IN ANY OF THE FOLLOWING CRIMES, WHETHER OR NOT YOU WERE CAUGHT?

CRIME	YES	NO	CRIME	YES	NO
Murder			Forgery		
Assault (any degree)			Reckless Endangerment/Menacing		
Theft (any degree)			Criminal Mischief		
Robbery (any degree)			Trespassing		
Burglary (any degree)			Disorderly Conduct		
Rape (any degree)			Public Intoxication		
Child Abuse or Molestation			Impersonating a Peace Officer		
Sexual Assault			Giving False Information		
Sexual Harassment			Computer-Related Crimes		
Extortion			Bigamy		
Embezzlement			Arson (any degree)		
Fraud (Bad Checks)			Aided or Abetted in the Commission of a Crime		
Shooting into an Occupied Vehicle or Building			Prostitution		
Domestic Violence			Theft or Unauthorized Use of a Motor Vehicle		
Harassment (any degree)			Perjury		

If you have ever participated or committed any crimes that have **not** been listed above, you **must** give full details.

_____
_____
_____
_____
_____

If you answered yes to any of the above, please explain in full detail (you must include dates and court dispositions).

_____

_____

_____

_____

_____

_____

_____

HAVE YOU EVER:

1. Used a weapon of any kind during a fight? Yes_____ No_____
2. Injured anyone as a result of a fight? Yes _____ No _____
3. Been present at, witness to, or involved in any way, in any type of murder, killing, manslaughter or other unnatural death of a human being? Yes _____ No _____
4. Used your car in the commission of a crime? Yes _____ No _____

If you answered yes to any of the above questions, please explain. _____

_____

_____

_____

Is there anything in your past which, if ascertained at a later date, may prove to be embarrassing to you or to the Town of Summerdale if employed? If yes, explain in detail.

_____

_____

_____

_____

_____

DRUG USAGE

HAVE YOU EVER EXPERIMENTED WITH:

SUBSTANCE	YES	NO	NUMBER OF TIMES	DATE OF LAST USE
Marijuana/Hashish				
PCP				
Opium Derivatives (Heroin, Morphine, Codeine, etc.)				
Amphetamines				
Methamphetamines/Speed				
Barbiturates/Reds				
Inhalants (glue, solvents, gasoline)				
Anabolic Steroids				
Hallucinogenic (LSD, etc)				
Quaaludes, Valium (Downers)				
Cocaine (Crack, Powder)				

List any narcotic substances or prescription drugs that you might have used, sampled or abused illegally that is not listed on the above chart (providing dates and all pertinent information).

_____

_____

_____

_____

DRUG INVOLVEMENT

Have you ever participated in the delivery, transportation, storage or handling of illegal drugs for yourself or anyone else? Yes _____ No _____

Have you ever sold any type of illegal drug? Yes _____ No _____

Have you ever sold any prescription drug prescribed to you or any other individual?

Yes _____ No _____

Have you ever been arrested or charged with a drug violation? Yes _____ No _____

If yes to any question, explain in full detail. Use the reverse side if needed.

_____

_____

_____

_____

_____

_____

Has the use of alcohol or drugs ever affected your job performance?

Yes _____ No _____

If yes, describe how and when. _____

_____

_____

FINANCIAL CONDITION

NOTE: The Investigations Division will conduct an investigation of your credit history. You must disclose all information concerning your financial condition. PLEASE COMPLETE THE FAIR CREDIT REPORTING DISCLOSURE FORM, SEPARATE OF THIS QUESTIONNAIRE.

Have you ever filed bankruptcy? If yes, explain in detail the reason. _____

_____

_____

Are you current on all credit accounts? If not, explain. _____

_____

_____

_____

Have you ever been denied credit? If yes, explain. _____

_____

_____

_____

Are you planning or is it likely that you may have to file bankruptcy in the immediate future?

If yes, explain. _____

_____

_____

Desired Salary: $ _____

Referred By: _____

Are you a citizen of the United States? ☐Yes ☐No If no, are you authorized to work in the U.S.? ☐Yes ☐No

Have you ever worked for the Town of Summerdale? ☐Yes ☐No If yes, when? _____

Have you ever been convicted of a crime? ☐Yes ☐No If yes, explain: _____

Note: Omit minor vehicle violations and any offense committed before your 17th birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.

State name and relationship of any relatives employed with the Town of Summerdale: _____

Do you have any physical, mental, or medical impairment or disability that would limit your job performance? ☐Yes ☐No

On what date would you be available to begin work? _____

Is there any other information we should be aware of or take into consideration?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. By my signature below, I authorize investigation of all statements contained in this application including previous work history, educational records, military service; and law enforcement or criminal records. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I understand that I must be able to perform the essential functions of the position for which I am making application for employment with or without reasonable accommodations. I understand that if I am hired by the Town of Summerdale, my employment is "at will", which means that my employment is for no definite period and the Employer may discharge the Employee at any time with or without cause.

DRUG AND ALCOHOL SCREENING: I understand that the Town of Summerdale is a drug-free workplace and that an offer of employment is conditioned upon testing negative for alcohol and controlled substances and, as an employee I will be subject to random drug and alcohol testing.

Signature: _____ Date: _____

PURPOSE AND USE

The principle purpose of employment application forms is to collect information needed to determine qualifications, suitability, and availability of applicants for the Summerdale Police Department. Your completed application may be used to examine, rate and/or assess your qualifications, and to determine if you are entitled under certain laws and regulations to become a member of the Summerdale Police Department. All or part of your completed Summerdale Police Department employment application form may be disclosed outside the Summerdale Police Department to:

1. Federal, State, or local agencies to determine your suitability for employment with the Summerdale Police Department.
2. Federal, State, or local agencies to create other personnel record after you have been appointed.
3. Appropriate Federal, State, or local agencies maintaining records on you to obtain information relevant to an agency decision about you.
4. A requesting Federal, State, or local agency to the extent the information is relevant to the requesting agency's decision.

EFFECTS OF NONDISCLOSURE

Because the employment application forms request both optional (other skills, training, etc.) and mandatory (qualifications and biographical etc.) data, it is in your best interest to answer all questions. Omission of an item means you might not receive full consideration for a position in which this information is needed. A false answer to a question in the employment application may be grounds for not employing you or for dismissing you after you begin work, and may be punishable by fine or imprisonment. All statements are subject to investigation, including a check of your fingerprints, police records, and former employees. All information you give will be considered in reviewing your statement.

I have read and fully understand.

_____ _____

Applicants Signature Date

BACKGROUND INFORMATION

SUMMERDALE POLICE DEPARTMENT EMPLOYMENT INFORMATION

With respect to my application for employment, I hereby recognize that the Summerdale Police Department will request an investigation be completed which may contain information pertaining to my character, general reputation, personal characteristics, mode of living, personal habits, etc. I recognize that the investigation, if conducted, will be based in part on personal interviews with those that know me or know of me. and hereby authorize such interviews.

Should I enter the employ of Summerdale Police Department, I agree that such employment shall be for no fixed period and shall be subject to the rules and regulations governing the Summerdale Police Department personnel.

I HEREBY AFFIRM THAT TO THE BEST OF MY KNOWLEDGE ALL ANSWERS TO THE FORGOTNG ARE TRUE AND CORRECT. FURTHERMORE, I AUTHORIZE THE INVESTIGATION OF ALL MY STATEMENTS IN THIS APPLICATION. I UNDERSTAND THAT IF ANY INFORMATION I HAVE PRESENTED IN THIS APPLICATION IS MISREPRESENTED, IT WILL BE SUFFICIENT GROUNDS FOR MY IMMEDIATE TERMINATION FROM THE EMPLOY OF THE SUMMERDALE POLICE DEPARTMENT.

I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

_____ _____

Signature of Applicant (Do not use nickname) Date

_____ _____

(Nickname/Maiden name) Date

The Summerdale Police Department is an Equal Opportunity Employer

Authority To Release Information

TO WHOM IT MAY CONCERN:

I hereby authorize any officer or other authorized representative of the Summerdale Police Department bearing this release, or copy thereof, within one year of its date, to obtain any information in files pertaining to my CPS/State Bar records (including any grievance records), employment, military, educational attendance, athletic, personal history, and disciplinary records, medical records, and law enforcement (including but not limited to any Internal Affairs files, 201 or 202 files, etc.) or any record of charge, prosecution, or conviction for criminal or civil offenses. I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Summerdale Police Department to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release to you, as the custodian of such records, any 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 Account number on a voluntary basis with the understanding such is not required by State statute or regulation. Should there be any question as to the validity of this release, you may contact me as indicated below:

Full Name:_____ Date:_____
(Signature)

Full Name:_____ Date:_____
(Print)

Social Security Number: _____

Current Address: _____

Telephone Number: _____

Notary Public: _____

My Commission Expires: _____