

## **Attention Applicants**

All applications should be printed neatly or typed. Each application must be filled out completely. We must have a copy of the following documents when you turn in your application:

- High School Diploma or GED Certificate
- Driver's License
- Social Security Card
- DD214 (if applicable)

Page thirteen of the application is the "Authority to Release Information." This page **must** be filled out completely, signed and witnessed. Failure to provide the above listed copies or information may void your application.



# Houston County Sheriff's Office

## Application For Employment

**Position Applied For:** \_\_\_\_\_

*Personal Information*

<b>Last Name:</b>			
<b>First Name:</b>			
<b>Middle Name:</b>			
<b>Other Names Used:</b>			
<small>(Maiden Name, Nickname, Etc)</small>			
<b>Date of Birth:</b>			
<b>Place of Birth:</b>			
<small>(City, County, State, Country)</small>			
<b>Driver License Number:</b>		<b>State:</b>	
<b>Social Security Number:</b>			
<b>Height:</b>			
<b>Weight:</b>			
<b>Eye Color:</b>			
<b>Hair Color:</b>			
<b>Home Phone Number:</b>			
<b>Cell Phone Number:</b>			
<b>Work Phone Number:</b>			
<b>Other Phone Number:</b>			
<b>E-Mail Address:</b>			
<b>Current Street Address:</b>			
<b>City, State, Zip</b>			
<b>County:</b>			

**List all residences during the past ten years**

<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>From - To:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>From - To:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>From - To:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>From - To:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>From - To:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>From - To:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>From - To:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>From - To:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>From - To:</b>	

**Supplemental Information**

<b>Marital Status:</b>	<input type="checkbox"/> Married <input type="checkbox"/> Spouse Deceased <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated
<b>Spouse Name:</b>	
<b>Spouse Date of Birth:</b>	
<b>Spouse Place of Birth:</b>	
<b>Social Security Number :</b>	
<b>Date of Marriage:</b>	
<b>Spouse Occupation:</b>	
<b>Ex-Spouse Name(s):</b>	
<b>Cause for No Longer Being Married:</b>	
<b>Children: name, age, resides with/where</b>	
<b>Has any member of your immediate family, or anyone living in your household ever been convicted of a felony? If yes, explain:</b>	

References

Please list as references, individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.

<b>Name:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>Home Phone Number:</b>	
<b>Work Phone Number:</b>	
<b>Name:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>Home Phone Number:</b>	
<b>Work Phone Number:</b>	
<b>Name:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>Home Phone Number:</b>	
<b>Work Phone Number:</b>	
<b>Name:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>Home Phone Number:</b>	
<b>Work Phone Number:</b>	
<b>Name:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>Home Phone Number:</b>	
<b>Work Phone Number:</b>	

**Background Information**

**If it became necessary in your law enforcement duties to take a human life, would you have reluctance to do so because of religious or other beliefs?**

Yes                       No

**Are you a United States citizen? If no, explain:**                       Yes                       No

**Are you POST Certified? If yes, when/where?**                       Yes                       No

**Have you ever been certified by a state as a corrections officer?  
If yes, when/where?**                       Yes                       No

**Do you currently have any relatives employed with the Houston County  
Sheriff's Office? If yes, list below:**                       Yes                       No

**Name:**

**Relationship:**

**Name:**

**Relationship:**

**Do you speak any foreign languages? If yes, what language and how  
fluently?**                       Yes                       No

**Formal Education**

<b>Did you graduate from high school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, name school:</b>	
<b>School Phone Number:</b>	
<b>Date of Graduation:</b>	
<b>If no, have you completed your GED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, name of issuer:</b>	
<b>Issuer Phone Number:</b>	
<b>Date of Completion:</b>	
<b>List All Schools Attended (Begin with most recent):</b>	
<b>Name of School:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>School Phone Number:</b>	
<b>Dates Attended:</b>	
<b>Name of School:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>School Phone Number:</b>	
<b>Dates Attended:</b>	
<b>Name of School:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>School Phone Number:</b>	
<b>Dates Attended:</b>	
<b>Name of School:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>School Phone Number:</b>	
<b>Dates Attended:</b>	

<b>List all Colleges and/or Universities Attended (Begin with most recent):</b>	
<b>Name of School:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>School Phone Number:</b>	
<b>Dates Attended:</b>	
<b>Name of School:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>School Phone Number:</b>	
<b>Dates Attended:</b>	
<b>Name of School:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>School Phone Number:</b>	
<b>Dates Attended:</b>	
<b>Name of School:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>School Phone Number:</b>	
<b>Dates Attended:</b>	
<b>Did you graduate from any colleges or universities?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, complete section below:</b>	
<b>Name of College:</b>	
<b>Phone Number of College:</b>	
<b>Degree Obtained:</b>	
<b>Graduation Date:</b>	
<b>Major:</b>	



**Specialized Schooling**

**List all specialized schools attended (begin with most current):  
(trade, military, correspondence, law enforcement, etc.)**

<b>Name of School:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>School Phone Number:</b>	
<b>Course Taken:</b>	

<b>Name of School:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>School Phone Number:</b>	
<b>Course Taken:</b>	

<b>Name of School:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>School Phone Number:</b>	
<b>Course Taken:</b>	

<b>Name of School:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>School Phone Number:</b>	
<b>Course Taken:</b>	

**List any special skills that make you more qualified for this position:**


**Employment History**

<b>List all employers in the last eight years (begin with most current):</b>			
<b>Name of Employer:</b>			
<b>Street Address:</b>			
<b>City, State, Zip:</b>			
<b>Phone Number:</b>			
<b>Nature of Business:</b>			
<b>Duties:</b>			
<b>Duties:</b>			
<b>Date of Employment:</b>	<b>From:</b>		<b>To:</b>
<b>Reason for Leaving:</b>			
<b>Reason for Leaving:</b>			
<b>Name of Employer:</b>			
<b>Street Address:</b>			
<b>City, State, Zip:</b>			
<b>Phone Number:</b>			
<b>Nature of Business:</b>			
<b>Duties:</b>			
<b>Duties:</b>			
<b>Date of Employment:</b>	<b>From:</b>		<b>To:</b>
<b>Reason for Leaving:</b>			
<b>Reason for Leaving:</b>			
<b>Name of Employer:</b>			
<b>Street Address:</b>			
<b>City, State, Zip:</b>			
<b>Phone Number:</b>			
<b>Nature of Business:</b>			
<b>Duties:</b>			
<b>Duties:</b>			
<b>Date of Employment:</b>	<b>From:</b>		<b>To:</b>
<b>Reason for Leaving:</b>			
<b>Reason for Leaving:</b>			

<b>Name of Employer:</b>				
<b>Street Address:</b>				
<b>City, State, Zip:</b>				
<b>Phone Number:</b>				
<b>Nature of Business:</b>				
<b>Duties:</b>				
<b>Duties:</b>				
<b>Date of Employment:</b>	<b>From:</b>		<b>To:</b>	
<b>Reason for Leaving:</b>				
<b>Reason for Leaving:</b>				
<b>Name of Employer:</b>				
<b>Street Address:</b>				
<b>City, State, Zip:</b>				
<b>Phone Number:</b>				
<b>Nature of Business:</b>				
<b>Duties:</b>				
<b>Duties:</b>				
<b>Date of Employment:</b>	<b>From:</b>		<b>To:</b>	
<b>Reason for Leaving:</b>				
<b>Reason for Leaving:</b>				
<b>Name of Employer:</b>				
<b>Street Address:</b>				
<b>City, State, Zip:</b>				
<b>Phone Number:</b>				
<b>Nature of Business:</b>				
<b>Duties:</b>				
<b>Duties:</b>				
<b>Date of Employment:</b>	<b>From:</b>		<b>To:</b>	
<b>Reason for Leaving:</b>				
<b>Reason for Leaving:</b>				

<b>Would any problem result if your present employer was contacted during the background investigation? If yes, explain:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you ever been <u>fired</u> or asked to resign from any place of employment? If yes, explain:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has a supervisor ever reprimanded you for being <u>late or absent</u>? If yes, explain:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Military Experience**

<b>Have you ever served in the United States Military?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If yes, complete section below:</b>			
<b>Branch:</b>			
<b>Service Number:</b>			
<b>Date of Service:</b>	<b>From:</b>		<b>To:</b>
<b>Type of Discharge:</b>			
<b>Job Duties:</b>			
<b>Were you ever court martialed, tried on charges, the subject of company punishment, or any other disciplinary action while a member of the armed forces? If yes, explain:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Are you currently a member of the National Guard or any reserve unit? If yes, complete section below:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Name of Unit:</b>			
<b>Location/Assignment:</b>			

**Criminal Record Information**

<b>Have you ever been convicted of a felony?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (any felony conviction precludes consideration for any law enforcement position)			
<b>Have you ever been arrested for any non-traffic violation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If yes, explain:</b>			
<b>Date of Arrest:</b>			
<b>Location of Arrest:</b>			
<b>Charge:</b>			
<b>Disposition of Case:</b>			
<b>Date of Arrest:</b>			
<b>Location of Arrest:</b>			
<b>Charge:</b>			
<b>Disposition of Case:</b>			
<b>Date of Arrest:</b>			
<b>Location of Arrest:</b>			
<b>Charge:</b>			
<b>Disposition of Case:</b>			
<b>Do any of the above charges involve a conviction resulting from an incident involving a person with whom you had a domestic relationship (spouse, ex-spouse, girlfriend, boyfriend, child, parent, guardian, grandparent, or person with whom you had a child in common)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>List <u>all</u> traffic violations for the past 5 years and <u>any</u> DUI/DWI:</b>			
<b>Charge:</b>		<b>Charge:</b>	
<b>Date:</b>		<b>Date:</b>	
<b>Location:</b>		<b>Location:</b>	
<b>Charge:</b>		<b>Charge:</b>	
<b>Date:</b>		<b>Date:</b>	
<b>Location:</b>		<b>Location:</b>	

**Houston County Sheriff's Office**  
**Authority to Release Information**

To whom it may concern:

I hereby authorize any deputy or investigator of the Houston County Sheriff's Office bearing the release, or a copy thereof, within one year of this date, to obtain any information in your files pertaining to my employment, military, educational records (including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records), medical records, credit records (including credit card and payment device numbers), and law enforcement records (including, but not limited to, any record of charge, prosecution, or conviction for criminal or civil offenses). I hereby direct you to release such information to the bearer upon request. This release is executed with full knowledge and understanding that the information is for the official use of the Houston County, Alabama Sheriff's Office. Consent is granted for third parties, as is described above, in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, retail business, 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 anytime 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 account number on a voluntary basis with the understanding, that such is not required by federal statute or regulation. I have been advised that the Houston County Sheriff's Office will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact as indicated below.

Signature: \_\_\_\_\_  
Full Name (Printed): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Parent or Guardian (if required): \_\_\_\_\_  
Date: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Witness: \_\_\_\_\_