

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

PERSONAL HISTORY STATEMENT AND EMPLOYMENT APPLICATION

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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)

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					
HOME ()	WORK ()	EXT	OTHER ()	<input type="checkbox"/>	CELL
				<input type="checkbox"/>	FAX
				<input type="checkbox"/>	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 TATTOOS – DESCRIPTION AND LOCATION					
12. IF YOUR APPLICATION IS APPROVED, WILL YOU BE ABLE TO PROVIDE PROOF OF CITIZENSHIP AT TIME OF EMPLOYMENT?					
<input type="checkbox"/> YES					
<input type="checkbox"/> NO					

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? YOU?			5. HAS YOUR LANDLORD EVER FILED A LAWSUIT, INCLUDING AN EVICTION AGAINST YOU?		
<input type="checkbox"/> YES			<input type="checkbox"/> YES		
<input type="checkbox"/> NO			<input type="checkbox"/> 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? YOU?		A 5. HAS YOUR LANDLORD EVER FILED A LAWSUIT, INCLUDING AN EVICTION AGAINST YOU?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> 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? YOU?		B 5. HAS YOUR LANDLORD EVER FILED A LAWSUIT, INCLUDING AN EVICTION AGAINST YOU?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> 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? YOU?		C 5. HAS YOUR LANDLORD EVER FILED A LAWSUIT, INCLUDING AN EVICTION AGAINST YOU?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> 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? YOU?		D 5. HAS YOUR LANDLORD EVER FILED A LAWSUIT, INCLUDING AN EVICTION AGAINST YOU?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> 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? YOU?		E 5. HAS YOUR LANDLORD EVER FILED A LAWSUIT, INCLUDING AN EVICTION AGAINST YOU?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> 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? YOU?		F 5. HAS YOUR LANDLORD EVER FILED A LAWSUIT, INCLUDING AN EVICTION AGAINST YOU?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		

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

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? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. IF YES, HAVE YOU REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. HAVE YOU EVER BEEN DENIED ENTRANCE INTO THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. IF YES, AND OTHER THAN MEDICAL, EXPLAIN.
5. DO YOU CURRENTLY HAVE A RESERVE OR NATIONAL GUARD OBLIGATION? <input type="checkbox"/> YES <input type="checkbox"/> 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: <input type="checkbox"/> YES <input type="checkbox"/> 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.

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? <input type="checkbox"/> GENERAL UNDER HONORABLE CONDITIONS <input type="checkbox"/> ENTRY LEVEL <input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL UNDER DISHONORABLE CONDITIONS <input type="checkbox"/> BAD CONDUCT <input type="checkbox"/> DISHONORABLE		

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? <input type="checkbox"/> GENERAL UNDER HONORABLE CONDITIONS <input type="checkbox"/> ENTRY LEVEL <input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL UNDER DISHONORABLE CONDITIONS <input type="checkbox"/> BAD CONDUCT <input type="checkbox"/> DISHONORABLE		

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? <input type="checkbox"/> GENERAL UNDER HONORABLE CONDITIONS <input type="checkbox"/> ENTRY LEVEL <input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL UNDER DISHONORABLE CONDITIONS <input type="checkbox"/> BAD CONDUCT <input type="checkbox"/> DISHONORABLE		

MILITARY DISCIPLINE	
18. HAVE YOU EVER BEEN THE SUBJECT OF MILITARY DISCIPLINE? <input type="checkbox"/> YES <input type="checkbox"/> NO	19. IF YES, EXPLAIN
20. HAVE YOU EVER BEEN QUESTIONED BY MILITARY POLICE CRIMINAL INVESTIGATION, OSI, ETC? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. IF YES, EXPLAIN.
22. EXPLAIN ANY BREAK IN SERVICE	

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E 2. COMPANY NAME		E 3. ADDRESS NUMBER / STREET 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		E 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
F 2. COMPANY NAME		F 3. ADDRESS NUMBER / STREET 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		F 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
G 2. COMPANY NAME		G 3. ADDRESS NUMBER / STREET 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		G 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
H 2. COMPANY NAME		H 3. ADDRESS NUMBER / STREET 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		H 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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I 2. COMPANY NAME		I 3. ADDRESS NUMBER / STREET 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		I 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
J 2. COMPANY NAME		J 3. ADDRESS NUMBER / STREET 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		J 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
K 2. COMPANY NAME		K 3. ADDRESS NUMBER / STREET 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		K 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
L 2. COMPANY NAME		L 3. ADDRESS NUMBER / STREET 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		L 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> 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 AFFECTED 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		
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		

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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
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 AUTHORITIES		
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. PERJURY		
29. TAMPERING WITH A WITNESS		
30. INTERFERING WITH JUDICIAL PROCEEDINGS		
31. RIOT		
32. INCITING TO RIOT		
33. HARASSMENT OR HARASSING 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. ECSTASY		
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 TATTOOS 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 YOU HAVE 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		

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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?			3. IF NO, EXPLAIN	
<input type="checkbox"/> YES <input type="checkbox"/> NO				
4. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED, REVOKED, REFUSED OR CANCELLED?			5. IF YES, EXPLAIN	
<input type="checkbox"/> YES <input type="checkbox"/> NO				
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

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

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

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

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT AND EMPLOYMENT APPLICATION

Mobile County Sheriff's Office 2/2016

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

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

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

VEHICLES	
14. HAVE YOU EVER HAD YOUR VEHICLE REGISTRATION SUSPENDED, REVOKED, REFUSED OR CANCELED? <input type="checkbox"/> YES <input type="checkbox"/> 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

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

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

AUTOMOBILE INSURANCE COMPANY				
22. COMPANY NAME	23. ADDRESS NUMBER / STREET	CITY	STATE	ZIP
24. AGENT'S NAME <input type="checkbox"/> YES <input type="checkbox"/> NO	25. PHONE NUMBER ()			

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT AND EMPLOYMENT APPLICATION

Mobile County Sheriff's Office 2/2016

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				
HOME ()	WORK ()	EXT	OTHER ()	<input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER
A 4. OCCUPATION		A 5. HOW DO YOU KNOW THIS PERSON?		

B 1. NAME				
LAST	FIRST	MIDDLE		
B 2. ADDRESS				
NUMBER / STREET	UNIT #	CITY	STATE	ZIP
B 3. CONTACT NUMBERS				
HOME ()	WORK ()	EXT	OTHER ()	<input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> 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				
HOME ()	WORK ()	EXT	OTHER ()	<input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER
C 4. OCCUPATION		C 5. HOW DO YOU KNOW THIS PERSON?		

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

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

Initial this page to indicate that you have provided complete and accurate information: _____

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? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. IF YOU ANSWERED YES, WHO AND RELATION.
3. HAVE YOU READ THE JOB DESCRIPTION FOR THE POSITION THAT YOU HAVE APPLIED FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. DO YOU UNDERSTAND THE REQUIREMENTS FOR THE POSITION THAT YOU HAVE APPLIED FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
5. HOW LONG DO YOU PLAN TO WORK AT THE MOBILE COUNTY SHERIFF'S OFFICE IF YOU ARE HIRED?	

SECTION XI: CERTIFICATION	
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	
_____ 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 statute 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

City State Zip

Date

Phone

Initial this page to indicate that you have provided complete and accurate information: _____

**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 "Releasers," 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

City State Zip

Date

