

EMPLOYMENT APPLICATION

**Shelby County Law Enforcement Personnel Board
P.O. Box 1006, Columbiana, Al 35051**

AN EQUAL OPPORTUNITY EMPLOYER

The Shelby County Law Enforcement Personnel Board provides a public personnel system based on merit principles. It strives for constant improvement of public service by employing and developing the best qualified people available. Every job applicant is rated solely on his/her ability without regard to race, color, religion, gender, national origin, age, marital status, veteran status, disability, or any other legally protected status.

Instructions

Read through the entire application. Answer every question in dark ink and **in your own handwriting**. Write NO, NONE, or N/A after questions that do not apply to you. If you need help ask the clerk for assistance. Attach additional sheets, if needed, to supplement your answers with reference to the section you are supplementing. Failure to fully complete this application may disqualify you from employment consideration. **Falsification of any part of the application is grounds for immediate disqualification from employment consideration.**

| For Office Use | | | | |
|--|-------------|--------------|------------|-------|
| Position Applied | Exam Number | Date of Exam | Exam Score | Notes |
| <input type="checkbox"/> Deputy Sheriff | | | | |
| <input type="checkbox"/> Corrections Officer | | | | |
| <input type="checkbox"/> Radio Dispatcher | | | | |
| <input type="checkbox"/> Support Services | | | | |
| <input type="checkbox"/> Other: | | | | |

Received by: _____ Date: _____

Name Last: _____, First _____
SOC: _____ DOB: _____

Personal History

 Last Name First Name Middle Name Maiden or Nickname (if applicable)

| List all other names you have used such as former names, aliases, or nicknames | | | |
|--|--------|-----------------------------|---------------------------|
| Name | Reason | Date used from (Month/Year) | Date used to (Month/Year) |
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 Residence (No P.O. Boxes) Address Apt. No. City County/Parrish State Zip

How long have you lived at your address? _____ Years Months

 Previous Residence (No P.O. Boxes) Address Apt. No. City County/Parrish State Zip

 Mailing Address (if Different) Apt. No. City County/Parrish State Zip

(_____) _____ (_____) _____ (_____) _____
 Home Telephone Number Cell Phone Number Other Phone Number

 Email Address Other Contact Information

_____-_____-_____
 Social Security Number Drivers License Number Issue State

____/____/_____
 Date of Birth Place of Birth: City County/Parrish State Country

Have you been employed by any local, state, or federal government jurisdiction? Yes No (If yes list all agencies below)

Education/Training

| High School | | | | | |
|---|------------------------|----|-----------------|-------------------|-------------------------------|
| (Copy of your High School Diploma, High School Transcripts, or GED must be submitted) | | | | | |
| High School Name/Address | Dates Attended – Mo/Yr | | Years Completed | Did You Graduate? | Type of Diploma (Attach Copy) |
| | From | To | | | |
| | | | | | |
| | | | | | |

| College/University | | | | | | |
|---------------------------------|------------------------|----|---------------------|------|-------------------|------------------------------|
| College/University Name/Address | Dates Attended – Mo/Yr | | Credit Hours Earned | | Did you Graduate? | Type of Degree (Attach Copy) |
| | From | To | Qtr. | Sem. | | |
| | | | | | | |
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Are you working toward a College Degree? Yes No Which type? Associates Bachelor Graduate Other

If Yes, Name the Degree: _____

When do you expect to receive the Degree: _____

| | |
|--------------|--------------|
| Major: _____ | Minor: _____ |
|--------------|--------------|

How many words per minute can you type: _____

Which of the following computer Skills do you possess?

Windows Macintosh Word Excel Outlook Power Point Access

List any others: _____

Are you fluent in any languages besides English? Yes No

If Yes, please list: _____

Are you a current certified Law Enforcement Officer with the State of Alabama? Yes No

Academy Attended: _____ Dates Attended: _____

APOSTC Certification Number: _____

Employment History

| | | |
|--|------|-------------|
| Have you ever been discharged or requested to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Employer | Date | Explanation |
| | | |
| | | |
| | | |

List and describe ALL your employment experience in chronological order. Start with your current or most recent employer and work back. Include current employment, summer and part-time employment. For any length of time not employed indicate dates of unemployment. Attach a separate sheet of paper for additional employment history if necessary.

Are you currently employed? Yes No

May we contact your current employer? Yes No

| | | | |
|---|---|---|--|
| Period of: <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment | | | |
| Dates (Mo/Year) | | Employer: | |
| From: | To: | | |
| Address, City, State, Zip | | Phone Number: | |
| | | Supervisor: | |
| Hours Per Week: | Starting Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$ | Ending Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$ | |
| Your Title: | | Duties: | |
| Reason for Leaving: | | | |
| Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain if No: | | | |

| | | | |
|---|---|---|--|
| Period of: <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment | | | |
| Dates (Mo/Year) | | Employer: | |
| From: | To: | | |
| Address, City, State, Zip | | Phone Number: | |
| | | Supervisor: | |
| Hours Per Week: | Starting Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$ | Ending Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$ | |
| Your Title: | | Duties: | |
| Reason for Leaving: | | | |
| Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain if No: | | | |

| | | |
|--|---|---|
| Period of: <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment | | |
| Dates (Mo/Year) | | Employer: |
| From: | To: | |
| Address, City, State, Zip | | Phone Number: |
| | | Supervisor: |
| Hours Per Week: | Starting Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$ | Ending Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$ |
| Your Title: | | Duties: |
| Reason for Leaving: | | |
| Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain if No: | | |

| | | |
|--|---|---|
| Period of: <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment | | |
| Dates (Mo/Year) | | Employer: |
| From: | To: | |
| Address, City, State, Zip | | Phone Number: |
| | | Supervisor: |
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| Your Title: | | Duties: |
| Reason for Leaving: | | |
| Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain if No: | | |

| | | |
|--|---|---|
| Period of: <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment | | |
| Dates (Mo/Year) | | Employer: |
| From: | To: | |
| Address, City, State, Zip | | Phone Number: |
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| Your Title: | | Duties: |
| Reason for Leaving: | | |
| Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain if No: | | |

| | | |
|--|---|---|
| Period of: <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment | | |
| Dates (Mo/Year) | | Employer: |
| From: | To: | |
| Address, City, State, Zip | | Phone Number: |
| | | Supervisor: |
| Hours Per Week: | Starting Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$ | Ending Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$ |
| Your Title: | | Duties: |
| Reason for Leaving: | | |
| Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain if No: | | |

| | | |
|--|---|---|
| Period of: <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment | | |
| Dates (Mo/Year) | | Employer: |
| From: | To: | |
| Address, City, State, Zip | | Phone Number: |
| | | Supervisor: |
| Hours Per Week: | Starting Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$ | Ending Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$ |
| Your Title: | | Duties: |
| Reason for Leaving: | | |
| Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain if No: | | |

| | | |
|--|---|---|
| Period of: <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment | | |
| Dates (Mo/Year) | | Employer: |
| From: | To: | |
| Address, City, State, Zip | | Phone Number: |
| | | Supervisor: |
| Hours Per Week: | Starting Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$ | Ending Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$ |
| Your Title: | | Duties: |
| Reason for Leaving: | | |
| Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain if No: | | |

| | | | |
|--|---|---|--|
| Period of: <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment | | | |
| Dates (Mo/Year) | | Employer: | |
| From: | To: | | |
| Address, City, State, Zip | | Phone Number: | |
| | | Supervisor: | |
| Hours Per Week: | Starting Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$ | Ending Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$ | |
| Your Title: | | Duties: | |
| Reason for Leaving: | | | |
| Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain if No: | | | |

| | | | |
|--|---|---|--|
| Period of: <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment | | | |
| Dates (Mo/Year) | | Employer: | |
| From: | To: | | |
| Address, City, State, Zip | | Phone Number: | |
| | | Supervisor: | |
| Hours Per Week: | Starting Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$ | Ending Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$ | |
| Your Title: | | Duties: | |
| Reason for Leaving: | | | |
| Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain if No: | | | |

| | | | |
|--|---|---|--|
| Period of: <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment | | | |
| Dates (Mo/Year) | | Employer: | |
| From: | To: | | |
| Address, City, State, Zip | | Phone Number: | |
| | | Supervisor: | |
| Hours Per Week: | Starting Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$ | Ending Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$ | |
| Your Title: | | Duties: | |
| Reason for Leaving: | | | |
| Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain if No: | | | |

Volunteer Work

| Date From | Date To | Hrs. Per Wk. | Description |
|-----------|---------|--------------|-------------|
| | | | |
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Have you ever applied for employment with any law enforcement agency? Yes No

| | |
|-------------------------------------|---------------|
| Agency: | Date Applied: |
| Address (Street, City, State, Zip): | |
| Position Applied For: | Status: |

| | |
|-------------------------------------|---------------|
| Agency: | Date Applied: |
| Address (Street, City, State, Zip): | |
| Position Applied For: | Status: |

| | |
|-------------------------------------|---------------|
| Agency: | Date Applied: |
| Address (Street, City, State, Zip): | |
| Position Applied For: | Status: |

Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? Yes No If yes, please provide name and address of business, corporate or organization and describe your relationship or position:

Have you ever performed paid or unpaid services for a law enforcement agency not listed as an employer to include extra duty details and auxiliary or reserves? Yes No If yes, please provide name and address of business, corporation, or organization and describe your relationship or position:

Controlled Substances

Do you now or have you ever tried any illegal, illicit, or controlled substances?

Yes No

Do you now or have you ever purchased any illegal, illicit, or controlled substance?

Yes No

Do you now or have you ever sold any illegal, illicit, or controlled substance?

Yes No

If you answered yes to any question above complete this section

| Name of Drug or Controlled Substance | Total number of times tried | Total number of times purchased | Total number of times sold | First Time (Mo/Yr) | Last Time (Mo/Year) |
|--------------------------------------|-----------------------------|---------------------------------|----------------------------|--------------------|---------------------|
| Marijuana/THC/Cannabis | | | | | |
| Hashish | | | | | |
| PCP/Angel Dust | | | | | |
| Methamphetamine/Speed/Uppers | | | | | |
| Mushrooms/Psilocybin | | | | | |
| Heroin | | | | | |
| Cocaine | | | | | |
| Crack | | | | | |
| Quaaludes | | | | | |
| Opium | | | | | |
| Barbiturates/Downers | | | | | |
| Steroids | | | | | |
| Valium | | | | | |
| Speedballs | | | | | |
| Rohypnol (Ruffies) | | | | | |
| Inhalants/Whippets | | | | | |
| LSD | | | | | |
| GHB/GBL | | | | | |
| Hydromorphone/Dialaudid | | | | | |
| Oxycodone/Percodan/Percocet | | | | | |
| Ketamine/Special K | | | | | |
| Ecstasy | | | | | |
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| List any others below: | | | | | |
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Military History

Have you ever served in the Armed Forces of the United States or any State?

Yes No (If yes, Include copies of your DD-214 long form with your application.)

| Branch of Service | Enlisted/Inducted Date | Separation Date | Rank at Separation | Rating | Discharge Type |
|-------------------|------------------------|-----------------|--------------------|--------|---|
| | | | | | <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General |
| | | | | | <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General |
| | | | | | <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General |
| | | | | | <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General |
| | | | | | <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General |

If you ever received a discharge, release, or separation from the Armed Forces of the United States or any State which was other than honorable fully explain below.

Personal References

List four (4) references (not relatives, former or present employer, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years.

| | | |
|-----------------------------|-------------------|---------------------------|
| Complete Name of Reference: | | Address, City, State, Zip |
| Relationship to Applicant: | | |
| Years known: | Home Phone () | Business Phone () |

| | | |
|-----------------------------|-------------------|---------------------------|
| Complete Name of Reference: | | Address, City, State, Zip |
| Relationship to Applicant: | | |
| Years known: | Home Phone () | Business Phone () |

| | | |
|-----------------------------|-------------------|---------------------------|
| Complete Name of Reference: | | Address, City, State, Zip |
| Relationship to Applicant: | | |
| Years known: | Home Phone () | Business Phone () |

| | | |
|-----------------------------|-------------------|---------------------------|
| Complete Name of Reference: | | Address, City, State, Zip |
| Relationship to Applicant: | | |
| Years known: | Home Phone () | Business Phone () |

Personal History Questionnaire

If you answer **yes** to any question or further explanation of your answer is required, use the attached sheet labeled “Personal History Explanation” and reference the question number giving a **detailed explanation** to include dates. Each question must be answered.

| | | |
|---|------------------------------|-----------------------------|
| 1. Do you now or have you ever consumed alcoholic beverages? (If yes, list the types of beverages, the amount, how often consumed and the circumstances) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever purchased an alcoholic beverage for a minor? (If yes, list when, where, how much, who for, and why) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever been denied a permit or had the right to carry a concealed weapon revoked? (If yes, list when, where, and which agency) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever obstructed, lied, or presented a false or altered identification to a law enforcement officer? (If yes list when, where, why) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you ever committed or been involved in any undetected crime of any type? (If yes, list when, where, what type, and why) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you ever committed perjury, made a false statement or affirmation, or falsified an employment application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you ever forced anyone to engage in ANY type of sexual activity with you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you intentionally viewed, downloaded, or possessed materials containing sexually explicit pictures of a minor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Have you ever done ANYTHING to harm, insult, or frighten another person because of that person’s race, sexual preference, nationality, or religion? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Do you have any unpaid citations or summons against you at this time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Do you have any outstanding warrants for your arrest? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Do you have any type of civil process or litigation pending at this time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Have you ever released confidential documents or information without your employers consent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Is there any reason that you cannot accept shift work including nights, weekends, and holidays? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Have you ever had any property repossessed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Have you ever been evicted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Have you ever failed to pay a traffic citation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Have you ever operated a motor vehicle after consuming alcohol? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Have you ever operated a motor vehicle after consuming controlled substances? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Have you ever driven another person’s vehicle without their permission? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Have you ever been discharged, asked to resign, or laid off from employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. Have you ever been subjected to disciplinary actions from an employer? (Including verbal or written warnings, reprimands, or counseling’s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. Have you ever been suspended from employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. Have you ever been interviewed by an employer’s internal affairs, quality control, loss prevention, or other disciplinary unit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25. Have you ever stolen or been accused of stealing any money or anything else from an employer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26. Have you ever by word or mouth or in writing advocated, advised, or taught the doctrine that the government of the United States of America, or of any state, or of any political subdivision thereof should be overthrown by force, violence, or any unlawful means? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Applicant Statement and Authorization to Release Information

I hereby certify that all answers to the above questions are true and correct. I understand that any misstatement of material facts contained in this application will cause forfeiture upon my part of all rights to any employment subject to the jurisdiction of the Law Enforcement Personnel Board of Shelby County, Alabama. I understand that this application and all papers in connection with the examination shall be confidential records of the SCLEPB subject to the inspection of the appointing authority as provided by the rules and regulations and to my personal inspection.

I, _____, am an applicant for employment with the Shelby County Law Enforcement Personnel Board of Shelby County, Alabama. In order to process my application, certain information must be available to the Sheriff of Shelby County. This information is for my benefit. This release is valid for a period of two years from its date. All information will be held confidential.

I hereby authorize, request, and direct educational institutions; my references; my employers (past and present); financial institutions of any kind; credit bureau or consumer reporting organization; and all governmental agencies and instrumentalities (Local, State, Federal, or Foreign) wherever said individuals or organizations are situated, to release to the Sheriff of Shelby County or any representative thereof, any document, information, record, or file that is deemed material to the processing of my application for employment. Said information can be furnished if the request therefore is made in person or in writing.

Further, I hereby release you, as the custodian of such records and all of said individuals and organizations, including its officer, 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.

Further, I appoint the Sheriff of Shelby County or his representative as my agent and attorney-in-fact for the sole purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information, and be permitted to make copies thereof at his discretion. This request can be treated as if I were making this request in person. Should there be any question as to the validity of this release, you may contact me as indicated below.

Date _____ Signature of Applicant _____

Address _____ City, State, Zip _____

Phone _____(home) _____(work)

Affidavit: I, _____ being first duly sworn, depose and say as follows: I am the person who executed the above authorization: I understand its meaning, intention, and effect, and that the statements therein made are true and correct.

Signature of Applicant _____

Sworn to and subscribed before me this _____ day of _____, 20__

Notary Public _____ My commission expires: _____

Background Investigation Authorization

I _____, hereby authorize the Shelby County Sheriff's Office, hereinafter referred to as Employer, and/or its designated agents to procure a consumer report and/or an investigative consumer report on me for the purpose of evaluating me for employment, promotion, reassignment, discipline and/or retention and to make an independent investigation of my background, references, past/present employment, education, credit, motor vehicle records, drug screening records, federal, civil, criminal and police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application, resume, or in other supporting documentation and/or obtaining other information, including personal interviews with those acquainted with me, which may be material to my qualifications.

I understand that the Employer, and/or its designated agents will adhere to applicable state and federal statutes concerning the securing of the information, handling, and release of information obtained in the investigation. I further understand, pursuant to Section 606(b) set forth in the federal Fair Credit Reporting Act, I have the right to request additional disclosures as to the nature and scope of the investigation and will be provided a copy of the consumer rights as defined by the Federal Trade Commission. I also understand if an adverse decision is made, due to the contents of this investigative report, then pursuant to Section 604(b)(3), I will receive a free copy of the report and a summary of my rights as a consumer under the FCRA. The following is my true and complete legal name and all information on this document is true and correct to the best of my knowledge. Any falsification of the facts or omission of material facts under any circumstances, found during the investigation or at anytime thereafter, constitutes the basis for immediate disqualification as a candidate or termination of my employment. I understand that the information requested below is for the sole purpose of gathering information accurately and positive identification and will not be used to discriminate against me in violation of any law. I understand any initial offer will be contingent until all information is obtained and processed and may be subsequently withdrawn based on the results of this investigation. I further understand this signed consent hereby authorizes the Employer, and/or its designated agents, to conduct necessary, random and/or periodic background investigations as a requirement of my continued qualifications. Please provide complete legal name and complete all areas below.

I understand that I have the right to refuse participation in the investigation procedure and that my participation is totally voluntary. I understand that the completion of this form is condition and requirement of employment with the Shelby County Sheriff's Office. I also understand that if I decline to sign this form, I will not be eligible for employment with the Shelby County Sheriff's Office.

Please complete the following information:

| Print Name: First, Middle (no initials), Last | Previous Names or Nicknames Used and Dates |
|--|---|
| | |

| Current Address | City/State/Zip | County | Dates of Residence |
|------------------------|-----------------------|---------------|---------------------------|
| | | | |

Please list past seven (7) years of residences:

| Previous Address | City/State/Zip | County | Dates of Residence |
|-------------------------|-----------------------|---------------|---------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

| Social Security Number | Date of Birth |
|-------------------------------|----------------------|
| | |

| Signature | Name (Please Print) | Date |
|------------------|----------------------------|-------------|
| | | |

Check-Off Sheet

In order to be considered for employment with the Shelby County Sheriff's Office, be sure that you have completed the following:

- Read all attached documentation.
- Complete the application in dark ink in your own handwriting. **It must be the original.**
- Complete the attached Applicant Statement and Authorization to Release Information form (page 18 of the application), ensuring that it is notarized by a Notary Public. **It must be the original form.**
- Provide a copy of your résumé.
- Provide a copy of your High School Diploma, G.E.D., or high school transcript showing graduation date (required even if you attended college).
- Provide copies of any pertinent credentials, awards, or certificates.
- Before the deadline listed on the exam Notice, deliver all of the above items to the Shelby County Law Enforcement Personnel Board by either:

- Via hand-delivery, UPS, or FedEx to the Board's office located at:

**SCLEPB
108 West College Street, Room 102
Butch Ellis Community Services Building
Columbiana, Alabama**

-
- Via mail to the Board's address at:

**SCLEPB
P. O. Box 1006
Columbiana, AL 35051**

PHYSICAL AGILITY/ABILITY COURSE

GENERAL INFORMATION: As an applicant with the Shelby County Sheriff's Office, you are required to pass a two-phase test of physical agility and physical ability, both components administered on the same day. The test is formatted to a pass/fail structure. An applicant's failure to successfully complete any part of phases one or two will result in failure of the entire test.

A. PHASE ONE – PHYSICAL AGILITY EXAMINATION

The physical agility portion of the test simulates certain specific activities routinely expected of a law enforcement officer or correctional officer, and consists of five events designed to measure minimum levels of endurance, strength, agility and coordination.

This test simulates any number of job-related activities such as jumping down from porches, climbing stairs, walking along walls, rafters, pipes, or beams while in foot pursuit or while checking buildings for suspects. A period of running is incorporated into each of the events to simulate the apprehension and control of a fleeing suspect.

The time limit for the five physical agility events is ninety (90) seconds.

EVENT 1 – PUSHING

This test requires pushing a patrol vehicle a distance of fifteen (15) feet on a paved, level surface with the gear in neutral. A driver will remain inside the vehicle at all times as a safety factor.

This will demonstrate the applicant's ability to remove or assist in the removal of a stalled vehicle from an intersection in order to eliminate a traffic hazard or restore the flow of traffic.

EVENT 2 – CLIMBING

This is essentially a wall surmount and is intended to measure agility and coordination. It consists of a fence, six (6) feet in height. One fence is made of wood and one is a chain-link fence. The applicant has the choice of which fence to climb. Only one fence will be climbed. These are typical of the type commonly found around numerous business establishments as well as those found around residences.

EVENT 3 – WINDOW ENTRY

The applicant must run a distance of fifty (50) yards to the next position where he/she will step through an obstacle approximately twenty-four (24) inches square.

This insures that the applicant has sufficient body mobility to step through an obstacle the approximate size of a residential window.

EVENT 4 – BALANCE

The balance test requires running a distance of twenty-five (25) yards and then surmounting a six (6) inch by six (6) inch beam suspended one (1) foot in the air and walking a distance of fifteen (15) feet. At the end of the beam, the applicant is required to jump the one-foot distance to the ground.

The balance beam is a combination test demonstrating the ability to maintain balance while moving forward on a flat surface to a narrow surface and back to a flat surface again. Minimum levels of both balance and coordination are required.

EVENT 5 – WEIGHT DRAG

The applicant is required to run a distance of twenty-five (25) yards and then lift, pull, or drag a dead weight object (dummy) approximately one hundred sixty-five (165) pounds for a distance of fifteen (15) feet. The applicant will drop the weight at the finish line.

This test is designed to gauge the applicant's ability to extricate a human being from an automobile, burning building, etc.

This concludes the physical agility portion of the exam. After a minimum 20-minute rest break, you will proceed to the physical ability portion of the test.

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B. PHASE TWO – PHYSICAL ABILITY EXAMINATION

EVENT 1 – TIMED PUSH-UPS

On the “Get Ready” command, the applicant will assume the front-leaning rest position (push-up) with the arms straight, elbows locked, hands about shoulder-width apart, and palms placed on the floor. The feet may be together or up to twelve (12) inches apart. The body should be essentially straight when viewed from the side, from the shoulders to the ankles.

On the “Start Push-Ups” command, the applicant begins the push-up by bending the elbows and lowering the entire body until the chest touches the fist of the Test Administrator (the upper arms should be parallel to the ground at this point).

The applicant returns to the starting position by raising the entire body until the arms are fully extended. The applicant may rest in the up (elbows locked) position only. The body must remain in a generally straight line and as a single unit for the entire repetition.

Failure to perform the required number of repetitions in the time allotted results in failure. Failure to keep the body straight or to properly lower the entire body until the chest touches the Test Administrator’s fist or allowing any part of the body other than the hands or feet to touch the floor results in disqualification. Incorrect movements will not be counted.

Each applicant has sixty (60) seconds to complete twenty-two (22) push-ups.

After a minimum twenty (20)-minute rest, applicants will begin the timed sit-up event.

EVENT 2 – TIMED SIT-UPS

On the “Get Ready” command, the applicant assumes the starting position by lying flat on his/her back with knees bent at a forty-five (45) degree angle. Feet may be together or up to twelve (12) inches apart, resting on the floor and may be stabilized by a partner holding the ankles with the hands only. The applicant’s fingers must be interlocked behind the neck or head.

On the “Start Sit-Ups” command, the applicant begins raising the upper body to the up position with elbows touching knees.

The applicant lowers the body until the upper portion of the back (shoulder blades) touches the mat. The head, hands, arms, and elbows do not have to touch the floor.

The up position is the only authorized rest position.

Failing to reach the up position, failing to keep the fingers locked behind the neck or head, arching or bowing the back and raising the buttocks off the floor to raise the upper body, or allowing the feet to leave the floor will result in incorrect movements. Incorrect movements will not be counted.

Each applicant has sixty (60) seconds to complete twenty-five (25) sit-ups.

After a minimum twenty (20)-minute rest, applicants will begin the timed 1.5-mile run.

EVENT 3 – 1.5-MILE RUN

At the start, all applicants will be lined up behind the starting line on a flat, level course.

Applicants are instructed to complete the 1.5-mile run and to listen to their finish time.

On the command “Go,” the timing clock will be started and the applicants will begin running at their own pace.

The Test Administrator timing the event will begin calling off the time in minutes and seconds as the applicants approach the finish line. Each applicant’s time will be recorded after he/she passes through the finish line.

Do not deviate from the course. Do not touch any other applicant during the course. If you feel faint, pain, dizziness, weakness, sustain an injury, or otherwise feel that you cannot complete the test, immediately stop and signal for a Tester.

Each applicant must run one and one-half (1½) miles within 15:28 (fifteen minutes and twenty-eight seconds).

**REASONABLE ACCOMMODATION REQUEST FOR EXAMINATION
FOR CANDIDATES WITH DISABILITIES**

The Shelby County Law Enforcement Personnel Board (SCLEPB) provides “reasonable accommodations” for applicants with disabilities that may affect their ability to take required examinations. It is the **applicant’s** responsibility to notify SCLEPB of the desired accommodation(s). We cannot provide accommodations if we are unaware of your needs. The information requested below and any documentation regarding your disability will be considered strictly confidential and, unless required by law, will not be shared with any outside source without your express written permission.

NAME: _____
(Last / First / Middle)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ - _____

TELEPHONE #: (____) _____ (____) _____ (____) _____
(Work) (Home) (Cell or Other)

NOTE: If the requested accommodation involves modifying the examination administration procedures (i.e., additional testing time, a reader or writer), please obtain the professional verification described on the reverse side. If the request is limited to wheelchair access, or sitting in the front of the room, professional verification is not required.

Please respond to the following. Attach additional sheets as needed.

My disability is (e.g., hearing impairment, learning disability, etc.):

My disability impairs my ability to accurately exhibit my knowledge and skill on the examination in the following manner:

The reasonable accommodation(s) I am requesting is/are:

| | |
|--|--|
| <input type="checkbox"/> Separate testing area | <input type="checkbox"/> Written instructions as accommodation |
| <input type="checkbox"/> Reader as accommodation for visual impairment | <input type="checkbox"/> for hearing impairment |
| <input type="checkbox"/> Extended testing time | <input type="checkbox"/> Specified breaks during testing |
| time requested (1/2, double, etc.) | <input type="checkbox"/> Other (please specify) |
| | _____ |

I certify under penalty of perjury that the foregoing is true and correct. I agree to the modified testing condition(s) authorized by the board and I will not discuss the exam content with anyone other than authorized representatives of the board. I give my permission for SCLEPB to contact the professional verifying my disability to discuss the findings of their report, if necessary.

Signature

Date

VERIFICATION OF REQUEST FOR ACCOMMODATION

Professional verification of the candidate's disability must be submitted to SCLEPB on the letterhead stationery of the medical authority or specialist and include the following:

- a. The nature and extent of the disability. The diagnosis should indicate how the condition substantially limits **major life activity** and its anticipated duration.
- b. The effect of the disability on the candidate's ability to perform under normal testing conditions.
- c. What special provision or modification the medical authority is recommending (e.g., extended testing time, separate testing facility, etc.). Under no circumstances will SCLEPB authorize more than double the normal testing time.
- d. Name, title, and telephone number of the medical authority or specialist.
- e. Original signature of the medical authority or specialist.
- f. Professional license or certification number of the medical authority or specialist.

A candidate with a **learning disability** must submit the above information from one of the following learning disability specialists:

- a. Licensed psychologist
- b. Learning disability specialist practicing in a college or university Learning Disabled Center
- c. Learning Disability professional in public or private practice with a Doctorate in Special Education
- d. Learning disability specialist licensed by the state
- e. Neurologist

The statement must respond to all of the above items in order for the request to be considered.

Please note that all of the items must be submitted at least 30 days prior to a desired test date. The candidate will be notified in writing if approved.

The candidate must provide the above information with regard to the special testing accommodation(s) requested to:

Shelby County Law Enforcement Personnel Board
P. O. Box 1006
Columbiana, AL 35051

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