**MOBILE COUNTY SHERIFF’S OFFICE**

PERSONAL HISTORY STATEMENT

EMPLOYMENT APPLICATION



Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipt Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THE MOBILE COUNTY SHERIFF’S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER

The Mobile County Sheriff’s Office prohibits discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, sex, or national origin.

**This application**

**must be completed**

**before you arrive for your**

**employment interview.**

Please provide the following documents:

1. Current Driver’s License
2. Birth Certificate
3. High School Diploma or GED Certificate
4. College transcripts, if applicable
5. DD214, if applicable
6. Naturalization Certification, if applicable
7. Social Security Card
8. A passport type picture of the applicant

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| INSTRUCTIONS  Fill out the application completely. We will not consider applications that do not contain all of the mandatory information.  If you don’t have room to answer questions completely use the comments page, 20 – 21. Leave a blank line between entries. Attach additional sheets if necessary.  Dates should be entered as a two digit: month and a two digit year (mm/yy. Example: 05/03 denotes May of 2003) |

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| **SECTION 1: PERSONAL**  This information will be used by the Mobile County Sheriff’s Office strictly for the purposes of confirming identity and making contact inquires |
| **1. FULL NAME**  **LAST FIRST MIDDLE** |
| **2. OTHER NAMES, INCLUDING NICKNAMES THAT YOU HAVE USED OR BEEN KNOWN BY** |
| **3. ADDRESS WHERE YOU RESIDE**  **NUMBER / STREET UNIT # CITY STATE ZIP** |
| **4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE**  **NUMBER / STREET UNIT # CITY STATE ZIP** |
| **5. CONTACT NUMBERS** CELL  FAX  **HOME ( ) WORK ( ) EXT OTHER ( ) PAGER** |
| 6. EMAIL ADDRESS  **HOME ( ) BUSINESS ( )** |
| 7. BIRTHDATE 8. SOCIAL SECURITY NUMBER 9. DRIVER’S LICENSE |
| 10. PHYSICAL DESCRIPTION  HEIGHT WEIGHT HAIR COLOR EYE COLOR |
| 11. SCARS, MARKS OR TATTOS – DESCRIPTION AND LOCATION |
| 12. IF YOUR APPLICATION IS APPROVED, WILL YOU BE ABLE TO PROVIDE PROOF OF CITIZENSHIP AT TIME OF EMPLOYMENT?  YES  NO |

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| **SECTION II: RESIDENCES**  List all residences that you have occupied for the last 10 years, starting with your current home and working backwards. There should be no breaks between dates of consecutive entries. List dates as mm/yy. Mandatory fields must be completed for each address that is listed |
| 1. CURRENT ADDRESS (SHOULD BE SAME AS SECTION 1, NUMBER 3)  NUMBER / STREET UNIT # CITY STATE ZIP |
| 2. DATES 3. REASON FOR LEAVING  FROM TO: PRESENT N/A |
| 4. DO YOU OWE BACK PAYMENTS? 5. HAS YOUR LANDLORD EVER FILED A LAWSUIT, INCLUDING AN EVICTION AGAINST  YOU?  YES YES  NO NO |

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| PAST RESIDENCES |
| **A 1**. ADDRESS  NUMBER / STREET UNIT # CITY STATE ZIP |
| **A 2**. DATES **A 3.** REASON FOR LEAVING  FROM TO: |
| **A 4.** DO YOU OWE BACK PAYMENTS? **A 5.** HAS YOUR LANDLORD EVER FILED A LAWSUIT, INCLUDING AN EVICTION AGAINST  YOU?  YES NO YES NO |
| B 1. ADDRESS  NUMBER / STREET UNIT # CITY STATE ZIP |
| B 2. DATES B 3. REASON FOR LEAVING  FROM TO: |
| B 4. DO YOU OWE BACK PAYMENTS? B 5. HAS YOUR LANDLORD EVER FILED A LAWSUIT, INCLUDING AN EVICTION AGAINST  YOU?  YES NO YES NO |
| **C 1.** ADDRESS  NUMBER / STREET UNIT # CITY STATE ZIP |
| **C 2.** DATES **C 3.** REASON FOR LEAVING  FROM TO: |
| **C 4.** DO YOU OWE BACK PAYMENTS? **C 5.** HAS YOUR LANDLORD EVER FILED A LAWSUIT, INCLUDING AN EVICTION AGAINST  YOU?  YES NO YES NO |
| D 1. ADDRESS  NUMBER / STREET UNIT # CITY STATE ZIP |
| D 2. DATES D 3. REASON FOR LEAVING  FROM TO: |
| D 4. DO YOU OWE BACK PAYMENTS? D 5. HAS YOUR LANDLORD EVER FILED A LAWSUIT, INCLUDING AN EVICTION AGAINST  YOU?  YES NO YES NO |
| **E 1.** ADDRESS  NUMBER / STREET UNIT # CITY STATE ZIP |
| **E 2.** DATES **E 3.** REASON FOR LEAVING  FROM TO: |
| **E 4.** DO YOU OWE BACK PAYMENTS? **E 5.** HAS YOUR LANDLORD EVER FILED A LAWSUIT, INCLUDING AN EVICTION AGAINST  YOU?  YES NO YES NO |
| F 1. ADDRESS  NUMBER / STREET UNIT # CITY STATE ZIP |
| F 2. DATES F 3. REASON FOR LEAVING  FROM TO: |
| F 4. DO YOU OWE BACK PAYMENTS? F 5. HAS YOUR LANDLORD EVER FILED A LAWSUIT, INCLUDING AN EVICTION AGAINST  YOU?  YES NO YES NO |

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| **SECTION III: TRAINING AND EDUCATION** | |
| **HIGH SCHOOL** | |
| 1. DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED  DEGREE?  YES  NO | 2. ON WHAT DATE DID YOU RECEIVE YOUR DIPLOMA OR  GED (mm/yy)? |
| 3. WERE YOU EVER SUSPENDED OR EXPELLED FROM A HIGH  SCHOOL?  YES  NO | 4. IF YES, EXPLAIN |
| **COLLEGE** | |
| 5. DO YOU HAVE A COLLEGE OR TECHNICAL DEGREE?  YES  NO | 6. DEGREE |
| 7. WERE YOU EVER SUSPENDED OR EXPELLED FROM A COLLEGE  OR UNIVERSITY?  YES  NO | 8. IF YES, EXPLAIN |
| **POLICE / PRIVATE SECURITY** | |
| 9. DO YOU HAVE EXPERIENCE AS A SWORN OFFICER?  YES  NO | 10. IF YES, LIST AGENCIES. |
| 11. DO YOU HAVE AN APOST CERTIFICATE?  YES  NO | 12. IF YES, GIVE YOUR CERTIFICATE NUMBER. |
| 13. DO YOU HOLD ANY OTHER POLICE CERTIFICATIONS:  YES  NO | 14. IF YES, PLEASE LIST |
| 15. HAVE YOU EVER BEEN DISCIPLINED BY A POLICE AGENCY?  YES  NO | 16. IF YES, EXPLAIN. |
| 17. DO YOUHAVE EXPERIENCE AS AN INTERN, VOLUNTEER  OR CADET?  YES  NO | 18. IF YES, LIST AGENCIES. |
| 19. DO YOU HAVE EXPERIENCE IN PRIVATE SECURITY?  YES  NO | 20. IF YES, LIST COMPANIES. |
| 21. DO YOU HAVE FOREIGN LANGUAGE SKILLS?  YES  NO | 22. IF YES, LIST LANGUAGES AND FLUENCY LEVELS. |

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| **DO YOU HAVE TRAINING IN ANY OF THE FOLLOWING AREAS:**  **If you answer yes to any of these questions, explain fully on the comments page** | **YES** | **NO** |
| 23. MARTIAL ARTS |  |  |
| 24. FIREARMS |  |  |
| 25. COUNSELING |  |  |
| 26. LEGAL OR PARALEGAL |  |  |
| 27. LEADERSHIP COURSES |  |  |
| 28. EMT OR PARAMEDIC |  |  |
| 29. OTHER |  |  |

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| **SECTION IV: MILITARY SERVICE** | |
| 1. ARE YOU REQUIRED TO REGISTER FOR SELECTIVE SERVICE?  YES  NO | 2. IF YES, HAVE YOU REGISTERED?  YES  NO |
| 3. HAVE YOU EVER BEEN DENIED ENTRANCE INTO THE  MILITARY?  YES  NO | 4. IF YES, AND OTHER THAN MEDICAL, EXPLAIN. |
| 5. DO YOU CURRENTLY HAVE A RESERVE OR NATIONAL GUARD  OBLIGATION?  YES  NO | IF YES, COMPLETE BLOCKS 6. 7, 8 AND 9. |
| 6. ORGANIZATION | 7. ADDRESS |
| 8. SUPERVISOR | 9. BUSINESS PHONE |
| 10. DO YOU HAVE PRIOR MILITARY SERVICE:  YES  NO | IF YES, COMPLETE A TERM OF SERVICE BLOCK FOR EACH TERM OF SERVICE. YOU MUST INCLUDE A COPY OF ALL DD214’S THAT YOU HAVE RECEIVED. |

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| **TERMS OF SERVICE** | | | |
| A 11. BRANCH | A 12. ENTRY DATE (mm/yy) | | A 13. EOS DATE (mm/yy) |
| A 14. WHAT WAS THE HIGHEST RANK YOU ACHIEVED? | | A 15. WHAT RANK DID YOU SEPARATE WITH? | |
| A 16. IF THE RANK YOU SEPARATED WITH IS NOT THE HIGHEST RANK YOU ACHIEVED, EXPLAIN. | | | |
| A 17. WHAT TYPE OF DISCHARGE DID YOU RECEIVE FOR THIS TERM OF SERVICE?  GENERAL UNDER HONORABLE CONDITIONS ENTRY LEVEL HONORABLE  GENERAL UNDER DISHONORABLE CONDITIONS BAD CONDUCT DISHONORABLE | | | |

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| B 11. BRANCH | B 12. ENTRY DATE (mm/yy) | | B 13. EOS DATE (mm/yy) |
| B 14. WHAT WAS THE HIGHEST RANK YOU ACHIEVED? | | B 15. WHAT RANK DID YOU SEPARATE WITH? | |
| B 16. IF THE RANK YOU SEPARATED WITH IS NOT THE HIGHEST RANK YOU ACHIEVED, EXPLAIN. | | | |
| B 17. WHAT TYPE OF DISCHARGE DID YOU RECEIVE FOR THIS TERM OF SERVICE?  GENERAL UNDER HONORABLE CONDITIONS ENTRY LEVEL HONORABLE  GENERAL UNDER DISHONORABLE CONDITIONS BAD CONDUCT DISHONORABLE | | | |

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| C 11. BRANCH | C 12. ENTRY DATE (mm/yy) | | C 13. EOS DATE (mm/yy) |
| C 14. WHAT WAS THE HIGHEST RANK YOU ACHIEVED? | | C 15. WHAT RANK DID YOU SEPARATE WITH? | |
| C 16. IF THE RANK YOU SEPARATED WITH IS NOT THE HIGHEST RANK YOU ACHIEVED, EXPLAIN. | | | |
| C 17. WHAT TYPE OF DISCHARGE DID YOU RECEIVE FOR THIS TERM OF SERVICE?  GENERAL UNDER HONORABLE CONDITIONS ENTRY LEVEL HONORABLE  GENERAL UNDER DISHONORABLE CONDITIONS BAD CONDUCT DISHONORABLE | | | |

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| **MILITARY DISCIPLINE** | |
| 18. HAVE YOU EVER BEEN THE SUBJECT OF MILITARY DISCIPLINE?  YES  NO | 19. IF YES, EXPLAIN |
| 20. HAVE YOU EVER BEEN QUESTIONED BY MILITARY POLICE  CRIMINAL INVESTIGATION, OSI, ETC?  YES  NO | 4. IF YES, EXPLAIN. |
| 22. EXPLAIN ANY BREAK IN SERVICE |  |

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| **SECTION V: EMPLOYMENT**  **If you are not currently employed enter unemployed in the block A2 (Current Employer Name).**  **Explain any break in employment longer than one month on the comments page**  **You must enter all of your employers for the past 10 years.** | | | |
| 1. MAY WE CONTACT YOUR CURRENT EMPLOYER(S)? YES NO | | | |
| **CURRENT EMPLOYER** | | | |
| A 2. COMPANY NAME | | A 3. ADDRESS  NUMBER / STRRET CITY STATE ZIP | |
| A 4. SUPERVISOR | A 5. SUPERVISOR’S POSITION | | A 6. PHONE NUMBER  ( ) |
| A 7. YOUR POSITION | | A 8. YOUR JOB RESPONSIBILITIES | |
| A 9. START DATE (mm/yy) | | A 10. END DATE (mm/yy) | |
| CURRENT EMPLOYER (SECONDARY) | | | |
| B 2. COMPANY NAME | | B 3. ADDRESS  NUMBER / STRRET CITY STATE ZIP | |
| B 4. SUPERVISOR | B 5. SUPERVISOR’S POSITION | | B 6. PHONE NUMBER  ( ) |
| B 7. YOUR POSITION | | B 8. YOUR JOB RESPONSIBILITIES | |
| B 9. START DATE (mm/yy) | | B 10. END DATE (mm/yy) | |

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| **PAST EMPLOYERS** | | | |
| C 2. COMPANY NAME | | C 3. ADDRESS  NUMBER / STRRET CITY STATE ZIP | |
| C 4. SUPERVISOR | C 5. SUPERVISOR’S POSITION | | C 6. PHONE NUMBER  ( ) |
| C 7. YOUR POSITION | | C 8. YOUR JOB RESPONSIBILITIES | |
| C 9. START DATE (mm/yy) | C 10. END DATE (mm/yy) | | C 11. REASON FOR LEAVING |
| C 12. WERE YOU TERMINATED BY THIS EMPLOYER?  YES NO | | C 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE?  YES NO | |
| D 2. COMPANY NAME | | D 3. ADDRESS  NUMBER / STRRET CITY STATE ZIP | |
| D 4. SUPERVISOR | D 5. SUPERVISOR’S POSITION | | D 6. PHONE NUMBER  ( ) |
| D 7. YOUR POSITION | | D 8. YOUR JOB RESPONSIBILITIES | |
| D 9. START DATE (mm/yy) | D 10. END DATE (mm/yy) | | D 11. REASON FOR LEAVING |
| D 12. WERE YOU TERMINATED BY THIS EMPLOYER?  YES NO | | D 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE?  YES NO | |
| E 2. COMPANY NAME | | E 3. ADDRESS  NUMBER / STRRET CITY STATE ZIP | |
| E 4. SUPERVISOR | E 5. SUPERVISOR’S POSITION | | E 6. PHONE NUMBER  ( ) |
| E 7. YOUR POSITION | | E 8. YOUR JOB RESPONSIBILITIES | |
| E 9. START DATE (mm/yy) | E 10. END DATE (mm/yy) | | E 11. REASON FOR LEAVING |
| E 12. WERE YOU TERMINATED BY THIS EMPLOYER?  YES NO | | E 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE?  YES NO | |
| F 2. COMPANY NAME | | F 3. ADDRESS  NUMBER / STRRET CITY STATE ZIP | |
| F 4. SUPERVISOR | F 5. SUPERVISOR’S POSITION | | F 6. PHONE NUMBER  ( ) |
| F 7. YOUR POSITION | | F 8. YOUR JOB RESPONSIBILITIES | |
| F 9. START DATE (mm/yy) | F 10. END DATE (mm/yy) | | F 11. REASON FOR LEAVING |
| F 12. WERE YOU TERMINATED BY THIS EMPLOYER?  YES NO | | F 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE?  YES NO | |
| G 2. COMPANY NAME | | G 3. ADDRESS  NUMBER / STRRET CITY STATE ZIP | |
| G 4. SUPERVISOR | G 5. SUPERVISOR’S POSITION | | G 6. PHONE NUMBER  ( ) |
| G 7. YOUR POSITION | | G 8. YOUR JOB RESPONSIBILITIES | |
| G 9. START DATE (mm/yy) | G 10. END DATE (mm/yy) | | G 11. REASON FOR LEAVING |
| G 12. WERE YOU TERMINATED BY THIS EMPLOYER?  YES NO | | G 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE?  YES NO | |
| H 2. COMPANY NAME | | H 3. ADDRESS  NUMBER / STRRET CITY STATE ZIP | |
| H 4. SUPERVISOR | H 5. SUPERVISOR’S POSITION | | H 6. PHONE NUMBER  ( ) |
| H 7. YOUR POSITION | | H 8. YOUR JOB RESPONSIBILITIES | |
| H 9. START DATE (mm/yy) | H 10. END DATE (mm/yy) | | H 11. REASON FOR LEAVING |
| H 12. WERE YOU TERMINATED BY THIS EMPLOYER?  YES NO | | H 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE?  YES NO | |

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| I 2. COMPANY NAME | | I 3. ADDRESS  NUMBER / STRRET CITY STATE ZIP | |
| I 4. SUPERVISOR | I 5. SUPERVISOR’S POSITION | | I 6. PHONE NUMBER  ( ) |
| I 7. YOUR POSITION | | I 8. YOUR JOB RESPONSIBILITIES | |
| I 9. START DATE (mm/yy) | I 10. END DATE (mm/yy) | | I 11. REASON FOR LEAVING |
| I 12. WERE YOU TERMINATED BY THIS EMPLOYER?  YES NO | | I 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE?  YES NO | |
| J 2. COMPANY NAME | | J 3. ADDRESS  NUMBER / STRRET CITY STATE ZIP | |
| J 4. SUPERVISOR | J 5. SUPERVISOR’S POSITION | | J 6. PHONE NUMBER  ( ) |
| J 7. YOUR POSITION | | J 8. YOUR JOB RESPONSIBILITIES | |
| J 9. START DATE (mm/yy) | J 10. END DATE (mm/yy) | | J 11. REASON FOR LEAVING |
| J 12. WERE YOU TERMINATED BY THIS EMPLOYER?  YES NO | | J 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE?  YES NO | |
| K 2. COMPANY NAME | | K 3. ADDRESS  NUMBER / STRRET CITY STATE ZIP | |
| K 4. SUPERVISOR | K 5. SUPERVISOR’S POSITION | | K 6. PHONE NUMBER  ( ) |
| K 7. YOUR POSITION | | K 8. YOUR JOB RESPONSIBILITIES | |
| K 9. START DATE (mm/yy) | K 10. END DATE (mm/yy) | | K 11. REASON FOR LEAVING |
| K 12. WERE YOU TERMINATED BY THIS EMPLOYER?  YES NO | | K 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE?  YES NO | |
| L 2. COMPANY NAME | | L 3. ADDRESS  NUMBER / STRRET CITY STATE ZIP | |
| L 4. SUPERVISOR | L 5. SUPERVISOR’S POSITION | | L 6. PHONE NUMBER  ( ) |
| L 7. YOUR POSITION | | L 8. YOUR JOB RESPONSIBILITIES | |
| L 9. START DATE (mm/yy) | L 10. END DATE (mm/yy) | | L 11. REASON FOR LEAVING |
| L 12. WERE YOU TERMINATED BY THIS EMPLOYER?  YES NO | | L 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE?  YES NO | |

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| **EMPLOYMENT HISTORY**  **If you answer yes to any of these questions explain fully on the comments page** | **YES** | **NO** |
| 14. HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT? |  |  |
| 15. HAVE YOU EVER RESIGNED IN ANTICIPATION OF DISCHARGE? |  |  |
| 16. HAVE YOU EVER STOLEN FROM AN EMPLOYER? |  |  |
| 17. HAVE YOU EVER COMMITTED ANY CRIMES, EVEN UNDETECTED, WHILE ON THE JOB? |  |  |
| 18. HAVE YOU EVER HAD ANY EXTENDED WORK ABSENCES FOR REASONS OTHER THAN EARNED  VACATIONS OR ILLNESS? IF YES, EXPLAIN ON COMMENTS PAGE. |  |  |
| 19. HAVE YOU EVER BEEN REJECTED FOR EMPLOYMENT BY A POLICE AGENCY? |  |  |
| 20. HAVE YOU EVER BEEN ACCUSED OF DISCRIMINATION BY A CO-WORKER, SUPERVISOR, SUBORDINATE,  OR CUSTOMER? |  |  |
| 21. HAVE YOU EVER RECEIVED AN UNSATISFACTORY PERFORMANCE EVALUATION? |  |  |
| 22. HAVE YOU EVER SOLD, GIVEN AWAY OR RELEASED LEGALLY CONFIDENTIAL INFORMATION: |  |  |
| 23. HAVE YOU EVER CALLED IN SICK WHEN YOU WERE NEITHER SICK NOR CARING FOR A SICK  FAMILY MEMBER? |  |  |
| 24. DURING THE LAST THREE YEARS, HAVE YOU MISSED DAYS OR BEEN LATE FOR WORK DUE TO YOUR  DRUG OR ALCOHOL CONSUMPTION? |  |  |
| 25. HAS YOUR WORK PERFORMANCE EVER BEEN EFFECTED BY YOUR USE OF ALCOHOL OR DRUGS? |  |  |
| 26. DURING THE LAST THREE YEARS HAVE YOU BEEN WARNED BY AN EMPLOYER ABOUT YOUR DRUG OR  DRINKING HABITS AND THEIR IMPACT ON YOUR PERFORMANCE? |  |  |

**SECTION VI: CRIMINAL ACTIVITY**

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| **HAVE YOU EVER BEEN ARRESTED FOR OR PARTICIPATED IN ANY OF THE FOLLOWING CRIMES?**  **If you answer yes to any of these questions explain fully on the comments page** | **YES** | **NO** |
| 1. THEFT OF A VEHICLE OR USE OF CAR WITHOUT CONSENT |  |  |
| 2. DOMESTIC VIOLENCE |  |  |
| 3. MENACING |  |  |
| 4. RECKLESS ENDANGERMENT WITH A WEAPON |  |  |
| 5. CRIMINAL COERCION |  |  |
| 6. UNLAWFUL IMPRISONMENT |  |  |
| 7. SEXUAL MISCONDUCT |  |  |
| 8. INDECENT EXPOSURE |  |  |
| 9. CRIMINAL MISCHIEF IN THE FIRST OR SECOND DEGREE |  |  |
| 10. CRIMINAL TAMPERING IN THE SECOND DEGREE |  |  |
| 11. ARSON IN THE THIRD DEGREE |  |  |
| 12. THEFT OF PROPERTY |  |  |
| 13. THEFT OF SERVICES |  |  |
| 14. RECEIVING STOLEN PROPERTY |  |  |
| **HAVE YOU EVER BEEN ARRESTED FOR OR PARTICIPATED IN ANY OF THE FOLLOWING CRIMES?**  **If you answer yes to any of these questions explain fully on the comments page** | **YES** | **NO** |
| 15. CRIMINAL POSSESSION OF A FORGED INSTRUMENT |  |  |
| 16. OBTAINING A SIGNATURE BY DECEPTION |  |  |
| 17. CHARITABLE FUND FRAUD |  |  |
| 18. ILLEGAL POSSESSION OF FOOD STAMPS |  |  |
| 19. REFUSING TO AID A PEACE OFFICER |  |  |
| 20. FALSE REPORTING TO LAW ENFORCEMENT AUTHORITES |  |  |
| 21. IMPERSONATING A PUBLIC SERVANT |  |  |
| 22. TAMPERING WITH GOVERNMENTAL RECORDS |  |  |
| 23. PERMITTING OR FACILITATING ESCAPE IN THE FIRST OR SECOND DEGREE |  |  |
| 24. PROMOTING PRISON CONTRABAND |  |  |
| 25. BAIL JUMPING |  |  |
| 26. RESISTING ARREST |  |  |
| 27. HINDERING APPREHENSION |  |  |
| 28. PURJURY |  |  |
| 29. TAMPERING WITH A WITNESS |  |  |
| 30. INTERFERING WITH JUDICIAL PROCEEDINGS |  |  |
| 31. RIOT |  |  |
| 32. INCITING TO RIOT |  |  |
| 33. HARRASSMENT OR HARRASSING COMMUNICATIONS |  |  |
| 34. FALSELY REPORTING AN INCIDENT |  |  |
| 35. CRIMINAL EAVESDROPPING |  |  |
| 36. SELLING CIGARETTES TO MINORS |  |  |
| 37. PROMOTING GAMBLING |  |  |
| 38. PUBLIC LEWDNESS |  |  |
| 39. NONSUPPORT |  |  |
| 40. ABANDONMENT OF A CHILD |  |  |
| 41. ENDANGERING THE WELFARE OF A CHILD |  |  |
| 42. OBEDIENCE TO POLICE OFFICERS |  |  |
| 43. RECKLESS DRIVING |  |  |
| 44. DRIVING WHILE UNDER THE INFLUENCE OF ALCOHOL OR A CONTROLLED SUBSTANCE |  |  |

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| **HAVE YOU EVER BEEN ARRESTED FOR OR PARTICIPATED IN ANY OF THE FOLLOWING CRIMES?**  **If you answer yes to any of these questions explain fully on the comments page** | **YES** | **NO** |
| 45. FLEEING OR ATTEMPTING TO ELUDE A POLICE OFFICER |  |  |
| 46. ANY CRIME OF MORAL TURPITUDE |  |  |
| 47. ANY FELONY |  |  |
| 48. ANY OTHER CRIME |  |  |
| HAVE YOU EVER  If you answer yes to any of these questions explain fully on the comments page |  |  |
| 49. USED A WEAPON IN A FIGHT? |  |  |
| 50. INJURED ANYONE AS A RESULT OF A FIGHT? |  |  |
| 51. BEEN PRESENT AT, WITNESS TO, INVOLVED IN A MURDER / KILLING / UNNATURAL DEATH? |  |  |
| 52. USED YOUR CAR IN THE COMMISSION OF A CRIME? |  |  |
| 53. COMMITTED A CRIME FOR WHICH YOU WERE NOT CAUGHT? |  |  |
| 54. LIED TO CONVICT AN INNOCENT PERSON? |  |  |
| 55. USED SEX AS LEVERAGE TO GET EMPLOYMENT, AVOID A CITATION OR ARREST, OR OBTAIN ANYTHING  OF VALUE? |  |  |
| 56. USED EXCESSIVE FORCE? |  |  |
| 57. DEPRIVED ANOTHER OF THEIR CONSTITUTIONAL RIGHTS? |  |  |
| 58. BEEN CONVICTED BECAUSE OF SOMETHING THAT YOU DID OR FAILED TO THAT WOULD HAVE  EXONERATED THEM? |  |  |
| 59. HAVE THE POLICE BEEN CALLED TO YOUR HOME FOR ANY REASON? |  |  |
| 60. BEEN REFERRED TO CHILD PROTECTIVE SERVICES? |  |  |
| 61. BEEN THE SUBJECT OF AN EMERGENCY PROTECTION ORDER OR RESTRAINING ORDER? |  |  |
| 62. BEEN REFUSED A PERMIT TO CARRY A CONCEALED WEAPON? |  |  |
| 63. BEEN TOLD THAT CRIMINAL CHARGES AGAINST YOU HAVE BEEN EXPUNGED, AND THAT YOU NEVER  HAVE TO ADMIT TO THEM? |  |  |
| DRUG INVOLVEMENT  If you answer yes to any of these questions, explain fully on the comments page |  |  |
| 64. BEEN ARRESTED OR CHARGED WITH ANY DRUG VIOLATION? |  |  |
| 65. USED ANOTHER PERSON’S PRESCRIPTION? |  |  |
| 66. SOLD ILLEGAL DRUGS? |  |  |
| 67. PARTICIPATED IN THE DELIVERY, TRANSPORT, STORAGE / HANDLING OF ILLEGAL DRUGS? |  |  |
| 68. HAVE YOU EVER SOLD ANY PRESCRIPTION DRUG PRESCRIBED TO YOU? |  |  |
| 69. HAVE YOU EVER PUT AN INTOXICANT IN ANOTHER’S FOOD OR BEVERAGE? |  |  |
| 70. DO YOU USE PRESCRIPTION DRUGS FOR OTHER THAN THEIR INTENDED PURPOSE? |  |  |
| 71. HAD ANOTHER DRUG INVOLVEMENT? |  |  |

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| **HAVE YOU EVER USED OR EXPERIMENTED WITH THE FOLLOWING:**  **If you answer yes to any of these questions explain fully on the comments page** | **YES** | **NO** |
| 72. PCP |  |  |
| 73. OPIUM DERIVATIVE |  |  |
| 74. AMPHETAMINES |  |  |
| 75. BARBITURATES |  |  |
| 76. INHALANTS |  |  |
| 77. ANABOLIC STEROIDS |  |  |
| 78. HALLUCINOGENIC DRUGS |  |  |
| 79. QUAALUDES / VALIUM |  |  |
| 80. COCAINE |  |  |
| 81. METHAMPHETAMINE |  |  |
| 82. MARIJUANA / HASHISH / SYNTHETIC MARIJUANA |  |  |
| 83. ECSTACY |  |  |
| 84. ANY ILLEGAL DRUG NOT LISTED |  |  |
| 85. **HAVE YOU EVER BEEN ARRESTED?** If you answered yes explain fully on the comments page. |  |  |
| **SECTION VII: AFFILIATIONS**  **If you answer yes to any of these questions explain fully on the comments page** |  |  |
| 1. ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF A GANG INVOLVED IN CRIMINAL ACTIVITY? |  |  |
| 2. DO YOU HAVE ANY TATTOS OR MARKS ON ANY PART OF YOUR BODY WITH ANY GANG SYMBOLS OR  SIGNS? |  |  |
| 3. DO YOU KNOW ANYONE WHO IS AFFILIATED WITH A GANG? |  |  |
| 4. DO YOU KNOW HOW TO READ GANG SIGNS? |  |  |
| 5. HAVE YOU EVER PARTICIPATED WITH ANYONE WHO HAS WRITTEN GANG GRAFFITI ON PRIVATE OR  GOVERNMENT PROPERTY? |  |  |
| 6. DO YOUHAVE ANY KNOWLEDGE OF ANYONE PARTICIPATING IN CRIMINAL ACTIVITY WHILE A MEMBER  OF A GANG? |  |  |
| 7. ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF A HATE GROUP AS DEFINED BY SOCIETY? |  |  |
| 8. ARE YOU, OR HAVE YOU EVER BEEN A MEMBER OF AN ORGANIZATION THAT ADVOCATES THE VIOLENT  OVERTHROW OF THE GOVERNMENT OF THE US, ALABAMA, COUNTY OF MOBILE? |  |  |
| **IS THERE ANYTHING THAT WOULD PREVENT YOU FROM DOING ANY OF THE FOLLOWING:**  **If you answer yes to any of these questions explain fully on the comments page** |  |  |
| 9. TAKING AN OATH |  |  |
| 10. SUPPORTING AND DEFENDING THE CONSTITUTION OF THE UNITED STATES, THE STATE OF ALABAMA  OR THE LAWS OF MOBILE COUNTY |  |  |
| 11. TAKING A LIFE IN THE PURSUIT OF DUTY |  |  |
| 12. WEARING A UNIFORM |  |  |
| 13. CARRYING A FIREARM |  |  |
| 14. WORKING ROTATING SHIFTS |  |  |

**SECTION VIII: MOTOR VEHICLE AND TRAFFIC**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. DRIVER’S LICENSE  NUMBER | STATE | EXPIRATION (mm/yy) | | TYPE | RESTRICTIONS |
| 2. IS YOUR DRIVER’S LICENSE CURRENT AND VALID?  YES  NO | | | 3. IF NO, EXPLAIN | | |
| 4. HAS YOUR DRIVER’S LICENSE EVER BEEN SUSPENDED,  REVOKED, REFUSED OR CANCELLED?  YES  NO | | | 5. IF YES, EXPLAIN | | |
| 6. HOW MANY POINTS DO YOU CURRENTLY HAVE AGAINST YOUR DRIVER’S LICENSE? | | | | | |

|  |  |  |
| --- | --- | --- |
| **MOVING VIOLATIONS**  **List all traffic tickets that you have received. If you have more than six tickets to list use the comments page to document your driving record fully** | | |
| A 6. VIOLATION | | A 7. LOCATION  CITY STATE |
| A 8. DATE (mm/yy) | A 9. DISPOSITION | |

|  |  |  |
| --- | --- | --- |
| B 6. VIOLATION | | B 7. LOCATION  CITY STATE |
| B 8. DATE (mm/yy) | B 9. DISPOSITION | |

|  |  |  |
| --- | --- | --- |
| C 6. VIOLATION | | C 7. LOCATION  CITY STATE |
| C 8. DATE (mm/yy) | C 9. DISPOSITION | |

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| --- | --- | --- |
| D 6. VIOLATION | | D 7. LOCATION  CITY STATE |
| D 8. DATE (mm/yy) | D 9. DISPOSITION | |

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| E 6. VIOLATION | | E 7. LOCATION  CITY STATE |
| E 8. DATE (mm/yy) | E 9. DISPOSITION | |

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| F 6. VIOLATION | | F 7. LOCATION  CITY STATE |
| F 8. DATE (mm/yy) | F 9. DISPOSITION | |

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| **TRAFFIC ACCIDENTS**  **List all traffic accidents that you have been involved in, whether you were at fault or not. Use the comments page to list additional accidents** | | |
| A 10. DATE (mm/yy) | | A 11. LOCATION  CITY STATE |
| A 12. WHO WAS AT FAULT | A 13. DESCRIPTION | |

|  |  |  |
| --- | --- | --- |
| B 10. DATE (mm/yy) | | B 11. LOCATION  CITY STATE |
| B 12. WHO WAS AT FAULT | B 13. DESCRIPTION | |

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| C 10. DATE (mm/yy) | | C 11. LOCATION  CITY STATE |
| C 12. WHO WAS AT FAULT | C 13. DESCRIPTION | |

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| D 10. DATE (mm/yy) | | D 11. LOCATION  CITY STATE |
| D 12. WHO WAS AT FAULT | D 13. DESCRIPTION | |

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| **VEHICLES** | | | |
| 14. HAVE YOU EVER HAD YOUR VEHICLE REGISTRATION  SUSPENDED, REVOKED, REFUSED OR CANCELED?  YES  NO | | 15. IF YOU ANSWERED YES, EXPLAIN. | |
| LIST ALL VEHICLES THAT ARE REGISTERED IN YOUR NAME | | | |
| A 16. MAKE | A 17. MODEL | | A 18. YEAR |
| A 19. COLOR | A 20. TAG NUMBER | | A 21. STATE |

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| --- | --- | --- |
| B 16. MAKE | B 17. MODEL | B 18. YEAR |
| B 19. COLOR | B 20. TAG NUMBER | B 21. STATE |

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| C 16. MAKE | C 17. MODEL | C 18. YEAR |
| C 19. COLOR | C 20. TAG NUMBER | C 21. STATE |

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| --- | --- | --- |
| AUTOMOBILE INSURANCE COMPANY | | |
| 22. COMPANY NAME | 23. ADDRESS  NUMBER / STREET CITY STATE ZIP | |
| 24. AGENT’S NAME  YES  NO | | 25. PHONE NUMBER  ( ) |

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| **SECTION IX: PERSONAL REFERENCES** |
| **Enter all of the required information for five personal references that you have known for ten years or longer and who are not related to you. You must enter at least one phone number where the reference can be reached during business hours.** |
| A 1. NAME  LAST FIRST MIDDLE |
| A 2. ADDRESS  NUMBER / STREET UNIT # CITY STATE ZIP |
| A 3. CONTACT NUMBERS CELL  FAX  HOME ( ) WORK ( ) EXT OTHER ( ) PAGER |
| A 4. OCCUPATION A 5. HOW DO YOU KNOW THIS PERSON? |

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| --- |
| B 1. NAME  LAST FIRST MIDDLE |
| B 2. ADDRESS  NUMBER / STREET UNIT # CITY STATE ZIP |
| B 3. CONTACT NUMBERS CELL  FAX  HOME ( ) WORK ( ) EXT OTHER ( ) PAGER |
| B 4. OCCUPATION B 5. HOW DO YOU KNOW THIS PERSON? |

|  |
| --- |
| C 1. NAME  LAST FIRST MIDDLE |
| C 2. ADDRESS  NUMBER / STREET UNIT # CITY STATE ZIP |
| C 3. CONTACT NUMBERS CELL  FAX  HOME ( ) WORK ( ) EXT OTHER ( ) PAGER |
| C 4. OCCUPATION C 5. HOW DO YOU KNOW THIS PERSON? |

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| --- |
| D 1. NAME  LAST FIRST MIDDLE |
| D 2. ADDRESS  NUMBER / STREET UNIT # CITY STATE ZIP |
| D 3. CONTACT NUMBERS CELL  FAX  HOME ( ) WORK ( ) EXT OTHER ( ) PAGER |
| D 4. OCCUPATION D 5. HOW DO YOU KNOW THIS PERSON? |

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| --- |
| E 1. NAME  LAST FIRST MIDDLE |
| E 2. ADDRESS  NUMBER / STREET UNIT # CITY STATE ZIP |
| E 3. CONTACT NUMBERS CELL  FAX  HOME ( ) WORK ( ) EXT OTHER ( ) PAGER |
| E 4. OCCUPATION E 5. HOW DO YOU KNOW THIS PERSON? |

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| **SECTION X: EMPLOYMENT AT THE MOBILE COUNTY SHERIFF’S OFFICE** | |
| 1. DO YOU KNOW OR ARE YOU RELATED TO ANYONE THAT IS  EMPLOYED BY THE MOBILE COUNTY SHERIFF’S OFFICE?  YES  NO | 2. IF YOU ANSWERED YES, WHO AND RELATION. |
| 3. HAVE YOU READ THE JOB DESCRIPTION FOR THE POSITION THAT YOU HAVE APPLIED FOR?  YES  NO | |
| 4. DO YOU UNDERSTAND THE REQUIREMENTS FOR THE POSITION THAT YOU HAVE APPLIED FOR?  YES  NO | |
| 5. HOW LONG DO YOU PLAN TO WORK AT THE MOBILE COUNTY SHERIFF’S OFFICE IF YOU ARE HIRED? | |

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| --- |
| **SECTION XI: CERTIFICATION** |
| **I hereby certify that I have personally completed and initialed each page of this form and any supplemental pages attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been employed, may disqualify me from continued employment.**  **I recognize that the Mobile County Sheriff’s Office will initiate a background investigation and report that may contain information pertaining to my character, general reputation, personal characteristics, mode of living, and personal habits. I recognize that the investigation, if conducted, will be based, in part on personal interviews with people who know me, and I hereby authorize such interviews.**  **Should I enter the employ of the Mobile County Sheriff’s Office, I agree that such employment shall be for No fixed period, and shall be subject to satisfactory work and terminable at any time, within the guidelines of the Mobile County Personnel Board rules and regulations. If my supervisors at the Mobile County Sheriff’s Office find that I am not adapted to the work, or am otherwise not satisfactory, I may be terminated. I also agree to be subject to the rules and regulations governing the Mobile County Sheriff’s Office personnel.**  **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 Witness Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name Witness Printed Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City State Zip  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |

**AUTHORIZATION TO RELEASE INFORMATION**

RE:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO WHOM IT MAY CONCERN:

I hereby authorize any officer or other authorized representative of the Mobile County Sheriff’s Office bearing this release, or copy thereof, within one (1) 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 Mobile County Sheriff’s Office 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 school, college, university, or other educational institution, hospital, or other agency, law enforcement agency, or criminal justice agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Number on a voluntary basis with the understanding such is not required by State statue or regulation. Should there be any question as to the validity of this release, you may contact me as indicated below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Witness Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Witness Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Date

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City State Zip

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Date

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Phone

**PHYSICAL AGILITY TEST**

**WAIVER OF LIABILITY AND INDEMNITY**

RE:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Agreement must be read by all participants in the Mobile County Sheriff’s Physical Agility Test as a condition for participation.

“I,” hereinafter referred to as “respondent,” hereby acknowledge that I am voluntarily participating in the Physical Agility Test, hereinafter referred to as the PAT. I will be personally responsible for my own safety during the PAT and assume all risks and accept full and complete responsibility for any and all damages and personal injury of any kind, including death. I am aware that the PAT is hazardous, involving risk of serious bodily injury, death, or property damage and I am voluntarily participating in the PAT with knowledge of the risks. I expressly assume the risk of these dangers including, but not limited to, slips, falls, objects or persons falling on persons, equipment failure, injury from pointed equipment, improperly administered first aid, and lightning strikes.

As lawful consideration for being permitted by The Mobile County Sheriff’s Office or any of its officers, agents, or employees, herein referred to as “Releases,” to participate in the PAT and/or use their equipment, I do, for myself, my heirs, executors, administrators, legal representatives, guardians, distributes, and assigns, collectively referred to as “Releasers,” hereby release, waive, discharge, and relinquish any action or causes of action for personal injury, property damage, or wrongful death which may hereafter arise from the PAT or any pursuit incidental thereto wherever or however said pursuit may occur and for any period said PAT may continue.

I further agree that under no circumstances will Releasers prosecute or present any claim against Releases for any causes of action, for personal injury, property damage, or wrongful death, whether the same shall arise by the negligence or non-intentional conduct of any of said Releases from the PAT or any pursuit incidental thereto. I, and the remaining Releasers, hereby agree to indemnify, save and hold harmless the Releases and each of them from any loss, liability, damage or cost (including attorney fees) which Releases may incur as a result of injury, death, or property damage to the undersigned, or from suit from such personal injury, death, and/or property damage to the undersigned.

This Agreement is intended to be as broad as is permissible under the law of the State of Alabama and this Agreement shall be interpreted under the laws of the State of Alabama. If any portion of the Agreement is invalid and/or is declared to be invalid by a Court of Law, the balance of the Agreement shall continue to full force and effect.

By signing below, I signify that I, the respondent, have read and voluntarily agree to the release and waiver of liability and indemnity agreement and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made. I acknowledge that I have read the foregoing paragraphs and am completely aware of the potential dangers incident to engaging in the PAT, and fully aware of the legal consequences of signing the within instrument.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Witness Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Witness Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Date

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City State Zip

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Date

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| COMMENTS PAGE | | |
| Enter additional information in the space provided below. Enter the section name and number pertinent to the question that you are answering in the first column. Enter the question number and subject in the second. Use as many lines as necessary to completely answer the question in the third column  EXAMPLE: | | |
| SECTION III: TRAINING | POLICE  RELATED  COLLEGE  CREDITS? | CJ 101 – Fundamentals of Police Procedure  CJ 270 – Policing in Modern Society |
|  | | |
| Section | Question | Information |
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| COMMENTS PAGE | | |
| Enter additional information in the space provided below. Enter the section name and number pertinent to the question that you are answering in the first column. Enter the question number and subject in the second. Use as many lines as necessary to completely answer the question in the third column  EXAMPLE: | | |
| SECTION III: TRAINING | POLICE  RELATED  COLLEGE  CREDITS? | CJ 101 – Fundamentals of Police Procedure  CJ 270 – Policing in Modern Society |
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| Section | Question | Information |
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