

# JACKSONVILLE POLICE DEPARTMENT

116 Ladiga Street SE  
Jacksonville, AL 36265  
Phone: 256/435-6448  
Fax: 256/435-1075

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## PRE-EMPLOYMENT BACKGROUND PACKET

**READ** the instructions on each page of this packet carefully, **BEFORE** answering any questions.

Upon completion of the packet, return it to the Office of the Chief, Jacksonville Police Department at the above address, along with the following documents:

1. Copy of Birth Certificate
2. Copy of Social Security Card
3. Copy of Drivers License
4. High School Diploma or GED
5. College Diploma
6. College Transcript, if not degreed
7. If Prior Military, a Copy of DD214
8. All Marriage Licenses
9. Any Divorce Decrees
10. Children's Birth Certificate / Adoption Record

*\* Please bring the original or certified copies only – we will copy and return the originals to you.*

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**NOTE:** All applicants for the position of “Public Safety Communication Officer”, must meet the criteria set forth in the 1997 Public Safety Federal Legislation, which makes it illegal for any person convicted of a misdemeanor crime of domestic violence, to possess, ship, transport, or receive any firearm or ammunition whether government issued or privately owned.

## ***INSTRUCTIONS TO APPLICANT***

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1. Each applicant is hereby advised that the contents of this booklet are held strictly confidential and no information will be disseminated to any person except when essential to the conduct of official police business.
2. **Each and every question in this booklet MUST be answered completely.** None may be left blank. If a question does not apply to you, write “**DNA**” (Does Not Apply) by the number. If you desire to make a long explanation in your reply, answer the question briefly, as best you can, then place a check mark next to the question number. Go to the narrative pages to complete your explanation. **THE INTENTIONAL OMISSION OR FALSIFICATION OF ANY MATERIAL FACT IS JUST CAUSE FOR DISQUALIFICATION OR TERMINATION OF EMPLOYMENT OF APPLICANT ON GROUNDS OF DISHONESTY!** The information you provide will be verified by an in-depth background investigation to determine your qualifications.
3. Print, in black ink, your answers in this booklet. If this booklet is unstapled, please make sure that it is re-assembled in the proper order before you re-staple it.
4. On page 29, of this booklet, there is a blank for your signature. There also is an “*Authority for Release of Information*” form on page 30. **DO NOT SIGN YOUR NAME IN THESE BLANKS UNTIL YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC.**
5. **REMEMBER**, if you do not have enough room to answer the question completely, go to a narrative page to finish your answer.
6. Any question requesting an address needs to have the complete address to include the postal zip code. Any question requesting a telephone number must have the area code as well.

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## **PRIVACY ACT NOTICE**

### **Purpose and Uses**

Information provided on this form will be furnished to individuals in order to obtain information regarding your activities in connection with an investigation to determine:

1. Fitness for police department employment,
2. Clearance to perform contractual service for the city government,
3. Security clearances or access.

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

# PERSONAL AND FAMILY INFORMATION

- Jr.
- Sr.
- III

1. \_\_\_\_\_  
Last Name
First Name
Middle / Maiden

a. Name most commonly called \_\_\_\_\_

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

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

2. Sex:     Male     Female                      3. Social Security Number: \_\_\_\_\_

4. Date of Birth:    Month \_\_\_\_\_                      Day \_\_\_\_\_                      Year \_\_\_\_\_

5. Place of Birth:    City \_\_\_\_\_                      County \_\_\_\_\_                      State \_\_\_\_\_

a. Birth Certificate:    Number \_\_\_\_\_                      State: \_\_\_\_\_

b. Are you a citizen of the USA?     Yes     No

c. If you are a naturalized citizen of the USA, list below:

Certificate Number	Date	Court	City	State
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6. Marital Status:     Single     Divorced     Married     Separated     Widowed

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

\_\_\_\_\_

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

NAME	DATE OF BIRTH	CURRENT ADDRESS	DATE / COUNTY OF DIVORCE

c. Do you have a social media account:     No     Yes – what is the URL or contact info;

## PERSONAL AND FAMILY INFORMATION CONTINUED

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

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

8. Telephone Numbers: Residence \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

9. Family Record

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

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

## PERSONAL AND FAMILY INFORMATION CONTINUED

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

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

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

LAST NAME	FIRST NAME	MI	RELATIONSHIP	ADDRESS	DOB

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

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**END OF PERSONAL AND FAMILY**

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

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

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

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

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

## EDUCATION CONTINUED

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

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

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

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

**EDUCATION CONTINUED**

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1. **Have you ever been suspended or expelled from any school for any reason?**

**If yes, explain.**

**Yes**    **No**

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2. **Have you even been placed on academic probation from any school?**

**If yes, explain.**

**Yes**    **No**

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**END OF EDUCATION SECTION**

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## EMPLOYMENT HISTORY

Beginning with your present employer, and working back, list all employers, both full time and part time, for the past ten (10) years. Include, in sequence, any military service or unemployment. Use narrative page to include any additional employers or information. All months and years must be accounted for.

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

## EMPLOYMENT HISTORY CONTINUED

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

**Job Title:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Work performed:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

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

**Job Title:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Work performed:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

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

**Job Title:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Work performed:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

## EMPLOYMENT HISTORY CONTINUED

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

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

## **EMPLOYMENT HISTORY CONTINUED**

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

1. Has any form of disciplinary actions (suspensions, fines, written reprimands, firing, etc.) ever been taken against you by an employer?  Yes  No  
\_\_\_\_\_
2. Did you ever quit a job before you were about to be fired?  Yes  No  
\_\_\_\_\_
3. Did you ever "lay out" of work or abuse sick leave?  Yes  No  
\_\_\_\_\_
4. Without prior approval, have you come in late for work more than three (3) times in one year?  Yes  No  
\_\_\_\_\_
5. Have you withheld any information on this application about reasons for leaving any places of prior employment?  Yes  No
6. Have you ever slept on any job without authorization?  Yes  No  
\_\_\_\_\_
7. How many days were you absent from work/school last year? \_\_\_\_\_
8. Have you ever been terminated or fired from a job for cause?  Yes  No  
\_\_\_\_\_
9. Have you ever walked off a job or quit without giving the requested or required notice?  Yes  No  
\_\_\_\_\_
10. Did you include all past employers?  Yes  No  
\_\_\_\_\_
11. Have you ever been asked to resign a position?  Yes  No  
\_\_\_\_\_
12. Did you give the real reasons on this application for leaving the former employers that you listed?  Yes  No  
\_\_\_\_\_

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**END OF EMPLOYMENT HISTORY**

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# MILITARY SERVICE RECORD

1. Have you ever served in the Armed Forces on either Active Duty, Reserve, or National Guard?  Yes  No

2. Are you registered with the Selective Service?  Yes  No

3. List below all military service performed:

DATES FROM / TO	BRANCH OF SERVICE	ACTIVE OR RESERVE	HIGHEST & LAST RANK	SERVICE NUMBER	TYPE DISCHARGE OR SEPARATION

4. List below your last three (3) duty stations:

DATES FROM / TO	LOCATION	TYPE WORK PERFORMED

5. List below all disciplinary actions taken against you by military authorities while in the military service.

DATE	CHARGE (BE SPECIFIC)	TYPE ACTION	DISPOSITION

6. Did you have a military security clearance?  Yes  No  
 If yes, why? \_\_\_\_\_

a. What type? \_\_\_\_\_

b. Were you ever denied a military security clearance?  Yes  No  
 If yes, why? \_\_\_\_\_

7. Were you ever AWOL?  Yes  No

8. Were you ever investigated by any military authorities?  Yes  No  
 If yes, why? \_\_\_\_\_

**END OF MILITARY SECTION**

# FINANCIAL STATUS

1. List all of your outstanding debts. This should include all those asked for, plus any others that you may have. Use supplemental sheet, if needed.

PURPOSE OF DEBT	DATE MADE	ORIGINAL AMOUNT	MONTHLY PAYMENT	PRESENT BALANCE	NAME & ADDRESS OF COMPANY / PERSON DEBT IS OWED
RENT / MORTGAGE					
MEDICAL					
AUTO					
UTILITIES					
STUDENT LOAN					
INSURANCE					
CREDIT CARD					
CREDIT CARD					
CREDIT CARD					
OTHER CHG ACCT					
CHILD SUP / ALIMONY					
OTHER BANK LOAN					

2. What is your current monthly income? \$ \_\_\_\_\_

3. What is your spouse's monthly income? \$ \_\_\_\_\_

4. Do you have a checking account:  Yes  No  
 Name of Bank: \_\_\_\_\_

5. Do you have a savings account?  Yes  No  
 Name of Bank: \_\_\_\_\_

6. Do you have any private or confidential debts that were not listed above?  Yes  No

## FINANCIAL STATUS CONTINUED

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

Have you or your spouse ever .....

- a. Had your wages attached or garnished?  Yes  No
- b. Been a party to a small claims or other civil court action?  Yes  No
- c. Had a judgement rendered against you?  Yes  No
- d. Filed for bankruptcy or been declared bankrupt?  Yes  No
- e. Had any property repossessed?  Yes  No
- f. Had a debt or bill turned over to a collection agency?  Yes  No

Have you ever .....

- a. Been refused any type of insurance or had any type of insurance cancelled?  Yes  No
- b. Been refused credit?  Yes  No
- c. Intentionally skipped out on a bill, debt or other financial obligation?  Yes  No
- d. Been evicted from a residence / building?  Yes  No
- e. Had any consistent bank account overdrafts?  Yes  No
- f. Defaulted on a loan?  Yes  No

Do you .....

- a. Or your spouse, have any immediate civil action pending against you?  Yes  No
- b. Owe any money to a former / present employer?  Yes  No
- c. Presently owe any gambling debts?  Yes  No
- d. Have any debts that you refuse to pay?  Yes  No

8. If employed with the Jacksonville Police Department, do you anticipate any income other than your police department salary or spouse’s income?  Yes  No  
If yes, how much, and of what source? \_\_\_\_\_

**END OF FINANCIAL STATUS SECTION**

## **ARREST AND CRIMINAL ACTIVITY**

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If “yes” to any of the following questions, explain after or on narrative page.

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

DATE	LOCATION	OFFENSE	DISPOSITION

2. Were you in any serious trouble as a juvenile?  Yes  No

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3. Has a warrant ever been issued for your arrest?  Yes  No

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4. Are there any outstanding warrants for your arrest now?  Yes  No

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5. Have you ever been detained, questioned or interrogated by any police, government or military agency?  Yes  No

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6. a. List below everything that you have ever stolen valued at less than \$100.

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b. List below everything that you have ever stolen valued at more than \$100.

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7. Are you now, or have you ever, been associated, in any way, with organized criminal conduct?  Yes  No



## **ARREST AND CRIMINAL ACTIVITY CONTINUED**

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Have you ever .....

- |  |  |
|--|--|
| <b>8. Shoplifted or switched price tags?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>9. Stolen any money?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>10. Stolen money from a place of employment?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>11. Assisted anyone in stealing anything?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>12. Been accused of stealing?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>13. Stolen a motor vehicle?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>14. Stolen a firearm?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>15. Been issued a trespass notice?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>16. Broken into a house or building?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>17. Sold or received any stolen property?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>18. Made a false police or fire report?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>19. Caused the death of anyone?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>20. Been involved in an assault?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>21. Been involved in a robbery?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>22. Harassed someone by phone, mail, etc.?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>23. Been involved in any sexual offense?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>24. Lied under oath in court?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25. Made a false bomb threat?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>26. Forged another persons signature on a check or other document with the purpose to defraud anyone?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27. Illegally used a credit card?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>28. Illegally taken or obtained any money from an employer?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>29. Participated in a riot or demonstration?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>30. Been involved in child abuse or molestation?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>31. Stolen anything from a relative?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>32. Been guilty of being a "Peeping Tom"?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>33. Are you really a truthful person?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**END OF ARREST AND CRIMINAL ACTIVITY SECTION**

# DRIVER LICENSE AND TRAFFIC HISTORY

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1. Do you possess a valid Alabama Driver License?  Yes  No

a. Number \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_

b. Restrictions \_\_\_\_\_

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

ISSUING STATE	DRIVERS LICENSE NUMBER	DATES ISSUED	
		FROM	TO

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

STATE	WHEN	WHY

3. List all traffic tickets you have received in any state:

DATE OF VIOLATION	AGENCY (Law Enforcement)	CITY, STATE	VIOLATION	DISPOSITION

5. Do you, at this time, have any traffic or parking tickets in any state that have not been paid?  Yes  No

## **DRIVER LICENSE AND TRAFFIC HISTORY CONTINUED**

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6. List all traffic accidents that you have had in the last five (5) years. Use narrative page if additional space is needed. Provide copies of all accident reports.

DATE	CITY, STATE	LAW ENF. AGENCY	PERSON AT FAULT

7. While driving, have you ever hit another vehicle, pedestrian or object and left the scene without stopping?  Yes  No

8. Have you ever been drinking prior to any motor vehicle accident in which you have been involved?  Yes  No

9. Do you own a motor vehicle?  Yes  No

Describe:

1. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Color \_\_\_\_\_ License Tag # \_\_\_\_\_

Liability Insurance Company Name: \_\_\_\_\_

Policy # \_\_\_\_\_

2. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Color \_\_\_\_\_ License Tag # \_\_\_\_\_

Liability Insurance Company Name: \_\_\_\_\_

Policy # \_\_\_\_\_

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**END OF DRIVER LICENSE AND TRAFFIC HISTORY**

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## PHYSICAL FITNESS

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1. Height \_\_\_\_\_ Weight \_\_\_\_\_
2. Do you have at least 20/30 corrected or normal vision?  Yes  No
3. Do you wear: Glasses?  Yes  No Contact Lenses?  Yes  No
4. Do you have defective color perception (color blindness)?  Yes  No
5. When was your most recent physical examination, or when did you last see a physician for any reason? \_\_\_\_\_
6. Do you regularly eat three (3) meals per day?  Yes  No
7. How well do you handle stress? \_\_\_\_\_
8. Do you have any condition that would likely effect your job performance, either now or in the future?  Yes  No
9. Have you ever had, or do you currently have, any phobias (fears)?  
(Examples: heights, snakes, small places)  Yes  No
- 
10. Do you have any speech defects that would likely affect your job performance?  Yes  No
11. Is your hearing correctable to at least 90%?  Yes  No
12. Do you exercise on a regular basis?  Yes  No
13. Do you regularly participate in sports? If yes, list below.  Yes  No
- 

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

- a. 1-1/2 mile run, within 15 minutes and 28 seconds
- b. 22 push-ups in 60 seconds
- c. 25 sit-ups in 60 seconds
- d. Completion of physical agility test within 90 seconds

**END OF PHYSICAL FITNESS SECTION**

# DRUG INVOLVEMENT

1. Answer “yes” or “no”, whether or not you have ever used, sold or bought any of the drugs listed below. If you answer “yes”, complete the adjacent columns.

**NOTE:** Do not indicate those drugs, which were prescribed or administered by your physician, if used as prescribed for medical treatment.

DRUGS	ANSWER	DATE FIRST USED	DATE LAST USED	LARGEST AMOUNT	
				BOUGHT	SOLD
<b>NARCOTICS</b>					
Codeine	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Demerol	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Dilaudid	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Hashish	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Heroin	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Marijuana	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Methadone	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Morphine	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Opium	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Paregoric	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Quaaludes	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Talwin	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>HALLUCINOGENS</b>					
DMT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Ecstasy	<input type="checkbox"/> YES <input type="checkbox"/> NO				
LSD	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Mescaline	<input type="checkbox"/> YES <input type="checkbox"/> NO				
PCP (Angel Dust)	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Peyote	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Psilocybin	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>STIMULANTS</b>					
Cocaine (Powder)	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Crack	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Amphetamines	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Methamphetamine	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Speed	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>DEPRESSANTS</b>					
Barbiturates	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Tranquilizers	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Valium	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>DESIGNER DRUGS</b>					
Nitro	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Rohypnol	<input type="checkbox"/> YES <input type="checkbox"/> NO				
XTC	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Gamma Hydroxy Butyrate	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Ketamine	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Steroids	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Any Drug or Substance Not Listed	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				

## **DRUG INVOLVEMENT CONTINUED**

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Have you ever .....

2. Illegally used an inhalant, paint, glue, gas, thinner or other petroleum based products (huffing)?  YES  NO
3. Used steroids illegally?  YES  NO
4. Grown Marijuana?  YES  NO
5. Used illegal drugs while working?  YES  NO
6. Forged or altered a prescription?  YES  NO
7. Had any illegal drug, narcotic, or marijuana with you at work, for any reason?  YES  NO
8. Been late to work, unable to work, or had any interference with your work , in any way, due to your use of illegal drugs?  YES  NO
9. Given away any illegal drug or marijuana?  YES  NO
10. Abused your own prescribed medication?  YES  NO
11. Driven a vehicle under the influence of drugs?  YES  NO
12. Manufactured any illegal drugs?  YES  NO
13. Falsified a urine or blood test for drugs?  YES  NO
14. Possessed, sold or manufactured any counterfeited controlled or illegal substance?  YES  NO
15. Administered Rohypnol (roofies) or GHB to another person?  YES  NO
16. When was the last time you were with someone who was using illegal drugs? \_\_\_\_\_  
Why? \_\_\_\_\_
17. Are any of your close friends involved in the use or sale of illegal drugs?  YES  NO
18. Is anyone in your family involved in the use or sale of illegal drugs?  YES  NO  
If yes, who? \_\_\_\_\_
19. When did you last operate a motor vehicle under the influence of any illegally used drug?  
\_\_\_\_\_
20. Since taking the Civil Service Test for a position with the Jacksonville Police Department, have you used any illegal drugs?  YES  NO

**END OF DRUG INVOLVEMENT SECTION**

## ALCOHOL USAGE

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You may explain your answers below each question, or on a narrative page.

Do you .....

1. Drink alcoholic beverages on a regular basis?  YES  NO

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2. Drink alcoholic beverages on special occasions?  YES  NO

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3. Feel that you have a problem in controlling the amount of alcoholic beverages you consume?  YES  NO

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Have you ever .....

4. Gone to work drunk?  YES  NO

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5. Been absent from work because of drinking?  YES  NO

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6. Secretly drank alcohol at work?  YES  NO

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7. Gotten fired from a job because of drinking?  YES  NO

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8. Had any disciplinary action taken against you by any employer because of your drinking?  YES  NO

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9. Has your drinking ever caused you any family problems?  YES  NO

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10. How many times have you taken off work due to a hangover? \_\_\_\_\_

11. When did you last operate a motor vehicle under the influence of alcohol? \_\_\_\_\_

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THE NEXT SECTION IS FOR FORMER OR CURRENT CRIMINAL JUSTICE EMPLOYEES ONLY, AND MAY NOT BE INCLUDED IN YOUR PACKET. YOUR NEXT SECTION MAY BE ENTITLED *MISCELLANEOUS*.

**END OF ALCOHOL USAGE  
FOR FORMER OR CURRENT**

## **CRIMINAL JUSTICE EMPLOYEES**

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Complete the questions below **ONLY** if you are currently, or were ever involved or employed in criminal justice work. If a particular question does not apply, please enter "DNA", (Does Not Apply). If the answer to any questions is "Yes", please explain on a narrative page.

Have you ever .....

1. Received payoffs from criminals?  YES  NO
2. Stolen anything from anyone you arrested?  YES  NO
3. Received any type gratuity for dropping a case or disposing of a traffic ticket?  YES  NO
4. Accepted a bribe?  YES  NO
5. Tampered with evidence?  YES  NO
6. Kept for your own use any type of illegal drugs taken from anyone who has been arrested, detained, or questioned?  YES  NO
7. Personally kept seized weapons for your own use?  YES  NO
8. Intentionally destroyed a case file, computer entry or official record?  YES  NO
9. "Planted" evidence?  YES  NO
10. Stolen anything from a place of business while on duty?  YES  NO
11. Used excessive force on a suspect?  YES  NO
12. Had any police brutality complaints?  YES  NO
13. Ever been suspended from work?  YES  NO
14. "Covered up" a criminal offense for a friend or relative?  YES  NO
15. Told a civilian friend, acquaintance or relative about an active investigation involving them?  YES  NO
16. Kept any lost or found property turned in by a citizen or found by you?  YES  NO
17. Lied or committed perjury in court or other official proceedings?  YES  NO
18. Since being in criminal justice work, have you used any illegal drugs?  YES  NO

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**END OF FORMER OR CURRENT CRIMINAL JUSTICE EMPLOYEES**

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**MISCELLANEOUS**

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Have you ever .....

- 1. Been involved in any subversive or terrorist activities or affiliations?  YES  NO
- 2, Have you ever been a member of a street gang or motorcycle gang?  YES  NO
- 3. Committed any act, which if it came to light, could be embarrassing to you or to a law enforcement agency employing you? If yes, what?  YES  NO  
\_\_\_\_\_
- 4. Committed an act for which you could be blackmailed?  YES  NO
- 5. Applied for employment with the City of Jacksonville before?  YES  NO  
If yes, what position and when: \_\_\_\_\_
- 6. Made applications for employment with other law enforcement agencies?  YES  NO  
If yes, list: \_\_\_\_\_
- 7. Do you advocate the violent overthrow of the present system of government in this state or the United States?  YES  NO
- 8. Do you have any anti-governmental ideologies or beliefs regarding law enforcement control of society?  YES  NO
- 9. What is the worst act you have ever committed? \_\_\_\_\_  
\_\_\_\_\_
- 10. On a scale of 1-10, (1-Never Get Angry, 10-Explode at the Least Little Thing) what do you rate the level of your temper? \_\_\_\_\_
- 11. What licenses, permits, or certifications do you now have that would be a benefit in the position for which you have applied? \_\_\_\_\_  
\_\_\_\_\_
- 12. List below all clubs or organizations of which you are presently a member:  
\_\_\_\_\_  
\_\_\_\_\_
- 13. Is there any information that has not been asked for, that you feel we need to know?  YES  NO  
\_\_\_\_\_  
\_\_\_\_\_
- 14. Why do you want to work with the Jacksonville Police Department? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**END OF MISCELLANEOUS SECTION**

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## REFERENCES

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

NAME	HOME ADDRESS & PHONE #	EMPLOYER'S NAME & PH #.

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

NAME	HOME ADDRESS & PHONE #	EMPLOYER'S NAME & PH #.

3. List the names of your five (5) closest friends, preferably in the Jacksonville area.

NAME	HOME ADDRESS & PHONE #	EMPLOYER'S NAME & PH #.

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

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**END OF REFERENCES SECTION**

**NARRATIVE SECTION**

PAGE NUMBER	QUESTION NUMBER	EXPLANATION

## **NARRATIVE SECTION CONTINUED**

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<b>PAGE NUMBER</b>	<b>QUESTION NUMBER</b>	<b>EXPLANATION</b>

If more space is needed add another sheet.

**END OF NARRATIVE SECTION**

## **FALSIFICATION OF APPLICATION**

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Have you .....

1. Intentionally falsified any part of this application?  YES  NO
  
2. Intentionally omitted or left out any information to any question on this application?  YES  NO
  
3. Answered all questions truthfully and to the best of your ability and knowledge?  YES  NO

**PLEASE READ AND UNDERSTAND**

**SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC**

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

\_\_\_\_\_  
Signature of Applicant

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STATE OF ALABAMA  
COUNTY OF CALHOUN

Sworn to me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**END OF QUESTIONNAIRE.  
PROCEED TO AUTHORITY FOR RELEASE OF INFORMATION**

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**JACKSONVILLE POLICE DEPARTMENT**  
**JACKSONVILLE, AL 36265**

**AUTHORITY FOR RELEASE OF INFORMATION**

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**TO WHOM IT MAY CONCERN:**

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

I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Jacksonville Police Department, and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature that may at any time result to me on account of compliance or any attempts to comply, with this authorization. Should there be any question as to the validity of this release, you may contact me as indicated below:

Signature (Full Name): \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Other Names Used: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code  
Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

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STATE OF ALABAMA  
COUNTY OF CALHOUN

Sworn and subscribed to me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

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**PRIVACY ACT NOTICE**

**Purpose and Uses**

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

**Effects of Nondisclosure**

Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for employment, clearance or access or in the termination of your employment.