

**ALEXANDER CITY  
POLICE DEPARTMENT**

**POLICE OFFICER  
CORRECTIONS OFFICER  
DISPATCHER**

**APPLICATIONS**

## INSTRUCTIONS

1. COMPLETE THE ENTIRE LAW ENFORCEMENT OFFICER CERTIFICATION PACKAGE, CONSISTING OF:
  - ( ) THE APPLICATION
  - ( ) COPY OF HIGH SCHOOL DIPLOMA OR GED CERTIFICATE
  - ( ) PHOTOCOPY OF DRIVER LICENSE
  - ( ) COPY OF BIRTH CERTIFICATE
  - ( ) COPY OF DD-214, FORM reflecting the character of your discharge from the Military (If applicable)
  - ( ) COPY OF SOCIAL SECURITY CARD
  - ( ) COPY OF RECORD OF ANY LEGAL NAME CHANGE (Excluding Marriage)
  - ( ) INFORMATION RELEASE FORM (Page # 7 of this Packet)
  
3. IF THE APPLICANT HAS BEEN CONVICTED OF A MISDEMEANOR INVOLVING FORCE, VIOLENCE, OR MORAL TURPITUDE THE FOLLOWING INFORMATION MUST BE INCLUDED:
  - (1) A CERTIFIED COURT DISPOSITION OF CHARGE(S).
  - (2) A NOTARIZED AFFIDAVIT FROM THE APPLICANT DESCRIBING THE CIRCUMSTANCES INVOLVING THE OFFENSE, AND
  - (3) A PSYCHOLOGICAL EVALUATION REPORT BY A LICENSED PROFESSIONAL.

## **NOTICE:**

- 0 FAILURE OF AN APPLICANT TO REVEAL ANY AND ALL ARRESTS, INCLUDING TRAFFIC TICKETS, WILL RESULT IN THE DENIAL OF THIS APPLICATION AND CERTIFICATION AS A LAW ENFORCEMENT OFFICER
- 0 A FELONY CONVICTION IS A COMPLETE AND ABSOLUTE BAR TO EMPLOYMENT AS A LAW ENFORCEMENT OFFICER IN ALABAMA.
- 0 A MISDEMEANOR CONVICTION FOR AN OFFENSE INVOLVING FORCE, VIOLENCE OR MORAL TURPITUDE IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. SAID CONVICTION IS A FACTOR TO BE CONSIDERED, AND THE APPLICANT **MUST** COMPLY WITH INSTRUCTION NUMBER 3.

MAIL OR RETURN COMPLETE APPLICATION PACKAGE TO:

Lt. Randy Walters  
Alexander City Police Department  
P.O. Box 943  
Alexander City Al. 35010  
  
Phone: (256) 234-3421 or (256) 329-6755  
Fax: (256) 329-8422

**ALEXANDER CITY POLICE DEPARTMENT  
POLICE OFFICER, CORRECTIONS OFFICER, DISPATCHER, APPLICATION**

**Personal**

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER
OTHER NAMES (INCLUDING NICKNAMES), ALIASES AND MAIDEN NAMES YOU HAVE USED OR BEEN KNOWN BY			
RESIDENCE ADDRESS IF DIFFERENT FROM MAILING ADDRESS		MAILING ADDRESS	
STREET NUMBER		STREET OR POST OFFICE BOX NUMBER	
CITY		CITY	
STATE	ZIP CODE	STATE	ZIP CODE
AREA CODE	HOME TELEPHONE NUMBER	AREA CODE	BUSINESS TELEPHONE NUMBER
BIRTHDATE: MONTH DAY YEAR	RACE	SEX	WEIGHT
		HEIGHT	HAIR COLOR
			EYE COLOR
PLACE OF BIRTH: CITY/COUNTY/STATE			CITIZENSHIP

**Education**

HIGH SCHOOL GRADUATE [ ] YES [ ] NO	YEAR GRADUATED	SCHOOL	CITY	STATE
GED CERTIFICATE: [ ] YES [ ] NO	YEAR:	RECEIVED GED FROM:		
COLLEGE ATTENDED	YEARS	DEGREE		

**Military Service**

HAVE YOU EVER SERVED IN THE ARMED FORCES, NATIONAL GUARD, OR MILITARY RESERVES? YES [ ] NO [ ]		SELECTIVE SERVICE NUMBER	
BRANCH	DATE OF SERVICE / / to / /	RANK AT DISCHARGE	TYPE OF DISCHARGE
ARE YOU CURRENTLY PARTICIPATING IN ANY MILITARY RESERVE OR NATIONAL GUARD PROGRAMS? YES [ ] NO [ ]			
BRANCH	DATE OF SERVICE / / to / /	ORGANIZATION DESIGNATION / NAME	RANK

HAVE YOU EVER BEEN THE SUBJECT OF ANY JUDICIAL OR NON-JUDICIAL DISCIPLINARY ACTION? YES [ ] NO [ ] IF YES, GIVE DETAILS (BRANCH OF SERVICE, WHEN, WHERE, CIRCUMSTANCES, INCLUDING ARTICLE 15, CAPTAIN'S MAST, OR COURT MARTIAL.)

**Criminal History**

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY OFFENSE, EXCLUDING TRAFFIC OFFENSES?  
YES [ ] NO [ ] (IF YES, COMPLETE THE FOLLOWING.) NOTE THE OFFENSE OF DUI SHOULD BE LISTED IN THIS SECTION.

DATE	LOCATION (CITY AND STATE)	ORIGINAL CHARGE	FINAL CHARGE IF AMENDED OR	DISPOSITION

**Driver History**

DRIVER LICENSE NUMBER	STATE	EXPIRATION DATE	NAME(S) UNDER WHICH LICENSE WAS GRANTED
HAVE YOU RECEIVED A TRAFFIC CITATION IN THE PAST FIVE (5) YEARS? YES [ ] NO [ ] IF YES, LIST ALL TRAFFIC CITATIONS (EXCEPT PARKING VIOLATIONS) YOU HAVE RECEIVED WITHIN THE LAST FIVE (5) YEARS. (INCLUDE MILITARY BASES)			
NATURE OF VIOLATION	LOCATION (CITY)	APPROXIMATE	INDICATE WHETHER FINED OR ACTION TAKEN ON DRIVER

**ALEXANDER CITY POLICE DEPARTMENT  
POLICE OFFICER, CORRECTIONS OFFICER, DISPATCHER, APPLICATION**

**PREVIOUS EMPLOYMENT**

CURRENT OR MOST RECENT EMPLOYER

PHYSICAL ADDRESS IF DIFFERENT FROM MAILING ADDRESS		MAILING ADDRESS	
STREET NUMBER		STREET OR POST OFFICE BOX NUMBER	
CITY		CITY	
STATE	ZIP CODE	STATE	ZIP CODE
AREA CODE	BUSINESS TELEPHONE NUMBER	AREA CODE	BUSINESS TELEPHONE NUMBER
SUPERVISORS NAME	CONTACT NUMBER	REASON FOR LEAVING	

Date:           to           Date:

Next EMPLOYER

PHYSICAL ADDRESS IF DIFFERENT FROM MAILING ADDRESS		MAILING ADDRESS	
STREET NUMBER		STREET OR POST OFFICE BOX NUMBER	
CITY		CITY	
STATE	ZIP CODE	STATE	ZIP CODE
AREA CODE	BUSINESS TELEPHONE NUMBER	AREA CODE	BUSINESS TELEPHONE NUMBER
SUPERVISORS NAME	CONTACT NUMBER	REASON FOR LEAVING	

Date:           to           Date:

Next EMPLOYER

PHYSICAL ADDRESS IF DIFFERENT FROM MAILING ADDRESS		MAILING ADDRESS	
STREET NUMBER		STREET OR POST OFFICE BOX NUMBER	
CITY		CITY	
STATE	ZIP CODE	STATE CODE	ZIP
AREA CODE	BUSINESS TELEPHONE NUMBER	AREA CODE	BUSINESS TELEPHONE NUMBER
SUPERVISORS NAME	CONTACT NUMBER	REASON FOR LEAVING	

Date:           to           Date:

**Law Enforcement Experience /Training**

LIST ALL LAW ENFORCEMENT EMPLOYMENT HISTORY AND ATTACH ON SEPARATE PAGE. INCLUDE ANY LAW ENFORCEMENT CERTIFICATION IN ANOTHER STATE(S).

**Employment**

**CHECK APPLICABLE STATUS**

[ ] I AM GAINFULLY EMPLOYED AS A FULL-TIME LAW ENFORCEMENT OFFICER BY THE \_\_\_\_\_ DEPARTMENT, \_\_\_\_\_, ALABAMA. DATE EMPLOYED: \_\_\_\_\_ SALARY: \_\_\_\_\_ PER: \_\_\_\_\_

[ ] I AM GAINFULLY EMPLOYED AS A PART-TIME LAW ENFORCEMENT OFFICER BY THE \_\_\_\_\_ DEPARTMENT, \_\_\_\_\_, ALABAMA. DATE EMPLOYED: \_\_\_\_\_ SALARY: \_\_\_\_\_ PER: \_\_\_\_\_ I WORK \_\_\_\_\_ HOURS PER WEEK AS A PART-TIME LAW ENFORCEMENT OFFICER.

[ ] I AM A RESERVE/VOLUNTEER OFFICER FOR THE \_\_\_\_\_ DEPARTMENT \_\_\_\_\_, ALABAMA. START DATE: \_\_\_\_\_

**Affidavit / Release of Liability**

I HEREBY ATTEST THAT I AM IN GOOD HEALTH, PHYSICALLY FIT, AND OF GOOD MORAL CHARACTER. I HAVE NEVER BEEN CONVICTED OF A FELONY I RELEASE THE ALABAMA PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION, THE LAW ENFORCEMENT ACADEMY AND ANY DEPARTMENT OFFICIALLY ASSOCIATED WITH THE LAW ENFORCEMENT ACADEMY FROM ANY LIABILITY IN CASE OF ACCIDENT OR ILLNESS. I UNDERSTAND THAT FALSIFICATION OF THIS APPLICATION WILL RENDER ME INELIGIBLE TO ATTEND ANY LAW ENFORCEMENT ACADEMY IN THE STATE OF ALABAMA AND WILL RENDER ME INELIGIBLE FOR CERTIFICATION AS A LAW ENFORCEMENT OFFICER BY THE ALABAMA PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION. **UNDER PENALTY OF PERJURY, I SWEAR/ AFFIRM THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUTHFUL.**

**SIGNED:** \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

SEAL

\_\_\_\_\_  
NOTARY PUBLIC

**ALEXANDER CITY POLICE DEPARTMENT  
POLICE OFFICER, CORRECTIONS OFFICER, DISPATCHER, APPLICATION**

**Personal References**

LAST NAME		FIRST NAME	
OTHER NAMES (INCLUDING NICKNAMES), ALIASES AND MAIDEN NAMES THEY HAVE USED OR BEEN KNOWN BY			
RESIDENCE ADDRESS IF DIFFERENT FROM MAILING ADDRESS		MAILING ADDRESS	
STREET NUMBER		STREET OR POST OFFICE BOX NUMBER	
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STATE		STATE	
ZIP CODE		ZIP	
AREA CODE	HOME TELEPHONE NUMBER	AREA CODE	BUSINESS TELEPHONE NUMBER

DO NOT USE FAMILY / RELATIVE OR GIRL/BOY FRIEND AS A REFERENCE

**DECLARATION**

Declaration of Applicant:

I hereby certify that there are no willful misrepresentations or falsification in the foregoing statements and answers to questions. I am aware that should investigation disclose any such misrepresentations or falsifications, my application will be rejected, or if already employed, my employment may be terminated. I also understand that a failure to answer each question will cause my application to be disqualified.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_.

# AUTHORIZATION AND RELEASE

I, \_\_\_\_\_, residing at \_\_\_\_\_

have applied for a position as a(n) \_\_\_\_\_ with the City of Alexander City, Alabama. It has been explained to me by an officer of the Alexander City Police Dept. and I am fully aware that in connection with my application, an investigation will be conducted by said Department to determine my suitability for employment by said Department.

I, \_\_\_\_\_, having filed an application with said Department, and fully recognizing the responsibility to the public that only those of high character and ability are admitted to said Department, hereby authorize and request every medical doctor, school official, and every other person, firm, office, corporation, association, organization, or other institution having control of any documents, records or other information pertaining to me relevant to my good moral character and fitness to perform the responsibilities of the position for which I have applied, to furnish the originals of copies of any such documents, records, certificates, letters, and other information including but not limited to any and all medical reports, laboratory reports, x-rays, or clinical abstracts which may have been made or prepared pursuant to, or in connection with, any examination(s), consultation(s), test(s), or evaluation(s) of the undersigned.

I also understand that this information, along with my employment application, Police Department questionnaire, and other requested or required forms, certificates, documents, letters, and/or papers or information including any product of this background investigation is the sole property of said Department, regardless of the outcome of this investigation and/or my final status as an applicant.

I hereby release and exonerate every medical doctor, school official, and every other person, firm, officer, corporation, association, organization, or institution which shall comply in good faith with the authorization and request made herein from any and all liability of every nature and kind growing out of or in anyway pertaining to the furnishing or inspection of each documents, records, and other information or the investigation made by said Department. The undersigned further waives absolutely any privileges or rights to said documents, records, and other information, fully understand that I shall not be entitled to have disclosed to me the content of any of the foregoing.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
Notary Public