

Personnel Board

INSTRUCTIONS

FOR POLICE OFFICER APPLICATION

IMPORTANT INSTRUCTIONS ABOUT THIS FILLABLE FORM!

Please be advised that while the Application Form is in a fillable PDF format, it is **NOT** currently transmittable from the URL website. Sending a filled application form directly from the URL location will result in the delivery of a **BLANK/EMPTY FORM!**



Law Enforcement Employment Application

Applicant Name	Position Sought	Date of Booklet
	Police Officer	

Last, First, Full Middle

FOLLOW DIRECTIONS CAREFULLY

1. TYPE OR PRINT LEGIBLY IN YOUR OWN HANDWRITING.
2. USE BLACK INK TO COMPLETE QUESTIONNAIRE.
3. READ EACH QUESTION CAREFULLY BEFORE ANSWERING IT.
4. ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY.
5. IF A QUESTION DOES NOT APPLY, WRITE "N/A" IN THE SPACE PROVIDED.
6. IF YOU NEED ADDITIONAL SPACE, UTILIZE THE NARRATIVE PAGES.
7. SIGN THE QUESTIONNAIRE IN THE PRESENCE OF A NOTARY PUBLIC. THE POLICE DEPARTMENT **WILL NOT** NOTARIZE YOUR SIGNATURE.
8. AFTER COMPLETING THIS QUESTIONNAIRE, BRING IT WITH YOU TO YOUR WRITTEN EXAM APPOINTMENT, ALONG WITH THE FOLLOWING DOCUMENTS.
 - a. *NOTE!!! Failure to provide a completed questionnaire with documents as instructed will disqualify candidates from the process.*

PLEASE DOWNLOAD, PRINT, SIGN AND RETURN THE ENTIRE COMPLETED APPLICATION FORM/BACKGROUND PACKET WITH REQUIRED DOCUMENTS TO:

Human Resources Department

Mail: P. O. Box 1984, Decatur, AL 35602

In person: Fort Decatur, 610 4th Ave SE, Decatur, AL 35601

Email: Downloaded, completed & signed form to employment@decatur-al.gov

VOLUNTARY Self-Identification / Equal Employment Opportunity

We are an Equal Opportunity Employer and do not discriminate on the basis of ethnicity, color, religion, gender, gender identity, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, State or local law. The information below will be used only in the compilation of data for Equal Opportunity reporting. Completion of this form is VOLUNTARY and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application form. Applicants requiring reasonable accommodation for any part of the application and hiring process should contact the Human Resources Department as noted on each vacancy announcement. Determinations on requests for reasonable accommodation are made by the Human Resources Director and will be made on a case-by-case basis.

VOLUNTARY Applicant Information	
Last Name:	Date:
First Name:	Middle Initial:
Position sought: (List only one.)	

Sex: (Please Check One) ☐ Male ☐ Female

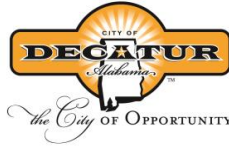
EEO ETHNICITY CATEGORY (Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

- ☐ **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment
- ☐ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- ☐ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa
- ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- ☐ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race
- ☐ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- ☐ **Two or More Races** - All persons who identify with more than one of the six races
- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |

VETERAN STATUS (Please check if it describes your veteran status.)

Are you a veteran? ☐ Yes ☐ No

Job ID#
Standing Application



Please check here if you are currently
a certified police officer

Law Enforcement Employment Application

How did you hear about this job posting? Job Board _____ Radio/Media _____

City Employee(Name/Department) _____ Other _____

Applicant Name	Position Sought	Date of Booklet
	Police Officer	

Last, First, Full Middle

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4. ANSWER ALL QUESTIONS **COMPLETELY** AND **ACCURATELY**.
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6. IF YOU NEED ADDITIONAL SPACE, UTILIZE THE NARRATIVE PAGES.
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 - a. *NOTE!!! Failure to provide a completed questionnaire with documents as instructed will disqualify candidates from the process.*

- | | |
|--|--|
| 1. Copy of Birth Certificate | 8. Copy of Military DD-214, If Applicable |
| 2. Copy of Social Security Card | 9. Copy of Marriage License(s) |
| 3. Copy of Drivers License | 10. Copy of Divorce Decree(s) |
| 4. Copy of High School Diploma or GED | 11. Copy of Case Dispositions on all Arrests & Traffic Tickets – Must be signed by the Court Clerk |
| 5. Copy of High School Transcript | 12. Copy of APOSTC Certification, If Applicable |
| 6. Copy of College Diploma, If Applicable | |
| 7. Copy of College Transcript, If Applicable | |

REMEMBER THAT ANY OMISSION, DECEPTION, OR FAILURE TO FOLLOW THE INSTRUCTIONS GIVEN IN FILLING OUT YOUR QUESTIONNAIRE COULD DELAY OR DISQUALIFY YOUR APPLICATION OR YOU FROM FURTHER CONSIDERATION.

NOTE: All applicants for the position of Law Enforcement, 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.

Human Resources Department
610 4th Ave SE, Decatur, AL 35601
P. O. Box 1984, Decatur, Alabama 35601
Phone: 256-341-4890 * Fax: 256-341-4895
Email: employment@decatur-al.gov

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INSTRUCTIONS TO APPLICANT

1. Each applicant is hereby advised that an extensive background investigation will be conducted into your personal history.
2. Each applicant is hereby advised that the contents of this booklet and any supplemental documents are held strictly confidential and no information will be disseminated to any person except when essential to the conduct of law enforcement duties and responsibilities.
3. Each and every question in this booklet **MUST** be answered completely. None may be left blank. If one does not apply to you, write DNA by the number. If you desire to make a long explanation in your reply, answer the questions briefly, as best you can, then put a check mark next to the question number. Go to the narrative pages to complete your explanation. **THE INTENTIONAL OMISSION OR FALSIFICATION OF ANY MATERIAL FACT IS JUST CAUSE FOR DISQUALIFICATION OR TERMINATION OF EMPLOYMENT OF APPLICANT ON GROUNDS OF DISHONESTY!** The information you provide will be verified by an in-depth background investigation.
4. Applicants will be required to take a polygraph examination (1) to confirm the information in this questionnaire, and (2) to determine other items of background information.
5. Applicants understand they will not receive, nor are entitled to, a copy of the report or to know its contents. Applicants further understand that the contents will be used in the evaluation process for employment with the City of Decatur Police Department and that no documents submitted by the applicant will be returned and no copies of any other reports or documents utilized for or during the application for employment will be furnished or given to them. Unless the applicant is not selected for employment based on a single test, **THEY WILL NOT BE ADVISED OF THE REASONS FOR NON-SELECTION.**
6. Type or print in ink your answers in this booklet. Hand written responses must be in ink and clearly legible. If this booklet is unstapled, please make sure that it is re-assembled in the proper order before you re-staple it.
7. Include complete mailing addresses for all Previous Employers and References.
8. On page 33, of this booklet, is a segment for your signature. There are also six (6) Authorization for Release of Information Forms attached to this booklet. **DO NOT SIGN YOUR NAME IN THESE BLANKS UNTIL YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC.**
9. **REMEMBER**, if you do not have enough room to answer the question completely, go to a narrative page to finish your answer.

PRIVACY ACT NOTICE

Purpose and Uses

Information provided on this form will be furnished to individuals in order to obtain information regarding your activities in connection with an investigation to determine:

1. Fitness for law enforcement employment,
2. Clearance to perform your duties as a member of the City of Decatur's Police department,
3. Security clearance or access.

The information obtained may be furnished to third parties as necessary for fulfillment of official responsibilities.

Alabama Peace Officers Standards & Training Commission
Minimum Standards & Requirements For
Police Officer

- Be a U.S. Citizen.
- Be at least 21 years of age at the date of appointment (Police Officer).
- Have uncorrected vision not worse than 20/20 in either eye.
Successful long-term (at least 6 months) wearing of soft contact lenses will not be subjected to any uncorrected vision standard. Vision must be corrected to 20/20 in both eyes.
- Possess either a high school diploma or a valid G.E.D. certificate recognized by the State of Alabama.
- Possess proof of successful ACT WorkKeys Assessment Basic Ability Test (BAT)
- Possess or can acquire a valid Alabama driver's license.
- Have never committed, been involved in, or convicted of a felony crime or a serious misdemeanor crime involving moral turpitude.
- Be of good character and reputation.
- Possess the ability to perform essential job functions with or without a reasonable accommodation.
- Have a stable work record.
- Successfully complete the following applicant hiring steps:
 1. Submit for review a complete application for employment.
 2. Successfully complete the Physical Agility Test.
 3. Initial Interview
 4. Background investigation of the applicant (Criminal, Education, Work, Military, etc.).
 5. Written examination consisting of basic math, reading comprehension, grammar and punctuation, and report writing skills.
 6. Polygraph test.
 7. Employment evaluation instrument.
 8. Review Board interview.
 9. Chief's interview.
 10. Physical exam/drug screening by a licensed physician.

**BY SUBMITTING THIS COMPLETED
QUESTIONNAIRE, APPLICANT UNDERSTANDS
THE FOLLOWING CRITERIA STANDARDS FOR
DISQUALIFIATION.**

The existence of any of the conditions listed below may result in rejection from the selection process. These areas will be explored during an extensive background investigation and psychological and polygraph examinations.

NOTE: Appropriate business attire is required for all steps of your processing, including all interviews, polygraph examinations, psychological evaluations and employee orientations. Failure to comply may result in removal from the hiring process.

- 1. ANY FELONY CONVICTION (NO TIME LIMIT)**
- 2. PARTICIPATION IN ANY SERIOUS CRIME**
- 3. ANY MISDEMEANOR CONVICTION INVOLVING NARCOTIC DRUGS, DANGEROUS DRUGS OR MARIJUANA**
- 4. ANY SELLING OF NARCOTICS DRUGS, DANGEROUS DRUGS OR MARIJUANA**
- 5. ANY RECENT ILLEGAL USE OF MARIJUANA**
- 6. ANY EXCESSIVE ILLEGAL USE OF MARIJUANA IN YOUR LIFE**
- 7. ANY RECENT ILLEGAL USE OF NARCOTICS OR DANGEROUS DRUGS**
- 8. ANY EXCESSIVE ILLEGAL USE OF NARCOTICS OR DANGEROUS DRUGS IN YOUR LIFE**
- 9. NEGLIGENCE IN MAINTAINING FINANCIAL RESPONSIBILITY**
- 10. ANY HISTORY OF DISREGARD FOR TRAFFIC LAWS WITH SUCH FREQUENCY SO AS TO INDICATE A DISRESPECT FOR TRAFFIC LAWS AND A DISREGARD FOR THE SAFETY OF OTHER PERSONS ON THE HIGHWAY**
- 11. ANY SEXUAL CONDUCT PROHIBITED BY LAW**

PAGE INTENTIONALLY LEFT BLANK

PERSONAL AND FAMILY INFORMATION

1. _____
Last Name First Name Middle/Maiden

Prefix: ☐ Mr. ☐ Ms. ☐ Mrs.

Suffix: ☐ Senior ☐ Junior ☐ III

a. Name most commonly called: _____

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

2. E-911 Address: _____
Street/County Road City State Zip Code

a. Mailing Address if different than above:

Street/County Road/P.O. Box City State Zip Code

b. Email Address (Mandatory): _____

3. Telephone Number: a. Home (_____) _____ b. Work (_____) _____

c. Cell phone: (_____) _____

4. Sex: ☐ Male ☐ Female

5. Social Security Number: _____ - _____ - _____

6. Date of Birth: Month _____ Day _____ Year _____ Age _____

7. Driver's License Number _____ State _____ Expiration Date _____

8. Place of Birth: City _____ County _____ State _____

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

9. Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

PERSONAL AND FAMILY INFORMATION CONTINUED

10. Marital Status continued:

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

11. 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	State	Zip

12. 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

12. Family Record 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 12a.)

Name	DOB	Place of Birth	Other Parent's Name & Address	AMT of Child Support

- c. List the full names of your parents, stepparents, in-laws, 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? ☐ Yes ☐ No. If yes, explain.

END OF PERSONAL AND FAMILY

EDUCATION

Please indicate whether you have a ☐ High School Diploma, or ☐ G.E.D.

If G.E.D., indicate when, where and in what state you received this degree.

Received on _____ at _____ in the state of _____.

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

FROM	TO	SCHOOL NAME/MAILING 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/MAILING 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/MAILING 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/MAILING 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/MAILING 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

1. Have you ever been suspended or expelled from any school for any reason?

☐ Yes ☐ No If yes, explain. _____

2. Have you ever been placed on academic probation from any school?

☐ Yes ☐ No If yes, explain. _____

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. Please list complete addresses. Include, in sequence, any military service or unemployment.

FROM	TO	COMPANY NAME / MAILING ADDRESS	STATUS
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary
Job Title: _____ Phone: _____ Work Performed: _____ Supervisor: _____ _____ Reason For Leaving: _____			
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary
Job Title: _____ Phone: _____ Work Performed: _____ Supervisor: _____ _____ Reason For Leaving: _____			
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary
Job Title: _____ Phone: _____ Work Performed: _____ Supervisor: _____ _____ Reason For Leaving: _____			
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary
Job Title: _____ Phone: _____ Work Performed: _____ Supervisor: _____ _____ Reason For Leaving: _____			

EMPLOYMENT HISTORY CONTINUED

FROM	TO	COMPANY NAME / MAILING ADDRESS	STATUS
Mo _____ Yr _____	Mo _____ Yr _____	_____ _____ _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary
Job Title: _____ Phone: _____ Work Performed: _____ Supervisor: _____ Reason For Leaving: _____			
FROM	TO	COMPANY NAME / MAILING ADDRESS	STATUS
Mo _____ Yr _____	Mo _____ Yr _____	_____ _____ _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary
Job Title: _____ Phone: _____ Work Performed: _____ Supervisor: _____ Reason For Leaving: _____			
FROM	TO	COMPANY NAME / MAILING ADDRESS	STATUS
Mo _____ Yr _____	Mo _____ Yr _____	_____ _____ _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary
Job Title: _____ Phone: _____ Work Performed: _____ Supervisor: _____ Reason For Leaving: _____			
FROM	TO	COMPANY NAME / MAILING ADDRESS	STATUS
Mo _____ Yr _____	Mo _____ Yr _____	_____ _____ _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary
Job Title: _____ Phone: _____ Work Performed: _____ Supervisor: _____ Reason For Leaving: _____			

EMPLOYMENT HISTORY CONTINUED

FROM	TO	COMPANY NAME / MAILING ADDRESS	STATUS
Mo _____ Yr _____	Mo _____ Yr _____	_____ _____ _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary
Job Title: _____ Phone: _____ Work Performed: _____ Supervisor: _____ Reason For Leaving: _____			
Mo _____ Yr _____	Mo _____ Yr _____	_____ _____ _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary
Job Title: _____ Phone: _____ Work Performed: _____ Supervisor: _____ Reason For Leaving: _____			
Mo _____ Yr _____	Mo _____ Yr _____	_____ _____ _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary
Job Title: _____ Phone: _____ Work Performed: _____ Supervisor: _____ Reason For Leaving: _____			
Mo _____ Yr _____	Mo _____ Yr _____	_____ _____ _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary
Job Title: _____ Phone: _____ 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.

1. Has any form of disciplinary actions (suspensions, fines, written reprimands, firings, etc.) ever been taken against you by an employer? ☐ Yes ☐ No

2. Did you ever quit a job before you were about to be fired? ☐ Yes ☐ No

3. Did you ever "lay out" of work or abuse sick leave? ☐ Yes ☐ No

4. Without prior approval, have you come in late for work more than three (3) times in one year? ☐ Yes ☐ No

5. Have you withheld any information on this application about reasons for leaving any places of prior employment? ☐ Yes ☐ No

6. Have you ever slept on any job without authorization? ☐ Yes ☐ No

7. How many days were you absent from work/school last year? _____

8. Have you ever been terminated or fired from a job for cause? ☐ Yes ☐ No

9. Have you ever walked off a job or quit without giving the requested or required notice? ☐ Yes ☐ No

10. Did you include all past employers? ☐ Yes ☐ No

11. Have you ever been asked to resign a position? ☐ Yes ☐ No

12. Did you give the real reasons on this application for leaving the former employers that you listed? ☐ Yes ☐ No

END OF EMPLOYMENT HISTORY

MILITARY SERVICE RECORD

1. Have you ever served in any branch of the United States Military, Reserve, or National Guard?
☐ Yes ☐ No

2. Are you registered with the Selective Service? ☐ Yes ☐ No

3. List below all military service performed:

DATES FROM / TO (mm/dd/yy- mm/dd/yy)	BRANCH OF SERVICE	ACTIVE OR RESERVE	HIGHEST & LAST RANK	SERVICE NUMBER	TYPE DISCHARGE OR SEPARATION

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

DATES FROM / TO	LOCATION	TYPE WORK PERFORMED

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

DATE	CHARGE (BE SPECIFIC)	TYPE ACTION	DISPOSITION

6. 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? _____

7. Were you ever AWOL? ☐ Yes ☐ No

8. Were you ever investigated by any military authorities? ☐ Yes ☐ No
If yes, why? _____

END OF MILITARY SECTION

FINANCIAL STATUS

1. 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					

2. What is your current monthly income? \$ _____

3. What is your spouse's monthly income? \$ _____

4. Do you have a checking account? ☐ Yes ☐ No
Name of Bank: _____

5. Do you have a savings account? ☐ Yes ☐ No

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

FINANCIAL STATUS CONTINUED

7. 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

8. If employed with the Decatur Police Department, do you anticipate any income other than your salary or spouse's income? ☐ Yes ☐ No

If yes, how much, and of what source? _____

END OF FINANCIAL STATUS SECTION

ARREST AND CRIMINAL ACTIVITY

If you answer “yes” to any of the following questions, explain afterwards or on a narrative page.

1. List ALL arrests, including any resulting in youthful offender treatment:

DATE	CITY/STATE	OFFENSE	DISPOSITION

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

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

4. Are there any outstanding warrants for your arrest now? ☐ Yes ☐ No

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

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

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

7. 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.....

- | | | |
|-----|---|--|
| 8. | Shoplifted or switched price tags? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | Stolen any money? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. | Stolen money from a place of employment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. | Assisted anyone in stealing anything? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. | Been accused of stealing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. | Stolen a motor vehicle? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. | Stolen a firearm? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. | Schemed to defraud anyone? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. | Broken into a house or building? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. | Sold or received any stolen property? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. | Made a false police or fire report? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. | Caused the death of anyone? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. | Been involved in an assault? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. | Been involved in a robbery? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. | Harassed someone by phone, mail, etc.? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. | Been involved in any sexual offense? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24. | Lied under oath in court? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 25. | Made a false bomb threat? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. | Forged another persons signature on a check or other document with the purpose to defraud anyone? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27. | Illegally used a credit card? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 28. | Illegally taken or obtained any money from an employer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 29. | Participated in a riot or demonstration? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30. | Been involved in child abuse or molestation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 31. | Stolen anything from a relative? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 32. | Been guilty of being a "Peeping Tom"? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 33. | Are you really a truthful person? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

END OF ARREST AND CRIMINAL ACTIVITY SECTION

DRIVER LICENSE AND TRAFFIC HISTORY

1. Do you possess a valid Alabama Drivers License?

☐ Yes ☐ No

a. Number: _____ Class: _____ Expiration Date: _____

b. Restrictions: _____

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

ISSUING DATE	DRIVERS LICENSE NUMBER	DATES ISSUED	
		FROM	TO

3. Have you ever had a driver's license suspended or revoked?

☐ Yes ☐ No

STATE	WHEN	WHY

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

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

5. 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

6. 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

7. While driving, have you ever hit another vehicle, pedestrian or object and left the scene without stopping?

☐ Yes ☐ No

8. 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

PHYSICAL FITNESS

1. Height _____ feet, _____ inches. Weight _____ lbs.
2. Do you have at least 20/20 corrected or normal vision? ☐ Yes ☐ No
3. Do you wear: Glasses? ☐ Yes ☐ No Contact Lenses? ☐ Yes ☐ No
4. Do you have defective color perception (color blindness)? ☐ Yes ☐ No
5. When was your most recent physical examination, or when did you last see a physician for any reason? _____
6. Do you regularly eat three (3) meals per day? ☐ Yes ☐ No
7. How well do you handle stress? _____
8. Do you have any condition that would likely affect your job performance , either now or in the future? ☐ Yes ☐ No
9. Have you ever had, or do you currently have, any phobias (fears)?
(Examples: heights, snakes, small places) ☐ Yes ☐ No
-
10. Is your hearing correctable to at least 90%? ☐ Yes ☐ No
11. Do you exercise on a regular basis? ☐ Yes ☐ No
12. Do you regularly participate in sports? If yes, list below. ☐ Yes ☐ No
-

Note: Applicants who are applying for the position of Police Officer must be able to pass the following physical fitness requirements:

- a. Complete a 1½-mile run within 15 minutes and 28 seconds
- b. Complete 22 push-ups in 60 seconds
- c. Complete 25 sit-ups in 60 seconds

END OF PHYSICAL FITNESS SECTION

DRUG INVOLVEMENT

1. 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
NARCOTICS					
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				
HALLUCINOGENS					
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				
STIMULANTS					
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				
DEPRESSANTS					
Barbiturates	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Tranquilizers	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Valium	<input type="checkbox"/> Yes <input type="checkbox"/> No				
DESIGNER DRUGS					
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				
Any Drug or Substance Not Listed	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				

DRUG INVOLVEMENT CONTINUED

Have you ever.....

2. Illegally used an inhalant such as paint, glue, gas, thinner or other petroleum-based products (huffing)? ☐ Yes ☐ No
3. Used steroids illegally? ☐ Yes ☐ No
4. Grown Marijuana? ☐ Yes ☐ No
5. Used illegal drugs while working? ☐ Yes ☐ No
6. Forged or altered a prescription? ☐ Yes ☐ No
7. Had any illegal drug, narcotic, or marijuana with you at work, for any reason? ☐ Yes ☐ No
8. 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
9. Given away any illegal drug or marijuana? ☐ Yes ☐ No
10. Abused your own prescribed medication? ☐ Yes ☐ No
11. Driven a vehicle under the influence of drugs? ☐ Yes ☐ No
12. Manufactured any illegal drugs? ☐ Yes ☐ No
13. Falsified a urine or blood test for drugs? ☐ Yes ☐ No
14. Possessed, sold or manufactured any counterfeited controlled or illegal substance? ☐ Yes ☐ No
15. Administered Rohypnol ("roofies") or GHB to another person? ☐ Yes ☐ No
16. When was the last time you were with someone who was using illegal drugs? _____

Why? _____

17. Are any of your close friends involved in the use or sale of illegal drugs? ☐ Yes ☐ No

If yes, who? _____

18. Is anyone in your family involved in the use or sale of illegal drugs? ☐ Yes ☐ No

If yes, who? _____

19. When did you last operate a motor vehicle under the influence of any illegally used drug?

END OF DRUG INVOLVEMENT SECTION

ALCOHOL USAGE

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

Do you.....

1. Drink alcoholic beverages on a regular basis? ☐ Yes ☐ No

2. Drink alcoholic beverages on special occasions? ☐ Yes ☐ No

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

Have you ever?

4. Gone to work drunk? ☐ Yes ☐ No

5. Been absent from work because of drinking? ☐ Yes ☐ No

6. Secretly drank alcohol at work? ☐ Yes ☐ No

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

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

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

10. How many times have you taken off work due to a hangover? _____

11. When did you last operate a motor vehicle under the influence of alcohol?

THE NEXT SECTION IS FOR FORMER, OR CURRENT, CRIMINAL JUSTICE EMPLOYEES ONLY, AND MAY NOT BE INCLUDED IN YOUR PACKET. YOUR NEXT SECTION MAY BE ENTITLED *MISCELLANEOUS*.

END OF ALCOHOL USAGE

FOR FORMER OR CURRENT CRIMINAL JUSTICE EMPLOYEES

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 question is "Yes", please explain on a narrative page.

Have you ever.....

1. Received payoffs from criminals? ☐ Yes ☐ No
2. Stolen anything from anyone you arrested? ☐ Yes ☐ No
3. Received any type gratuity for dropping a case or disposing of a traffic ticket? ☐ Yes ☐ No
4. Accepted a bribe? ☐ Yes ☐ No
5. Tampered with evidence? ☐ Yes ☐ No
6. Kept for your own use any type of illegal drugs taken from anyone who has been arrested, detained, or questioned? ☐ Yes ☐ No
7. Personally kept seized weapons for your own use? ☐ Yes ☐ No
8. Intentionally destroyed a case file, computer entry or official record? ☐ Yes ☐ No
9. "Planted" evidence? ☐ Yes ☐ No
10. Stolen anything from a place of business while on duty? ☐ Yes ☐ No
11. Used excessive force on a suspect? ☐ Yes ☐ No
12. Had any police brutality complaints? ☐ Yes ☐ No
13. Ever been suspended from work? ☐ Yes ☐ No
14. "Covered up" a criminal offense for a friend or relative? ☐ Yes ☐ No
15. Told a civilian friend, acquaintance or relative about an active investigation involving them? ☐ Yes ☐ No
16. Kept any lost or found property turned in by a citizen or found by you? ☐ Yes ☐ No
17. Lied or committed perjury in court or other official proceedings? ☐ Yes ☐ No
18. Since being in criminal justice work, have you used any illegal drugs? ☐ Yes ☐ No
19. Are you currently certified by the Alabama Peace Officers' Standards and Training Commission as a law enforcement officer within the State of Alabama? ☐ Yes ☐ No

If yes, what is your APOSTC Certification Number? _____

20. Are you currently certified as a law enforcement officer within another state? ☐ Yes ☐ No

If yes, what state? _____ Certification Number: _____

END OF FORMER OR CURRENT CRIMINAL JUSTICE EMPLOYEES

MISCELLANEOUS

Have you ever.....

1. Been involved in any subversive or terroristic activities or affiliations? ☐ Yes ☐ No

2. Have you ever been a member of a street gang or motorcycle gang? ☐ Yes ☐ No

3. Committed any act, which if it came to light, could be embarrassing to you or to a law enforcement agency employing you? ☐ Yes ☐ No
If yes, what?

4. Committed an act for which you could be blackmailed? ☐ Yes ☐ No

5. Applied for employment with the Decatur Police Department before? ☐ Yes ☐ No
If yes, what position and when:

6. Made applications for employment with other law enforcement agencies? ☐ Yes ☐ No
If yes, list: _____

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

8. Do you have any anti-government ideologies or beliefs regarding law enforcement control of society? ☐ Yes ☐ No

9. What is the worst act you have ever committed? _____

10. 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?

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

12. List below all clubs or organizations of which you are presently a member:

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

14. Why do you want to work with the Decatur Police Department?

END OF MISCELLANEOUS SECTION

REFERENCES

1. List three (3) references (other than relatives or previous employers), preferably in Morgan County. **PLEASE PROVIDE CURRENT MAILING ADDRESSES AND PHONE NUMBERS!**

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

2. Give the names of two (2) relatives that do not reside in the same house as you, preferably in Morgan County. Provide current mailing addresses and phone numbers.

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

3. List the names of your five (5) closest friends. Provide current mailing addresses and phone numbers.

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

4. List all employees of the Decatur Police Department that you have had association with and give type of association:

END OF REFERENCES SECTION

NARRATIVE SECTION

[illegible]

NARRATIVE SECTION CONTINUED

[illegible]

If more space is needed add another sheet.

END OF NARRATIVE SECTION

FALSIFICATION OF APPLICATION

Have you.....

- 1. Intentionally falsified any part of this application?** ☐ **Yes** ☐ **No**
- 2. Intentionally omitted or left out any information to any question on this application?** ☐ **Yes** ☐ **No**
- 3. Answered all questions truthfully and to the best of your ability and knowledge?** ☐ **Yes** ☐ **No**

END OF QUESTIONNAIRE. PROCEED TO SIGNATURE PAGES.

PLEASE READ AND UNDERSTAND
SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC

THESE NEXT 7 PAGES MUST BE PRINTED, SIGNED AND WITNESSED BY A NOTARY PUBLIC IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED FOR EMPLOYMENT.

I understand that I may be requested to submit to a polygraph and psychological evaluation during the processing of my application, and subsequent to employment, to assist in determining my suitability for employment or to resolve issues directly related to my employment.

I understand that all appointments are probationary for a period of six months during which I must demonstrate my fitness for continued employment by the Decatur Police Department. I also understand that, in many parts of the Decatur Police Department, it is necessary to establish 12-hour shifts in view of which I must be completely available for assignment to either a day or night shift. I further understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be basis for dismissal from the Decatur Police Department. I understand that the Decatur Police Department reserves the right to decline any application and does not have to disclose the reason for that decision. 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

As usually written. Do not use nicknames.

Date

Applicant's Name Typed or Printed In Full

**STATE OF ALABAMA }
COUNTY OF MORGAN }**

Sworn to me this _____ day of _____, 20__.

Notary Public

My Commission Expires: _____

**Decatur Police Department
Decatur, Alabama
Authority for Release of Information**

To Whom It May Concern:

I hereby authorize any investigative or duly accredited representative of the Decatur Police Department bearing this release, or copy thereof, within one year of its date, to obtain any information from schools, residential, financial institutions, armed forces, hospitals, doctors, Veteran's Administration, credit bureau, employers, criminal justice agencies, or individuals, relating to my actions. This information may include, but is not limited to academic, military, residential, health rating, credit rating, achievement, performance, attendance, personal history, disciplinary, arrest and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Decatur Police Department and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record 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 release, you may contact me as indicated below:

Signature (Full Name) _____

Full Name (Printed) _____

Other Names Used: _____

Social Security Number: _____

Current Address & Telephone #: _____

Date: _____

Sworn and subscribed to me this the _____ day of _____, 20____.

Notary Public: _____

My commission expires _____

Privacy Act Notice

Purposes and Uses

Information provided on this form will be furnished to individuals in order to obtain information regarding your activities in connection with an investigation to determine (1) fitness for municipal employment, (2) clearance to perform required services for the municipal government, (3) security clearance or access. The information obtained may be furnished to third parties as necessary for the fulfillment of official responsibilities.

Effects of Nondisclosures

Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for employment, clearance or access or in the termination of your employment.

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Signature (Full Name) _____

Full Name (Printed) _____

Other Names Used: _____

Social Security Number: _____

Current Mailing Address: _____

Telephone Number: _____

Date: _____

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Notary Public: _____

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Summary of Required Supplemental Documents

1. **Certified Birth Certificate**- If born in Alabama can be obtained at any county health department. If born outside the State of Alabama you must contact that state's bureau of vital statistics. It cannot be a copy must be an original with a raised seal.
2. **Social Security Card**- A photocopy of your SSC
3. **Driver's License**- A photocopy of your driver's license
4. **Copy of High School Diploma**- A photocopy of your high school diploma, if you do not have you high school diploma readily available contact the high school you attended. If you obtained your GED please provide a photocopy of your GED.
5. **High School Transcript**-Contact your high school and ask how to obtain
6. **College Diploma**- A photocopy of your college diploma
7. **College Transcript**- Contact you college and find out how to obtain
8. **DD214** Need a photocopy of (Only applies to those who have served in the military)
9. **Marriage License**- A photocopy of your marriage license- contact your local department of public records
10. **Divorce Decree**- A photocopy of any divorce decrees- contact your local department of public records
11. **Traffic Tickets and Arrests**- Copies of any traffic tickets you have received in the previous three years, contact the jurisdiction where you received the ticket, you must also obtain certified dispositions for all tickets within the previous three years. If you have ever been arrested for anything, at any time, no matter how the case ended, obtain copies of the arrest report and certified disposition.
12. **Current APOSTC Certification (Lateral Hires Only- Does not apply to New Recruits)**
13. **Basic Abilities Test- (WorkKeys)**- Any applicant who has not received an Associate's Degree or higher from an accredited university must take and pass this test. Contact your local community college, tell them you need to take the Basic Abilities Test, they will set you up. You must take Math, Graphics Literacy, and Workplace documents. Passing scores are as follows 3 or higher in Math, 4 or higher in Graphics Literacy, and 4 or higher in Workplace documents.
14. **Credit Report**- You must obtain a current copy of your credit report and provide it to the police department's background investigator.

Note 1: You will also be required to provide your fingerprints to the police department's background investigator. He or she will coordinate with you to obtain.

Note 2: Pages 34-40 **MUST BE SIGNED IN THE PRESENCE OF A NOTARY!**

Note 3: **BE HONEST AND COMPLETE WITH YOUR ANSWERS. DISHONESTY ON THE BACKGROUND PACKETS IS GROUNDS FOR DISMISSAL OF CONSIDERATION FOR EMPLOYMENT!!!**