



Application For Employment

City of Guntersville Police Department

340 Blount Ave. Guntersville, AL 35976

Phone (256) 571-7571

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____
Last Name	First Name	Middle Name
Address	Street	City
		State
		Zip Code
Telephone Number (s)	Date of Birth	Social Security Number
Your Drivers License Number	State of your Drivers License	

Have you ever filed an application with us before Yes _____ No _____ If yes give date _____

Have you ever been employed with us before? Yes _____ No _____ If yes give date _____

Are you currently employed? Yes _____ No _____ May we contact your employer? Yes _____ No _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?
Yes _____ No _____ *Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? _____

Are you available to work Full time _____ Part time _____ Shift work _____ Temporary _____

Are you currently on "lay-off" status and subject to recall? Yes _____ No _____

Can you travel if a job requires it? Yes _____ No _____

Have you been convicted of a felony within the last 7 years? Yes _____ No _____ If yes, please explain.

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number		Hourly Salary	
		Starting	Final
Job Title	Supervisor		
Reason for Leaving			
2. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number		Hourly Salary	
		Starting	Final
Job Title	Supervisor		
Reason for Leaving			
3. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number		Hourly Salary	
		Starting	Final
Job Title	Supervisor		
Reason for Leaving			
4. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number		Hourly Salary	
		Starting	Final
Job Title	Supervisor		
Reason for Leaving			

If you need additional space. Please continue on a separate sheet of paper.

REFERENCES

Name:	Phone: ()
Address:	
Name:	Phone: ()
Address:	
Name:	Phone: ()
Address:	

7 Whether or not you were caught Answer each with 'yes' or 'no' If yes, explain on narrative page.

Assault		Left the scene of an accident	
Robbery		Harassing phone calls	
Statutory rape		Any sexual offense	
Caused death of another person		Wrote checks on closed accounts	
Burglary		Forgery	
Illegal use of credit card		Use of a forged instrument	
Demonstration with subversive group		Sabotage	
Bombing		Rioting	
Purse snatching		Vandalism	
Arson		Criminal surveillance eavesdropping	
False fire alarm		Contributing to the delinquency of a minor	
Received stolen property		Soliciting for immoral purposes	
Sold stolen property		Acted as or used prostitute	
Unauthorized use of a vehicle		Made a false police report	
Gambling		Spousal abuse	
Child abuse		Offer a bribe	
Child molestation		Accept a bribe	
Pornography		Incest	
Smuggled contraband into a jail or pri son		Domestic Violence	

a. List everything you have ever stolen valued at more than \$1.00

b. List below everything you have even stolen valued at less than \$1.00

c. Have you ever stolen, participated in or conspired to any of the situations listed below?. This includes whether or not you were caught Answer each with a 'yes' or no if 'Yes explain on narrative page

Theft of cash	
Theft from a relative	
Theft from a friend	
Theft from an employer	
Theft from a neighbor	
Theft from a store	
Theft from another employee	

Theft of mail	
Auto theft	
Theft from an auto	
Any type fraud	
Change price tag	
Made a false insurance claim	

II. DRIVERS LICENSE AND TRAFFIC HISTORY

1. Do you possess a valid Alabama driver's license? yes No
- a. Number _____ Expires _____
- b. Restrictions? _____

ISSUING STATE	DATES ISSUED:	FROM	TO

2. Have you ever had your drivers license suspended or revoked? Yes No If yes, complete the following

STATE	WHEN	WHY?

Police Department
Jim Peterson
Chief of Police

City of Guntersville
340 Blount Ave.
Guntersville , Alabama 35976
(256) 571-7571



*GUNTERSVILLE POLICE DEPARTMENT
PERSONAL INQUIRY WAIVER*

AUTHORITY FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN

I respectfully request and authorize you to furnish to the Guntersville Police Department any and all information, including that of a confidential or privileged nature, you may have concerning me. This includes Police records, work records, school records, financial and credit status records, and other information requested. This information will assist in determining my qualification and fitness for the position or authority I am seeking that requires approval by the Guntersville Police Department.

Intending to be legally bound, I release you, your organization and other contacted from any liability or damage which may result from furnishing the information requested. Photo static copies of this authorization carry the same authority as the original.

Signature

Date

Before me personally appeared _____ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her will and accord.

Subscribed to me in my presence this _____ day of _____ 19 _____

My commission expires _____

Date

Notary Public

Guntersville
Police Department

3. To your knowledge do You Presently need any kind of operation? Yes No
4. What is the most serious health problem that you have ever experienced?

5. Have You ever been treated for an emotional or nervous problem by any kind of doctor or counselor?
Yes No
6. Have you ever had or do you currently have any phobia (fears)? (Example heights, snakes, small places)Yes No
7. Have You ever thought of attempted suicide? Yes No
8. Are you presently taking any medication or prescription drugs (excluding birth control pills)? if yes explain on narrative page. Yes No
9. Have you ever been rejected from any type employment for medical reasons? If yes explain on narrative page. Yes No
10. What are the average number of days you are out of work / school each year for medical reasons?

11. Have you ever received compensation as a result of an automobile accident? If yes explain on narrative page. Yes No
12. Have you ever sued anyone as a result of an injury? If yes, explain on narrative page.
Yes No
13. Have you received compensation due to an injury you received? If yes explain on narrative page.
Yes No
14. Do you have any condition that would likely effect you job performance, either now or in the future? If . yes explain on narrative page. Yes No

QUESTIONS FOR PRIOR CRIMINAL JUSTICE EMPLOYEES (CONTINUED)

3. Have you ever accepted a bribe? Yes No
4. Have you ever received any type gratuity for dropping a case or disposing of an arrest ticket?
Yes No
5. Have you ever tampered with evidence? Yes No
6. Have you kept for your own use any type illegal drugs taken from any one who had been arrested/detained or questioned? Yes No
7. Have you personally kept seized weapons for your own use? Yes No
8. Have you ever intentionally destroyed a case file, computer record or official report ? Yes No
9. Have you ever intentionally falsified a case file, computer entry or official report? Yes No
10. Have you ever "planted" evidence? Yes No
- I 1. Have you ever stolen anything from a business establishment while, on duty? Yes No
12. Were you ever suspended? Yes No
13. Did you ever "cover up" a criminal offense for a friend or relative? Yes No
14. Did you ever tell a civilian friend, acquaintance or relative about an active investigation involving?
Yes No
15. Since being in criminal justice work, have you use illegal drugs? Yes No
16. Did you ever keep any lost or found property properly turned in by citizens? Yes No
17. Did you ever lie or commit perjury in court, or other official proceeding? Yes No
18. Have you ever used excessive force , a suspect? Yes No
19. Have you ever had any police brutality complaints? Yes No

Education Background

	Name and address of school	Course of study	Years Completed	Diploma / Degree
Elementary School				
High School				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra curricular activities.

State any additional information you feel may be helpful to us in considering your application

Are you capable of performing in a reasonable manner the activities in volved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

_____ YES _____ NO

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, and employment relationship with this organization is of an " at will " nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this⁰¹ " at will " employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Complete each question. If you answer 'Yes' to any question, give complete details including date. And location on the narrative page.

-
- a. Have you, your spouse, or ex-Spouse ever had your wages attached or garrished ? Yes No
- b. Do you, your spouse or ex-spouse have any immediate civil action pending against you? Yes No
- c. Have you, your spouse or ex-spouse ever been a party to a small claims or other civil court action? Yes No
- d. Have you, your spouse or ex-spouse ever had a judgment rendered against you? Yes No
- e. Have you, Your spouse or ex-spouse ever filed for bankruptcy or been declared bankrupt? yes No
- f. Have You ever been refused life, automobile, health or any other type insurance? Yes No
- g. Have You ever had a life, automobile, health or any other type insurance policy canceled? yes No
- h. Have you ever been refused credit? - Yes No
- i. Have you, Your spouse or ex-spouse ever had any property repossessed? Yes No
- j. Have you, your spouse or ex-spouse ever had a debt turned over to a collection agency? yes No
- k. Are You currently delinquent on any debts? Yes No
- l. Have you ever been bonded or had a bond refused? Yes No
- m. Have you ever intentionally skipped out on a bill, debt, or financial obligation? Yes No
- n. Do You owe any money to a former employer? Yes No
- o. Do you presently owe any gambling debts? Yes No
- p. Have you ever been evicted? Yes No
- q. If employed by the Guntersville Police Department, do you anticipate any income other than your police department salary? Yes No
- r. What is Your current monthly income? _____ gross.

SUBVERSIVE ORGANIZATIONS

1. Below is a list of organizations considered subversive. Put a check mark next to any one or subdivision thereof in which you have been involved.

- Communist Party
- Nazi Party
- Socialist Party
- Black Panthers
- Skin Heads
- Any Street gang

- Aryan Nation
- Ku Klux Klan
- Green Peace
- Posse Comitatus
- Any motorcycle gang

Any other cult, gang, or group of persons not listed above which advocates the Overthrow of our constitutional form of government or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means?

2. Of the above listed groups, have you ever attended a meeting of such a group? If yes, explain on narrative page.

Yes No

3. Have you ever contributed money to such a group? If yes, explain on narrative page.

Yes No

4. Have you ever distributed material or literature from such a group?

Yes No

5. Have you ever requested information or literature from such a group?

Yes No

6. To the best of your knowledge, are any family member or friends involved in such a group?

Yes No

7. List below any clubs or organizations of which you are a current member.

X11. QUESTIONS FOR PRIOR CRIMINAL JUSTICE EMPLOYEES

Complete the questions below ONLY if you are currently or were ever involved/ employed in criminal justice work. If a particular question does not apply, please enter 'N/A' (not applicable). If the answer to any of the questions is ' yes', please explain on narrative page.

1. Have you ever received payoff from criminals?

Yes No

2. Have you ever stolen anything from anyone you arrested?_____