

ANNISTON POLICE DEPARTMENT

174 West 13th St
PO Box 2168
Anniston, AL 36202
Phone: 256/238-1800
Fax: 256/231-7676

DO NOT REMOVE ANY PORTION OF THIS PACKET!

PRE-EMPLOYMENT BACKGROUND PACKET

READ, carefully, the instructions to this packet on the following pages, **BEFORE** answering the questions contained in the packet.

Upon completion of the packet, return it to the Anniston Civil Service Office at 1128 Gurnee Ave. Anniston, AL 36201, along with the following documents:

- | | |
|---------------------------------------|---|
| 1. Copy of Birth Certificate | 6. Copy of College Diploma |
| 2. Copy of Social Security Card | 7. College Transcript * |
| 3. Copy of Drivers License | 8. Copy of DD214, Form 4, If Applicable |
| 4. Copy of High School Diploma or GED | 9. Copies of all Marriage Licenses |
| 5. High School Transcript * | 10. Copies of any Divorce Decrees |

* *These items may take more time to provide.*

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.

INSTRUCTIONS TO APPLICANT

1. Each applicant is hereby advised that the contents of this booklet are held strictly confidential and no information will be disseminated to any person except when essential to the conduct of official police business.
2. 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 and a polygraph examination to determine your qualifications.
3. **Type or print in ink** your answers in this booklet. If this booklet is unstapled, please make sure that it is re-assembled in the proper order before you re-staple it.
4. On page 31, of this booklet, is a blank for your signature. There is also an *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.**
5. **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 police department employment,
2. Clearance to perform contractual service for the city government,
3. Security clearance or access.

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

PERSONAL AND FAMILY INFORMATION

- Jr.
- Sr.
- III

1. _____
Last Name
First Name
Middle / Maiden

a. Name most commonly called _____

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

2. Sex: Male Female 3. Social Security Number: _____

4. Date of Birth: Month _____ Day _____ Year _____

5. 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

6. Marital Status: Single Divorced Married Separated Widowed

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

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

NAME	DATE OF BIRTH	CURRENT ADDRESS	DATE / PLACE OF DIVORCE

PERSONAL AND FAMILY INFORMATION CONTINUED

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

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

8. Telephone Numbers: Residence _____ Work _____ Other _____
 E-Mail Address (If available) _____

9. Family Record

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

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

PERSONAL AND FAMILY INFORMATION CONTINUED

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

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

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

LAST NAME	FIRST NAME	MI	RELATIONSHIP	PLACE OF EMPLOYMENT	DOB

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

END OF PERSONAL AND FAMILY

EDUCATION

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

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

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

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

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

EDUCATION CONTINUED

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

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

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

FROM	TO	SCHOOL NAME / ADDRESS	GRADES ATTENDED
Mo ___	Mo ___	_____	
Yr ___	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 even 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. Include, in sequence, any military service or unemployment. Use narrative page to include any additional employers or information.

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

Job Title: _____ Phone No. _____

Work Performed: _____ Supervisor: _____

Reason For Leaving: _____

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

Job Title: _____ Phone No. _____

Work Performed: _____ Supervisor: _____

Reason For Leaving: _____

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

Job Title: _____ Phone No. _____

Work Performed: _____ Supervisor: _____

Reason For Leaving: _____

EMPLOYMENT HISTORY CONTINUED

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

Job Title: _____ **Phone No.** _____

Work Performed: _____ **Supervisor:** _____

Reason For Leaving: _____

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

Job Title: _____ **Phone No.** _____

Work Performed: _____ **Supervisor:** _____

Reason For Leaving: _____

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

Job Title: _____ **Phone No.** _____

Work Performed: _____ **Supervisor:** _____

Reason For Leaving: _____

EMPLOYMENT HISTORY CONTINUED

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

Job Title: _____ **Phone No.** _____

Work Performed: _____ **Supervisor:** _____

Reason For Leaving: _____

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

Job Title: _____ **Phone No.** _____

Work Performed: _____ **Supervisor:** _____

Reason For Leaving: _____

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

Job Title: _____ **Phone No.** _____

Work Performed: _____ **Supervisor:** _____

Reason For Leaving: _____

EMPLOYMENT HISTORY CONTINUED

FROM	TO	COMPANY NAME / ADDRESS	STATUS
Mo ___ Yr ___	Mo ___ Yr ___	_____ _____ _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary
Job Title: _____ Phone No. _____ Work Performed: _____ Supervisor: _____ Reason For Leaving: _____			
FROM	TO	COMPANY NAME / ADDRESS	STATUS
Mo ___ Yr ___	Mo ___ Yr ___	_____ _____ _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary
Job Title: _____ Phone No. _____ Work Performed: _____ Supervisor: _____ Reason For Leaving: _____			
FROM	TO	COMPANY NAME / ADDRESS	STATUS
Mo ___ Yr ___	Mo ___ Yr ___	_____ _____ _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary
Job Title: _____ Phone No. _____ Work Performed: _____ Supervisor: _____ Reason For Leaving: _____			

If more space is needed, go to the narrative page.

EMPLOYMENT HISTORY CONTINUED

If you answer "yes" to any of the following questions, please explain.

1. Has any form of disciplinary actions (suspensions, fines, written reprimands, firing, 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

13. May we contact your current employer? If no, please explain. Yes No

END OF EMPLOYMENT HISTORY

MILITARY SERVICE RECORD

1. Have you ever served in the Armed Forces on either Active Duty, 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	BRANCH OF SERVICE	ACTIVE OR RESERVE	HIGHEST & LAST RANK	SERVICE NUMBER	TYPE DISCHARGE OR SEPARATION

1. 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 current and/or 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

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

7. 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. Has 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

8. 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

9. 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

10. If employed with the Anniston Police Department, do you anticipate any income other than your police department 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 “yes” to any of the following questions, explain after or on narrative page.

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

DATE	LOCATION	OFFENSE	DISPOSITION

If you were ever arrested, you MUST provide a copy of the warrant affidavit and case disposition including information that shows that all fines are paid in full.

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

8. Have you ever been involved with, or contributed to, identity theft? Yes No

ARREST AND CRIMINAL ACTIVITY CONTINUED

Have you ever

- | | |
|--|--|
| 9. Shoplifted or switched price tags? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Stolen any money? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Stolen money from a place of employment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Assisted anyone in stealing anything? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Been accused of stealing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Stolen a firearm? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Stolen a motor vehicle? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Schemed to defraud anyone? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Broken into a house or building? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Sold or received any stolen property? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Made a false police or fire report? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Caused the death of anyone? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. Been involved in an assault? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. Been involved in a robbery? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. Harassed someone by phone, mail, etc.? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24. Been involved in any sexual offense? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 25. Lied under oath in court? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. Made a false bomb threat? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27. Forged another person's signature on a check or other Document with the purpose to defraud anyone? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 28. Illegally used a credit card? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 29. Illegally taken or obtained any money from an employer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30. Participated in a riot or demonstration? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 31. Been involved in child abuse or molestation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 32. Stolen anything from a relative? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 33. Been guilty of being a "Peeping Tom"? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 34. 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 Driver License? Yes No

a. Number _____ Class _____ Expiration Date _____

c. Restrictions _____

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

ISSUING STATE	DRIVERS LICENSE NUMBER	DATES ISSUED	
		FROM	TO

If any citations are within the last 3 years, you MUST provide Case Action Summaries and Traffic Fee sheets showing that the citations are PAID IN FULL. Contact the court office where you paid the ticket, they will know what you're talking about.

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

STATE	WHEN	WHY

3. 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

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

PHYSICAL FITNESS

1. Height _____ Weight _____
2. Do you have at least 20/30 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 effect 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. Do you have any speech defects that would likely effect your job performance? Yes No
11. Is your hearing correctable to at least 90%? Yes No
12. Do you exercise on a regular basis? Yes No
13. Do you regularly participate in sports? If yes, list below. Yes No
-

Note: Police Officer Applicants must be able to pass the following physical fitness requirements:

- a. 1-1/2 mile run, within 15 minutes and 28 seconds
- b. 22 push-ups in 60 seconds
- c. 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/Mushrooms	<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, 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
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 questions 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

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? If yes, what? YES NO

4. Committed an act for which you could be blackmailed? YES NO
5. Applied for employment with the City of Anniston before? YES NO
If yes, what position and when: _____
6. Made applications for employment with other agencies or companies? 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-governmental 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 Anniston Police Department? _____

END OF MISCELLANEOUS SECTION

REFERENCES

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

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

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

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

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

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

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

END OF REFERENCES 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 PAGE.

PLEASE READ AND UNDERSTAND

SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC

I affirm that this application contains no misrepresentation or falsifications, omissions or concealment of material fact, and that the information given by me is true and complete to the best of knowledge and belief. I am aware that statements made by me on this application are subject to later investigation. I am further aware and understand that should any investigation disclose any such misrepresentation, falsification, omission or concealment of material fact, my application may be rejected and my name removed from the eligible list. If already appointed, I may be dismissed.

Signature of Applicant

STATE OF ALABAMA |
COUNTY OF CALHOUN |

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

S E A L

Notary Public
My Commission Expires: _____

ANNISTON POLICE DEPARTMENT
ANNISTON, AL

AUTHORITY FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any investigative or duly accredited representative of the ANNISTON POLICE DEPARTMENT, bearing this release, or copy thereof, within one (1) year of its date, to obtain any information, relating to my actions, from schools, residential, financial institutions, armed forces, credit bureau, employers, criminal justice agencies, or individuals. This information may include, but is not limited to, academic, military, residential, credit rating, achievement, performance, attendance, personal history, disciplinary, arrest and conviction record.

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 ANNISTON 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: _____
Other Names Used: _____
Social Security Number: _____ DOB: _____
Current Address: _____

City State Zip Code
Telephone Number: (_____) _____

STATE OF ALABAMA |
COUNTY OF CALHOUN |

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

S E A L

Notary Public
My Commission Expires: _____

PRIVACY ACT NOTICE

Purpose and Uses

Information provided on this form will be furnished to individuals in order to determine: 1) fitness for police department employment, 2) clearance to perform contractual service for the city government, and 3) security clearance or access.

Effects of Nondisclosure

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.

ANNISTON POLICE DEPARTMENT
ANNISTON, AL

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Full Name: _____

Other Names Used: _____

Social Security Number: _____ DOB: _____

Current Address: _____

City State Zip Code

Telephone Number: () _____

STATE OF ALABAMA |
COUNTY OF CALHOUN |

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

SEAL

Notary Public

My Commission Expires: _____

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ANNISTON, AL

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Current Address: _____

City State Zip Code

Telephone Number: () _____

STATE OF ALABAMA |
COUNTY OF CALHOUN |

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

Notary Public
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