



# JACKSONVILLE POLICE DEPARTMENT

911 Public Safety Dr., S.W.

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. You have (10) ten days from the date you receive this packet to complete and return this packet or your application will not be considered, and a new name will be requested in your place.

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:

Yes	No	DNA		
			1	College Diploma
			2	Any Divorce Decrees
			3	All Marriage Licenses
			4	Copy of Driver's License
			5	Copy of Birth Certificate
			6	Copy of Social Security Card
			7	High School Diploma or GED
			8	College Transcript, if not degreed
			9	If Prior Military, a Copy of DD214
			10	Children's Birth Certificate / Adoption Record
			11	Basic Ability Test (BAT) (excepting those applicants who have been previously APOSTC certified or, those applicants possessing an earned Associate's Degree or higher degree from a College or University accredited by the Southern Association of Colleges and Schools (SACS), or its regional equivalent.

***\* 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 "Police 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 the 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 checkmark 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 the 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

6. Marital Status: ☐ Single ☐ Divorced ☐ Married ☐ Separated ☐ Widowed

a. If married, to whom (include the 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

## 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. The list below every family member (or other persons) presently residing with you:

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

- b. List your "Social Media" webpage's: (Facebook, Instagram, LinkedIn, or any of the other 65+ sites) with link to them: \_\_\_\_\_

- c. Email: \_\_\_\_\_

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## 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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## EDUCATION

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 ____	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

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 ever 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 the 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 ____ 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: _____			

## EMPLOYMENT HISTORY CONTINUED

FROM	TO	COMPANY NAME / ADDRESS	STATUS
Mo ____ Yr ____	Mo ____ Yr ____	 <hr/> <hr/>	<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 ____	 <hr/> <hr/>	<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 ____	 <hr/> <hr/>	<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 “layout” 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 an 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 the 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 too small claims or other civil court action? ☐ Yes ☐ No
- c. Had a judgment 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 canceled? ☐ 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 the 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 .....

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

END OF ARREST AND CRIMINAL ACTIVITY SECTION

## DRIVER LICENSE AND TRAFFIC HISTORY

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's 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 the 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 affect 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 a physical agility test within 90 seconds

END OF PHYSICAL FITNESS SECTION

## DRUG INVOLVEMENT

1. Answer “yes” or “no” the 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

---

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

---

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

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

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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

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**If more space is needed add another sheet.**

## 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 an 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 \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

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

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## 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 the 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 \_\_\_\_\_

COUNTY OF \_\_\_\_\_

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 employees, 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.