DADEVILLE POLICE DEPARTMENT



POLICE APPLICATION

COMPLETE THE ENTIRE LAW ENFORCEMENT OFFICER CERTIFICATION PACKAGE, CONSISTING OF:

- > THE APPLICATION
- ➤ INFORMATION RELEASE FORM
- > COPY OF SOCIAL SECURITY CARD
- ➤ COPY OF RECORD OF ANY LEGAL NAME CHANGE (Excluding Marriage)
- ➤ 650-X-2-.03 Education Requirement. The applicant shall meet the following education requirements:
- ➤ (1) Possess a valid high school diploma, OR, possess a valid General Educational Development (GED) certificate (On-line, correspondence, or mail order GED certificates are not acceptable) AND possess a valid certification of having passed the Basic Ability Test (BAT) for Law Enforcement Officers or Correctional Officers as approved by the Commission. OR,
- ➤ (2) Possess 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.
- ➤ (3) The Basic Ability Test is required of all applicants except those applicants who are already APOSTC certified and who are required to complete Refresher training for reinstatement of their Certification, or those applicants who meet the requirements set forth in preceding paragraph
- > PHOTOCOPY OF DRIVER LICENSE
- COPY OF BIRTH CERTIFICATE
- ➤ COPY OF DD-214, FORM reflecting the character of your discharge from the Military (If applicable) 650-X-2-.07 Discharge from Armed Services. If an applicant has been a member of the armed forces of The United States, each and every discharge must be under honorable conditions, and appropriate documentation provided.

Statutory Authority: Code of Ala. 1975, §§36-21-40 et seq.

Job Requirements:

- Must have graduated from an accredited high school or have a GED
- ➤ Must be a minimum age of 21 years old. (21 years of age to apply)
- ➤ Have no felony convictions. A FELONY CONVICTION IS A COMPLETE AND ABSOLUTE BAR TO EMPLOYMENT AS A LAW ENFORCEMENT OFFICER IN ALABAMA
- ➤ In the case of a misdemeanor conviction, involving force, violence, moral turpitude, perjury, or false statements, notwithstanding suspension of sentence or withholding of adjudication, results of psychological testing shall also be considered as a factor in considering the applicants fitness as a law enforcement officer.
- Any person who is prohibited by state or federal law from owning, possessing or carrying a firearm including but not limited to a pistol, handgun, rifle or shotgun shall not be employed or certified as a law enforcement officer.
- > If applicant has been a member of the armed forces of the United States, the discharge must be under honorable conditions.
- ➤ Must have valid driver's license and driving suitable for insurability.
- ➤ Be physically able to perform essential functions of the position.
- Must be in good mental health
- Ability to analyze situations and to adopt quick, effective and reasonable courses of action with due regard to surrounding hazards and circumstances.
- > Good communication skills with the ability to establish and maintain working relationships with the public and other employees.
- Ability to interpret and explain pertinent provisions of laws, ordinances and regulations.
- ➤ Applicants must complete a written examination and score of at least 70% or higher on the examination.
- Must complete and pass the physical agility/ability examination which consist of:
- timed push-ups (60 seconds to complete 22 push-ups)
- timed sit-ups (60 seconds to complete 25 sit-ups)

- run 1 ½ mile run in 15 minutes and 28 seconds
- 90 seconds to push a standard patrol car in neutral, a distance of 15 feet, run a short distance and climb either a six-foot wall or a six-foot chain link fence, run a short distance to an obstacle similar to a small window and crawl through the window, run a short distance to a balance beam mounted approximately one foot off the ground
- ▶ Balance on the beam and walk the length of the beam (15 feet)
- > NOTE: applicant will have 2 attempts at each obstacle. Failing both attempts at any obstacle constitutes failure of the entire test. Applicants wishing a second attempt would do so within a 72-hour period.
- ➤ Must satisfactorily complete APOST approved police academy within one (1) year from date of employment. Must maintain minimum standards prescribed by the police department General Orders and the POST Commission.
- > Applicant must pass the background investigation to include but not limited to a driving history.
- > The City of Dadeville is an Equal Opportunity Employer

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:

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

MAIL OR RETURN COMPLETE APPLICATION PACKAGE TO:

Chief Jonathan L. Floyd Dadeville Police Department 192 S. Broadnax Street Dadeville, AL 36853 Phone: 256-825-6212

Fax: 256-825-8436 E-Mail: police@dadevillepd.org

Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **Dadeville Police Officer**, in accordance with Alabama Peace Officer Standards and Training Commission.

- It is your responsibility to complete this form and provide all required information.
- If you are filling out a printed copy of this form, neatly print in blue or black ink.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the last page of this form (page 27) and identify the additional information by the question number.
- Send the completed form to your background investigator or the agency to which you are applying. Do NOT send the form to POST.

Disqualification

There are very few *automatic* bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, *deliberate misstatements or omissions* can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), and the Alabam Fair Employment and Housing Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

I have read and I understand the above instructions.	
Signature:	Date:

SECTION	1: PERSONAL												
1. YOUR FUL	L NAME												
LAST				FIRST					MIDDLE				
2. OTHER NA	AMES YOU HAVE USE	D OR BEEN KNOW	VN BY (INCLUDE M	IAIDEN NAME AND	NICKNAMES)								
													□ N/A
3 ADDRESS	WHERE YOU LIVE												
NUMBER /	NUMBER / STREET APT / UNIT												
CITY STATE ZIP													
4. MAILING A	4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)												
5. CONTACT	NUMBERS												
HOME ()	WORK	. ()	EXT	г	OTHER ()	Γ	CELL	☐ FA	v	
TIONIL (,	WORK	. ()	LA		OTTIER (,				^	
6. CONTACT	EMAIL			7. LIST A	LL OTHER EMAIL A	DDRESSES	S (SEP	ARATED BY C	OMMAS)				
8. CITIZENSH	HIP												
Are you a	U.S. citizen?											Yes	☐ No
IF NO, are	e you a resident ali	en who is eligible	e and has applie	d for U.S. citizer	nship?							Yes	No
9. BIRTH PLA	ACE (CITY/COUNTY	/ STATE / COUNTR	RY)										
10. BIRTHDAT	TE (MM/DD/YYYY)	11. SOCIAL SEC	CURITY NUMBER	12. DRIVER'S	LICENSE								
		_	_	NUMBER:				STATE	:	EXPIRES	:		
13. PHYSICAL	L DESCRIPTION									•			
13. PHYSICAL DESCRIPTION													
HEIGHT:		\\\\	FIGHT:		HAIR COL	OR:			EVE	COLOR:			
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	I 2. DEL ATIVES		EIGHT:		HAIR COL	.OR:			EYE	COLOR:			
SECTION	12: RELATIVES		EIGHT:		HAIR COL	OR:			EYE	COLOR:			
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	Rev 04/01/2019										
SECTI	SECTION 2: RELATIVES continued										
14.C.2	Parent	/ Guardian:	Mother			Step-mother	•	☐ In-la	aw Other:		Deceased
NAME					HOME AD	DRESS (NUMBER / ST	REET / APT)		CITY	STATE	ZIP
		HOME PHONE			MAILING	ADDRESS (IF DIFFERE	NT)		CITY	STATE	ZIP
		()									
		WORK PHONE			CELL PHO	ONE	EMAIL				
		()			()						
	Parent	/ Guardian:	Mother			☐ Step-mother	•	☐ In-la	aw Other:		Deceased
NAME					HOME AD	DRESS (NUMBER / ST	REET / APT)		CITY	STATE	ZIP
		HOME PHONE			MAILING	ADDRESS (IF DIFFERE	NT)		CITY	STATE	ZIP
		()									
		WORK PHONE			CELL PHO	ONE	EMAIL			,	
		()			()						
14.C.4	Parent	/ Guardian:	Mother		Father	☐ Step-mother	☐ Step-father	☐ In-la	aw Other:		Deceased
NAME					HOME AD	DRESS (NUMBER / ST	REET / APT)		CITY	STATE	ZIP
		HOME PHONE			MAILING	ADDRESS (IF DIFFERE	NT)		CITY	STATE	ZIP
		()									
		WORK PHONE			CELL PHO	ONE	EMAIL				
		()			()						
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050	TION A DEFE	PENOEO					
	TION 3: REFE						
15. LI	15. LIST OF REFERENCES						
•	 List 5 people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do NOT include relatives, employers, housemates, or any individuals listed elsewhere. 						
	NAME OF REFERE	ENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP
15.1							
	НОМ	E PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
	()					
	WOR	K PHONE	CELL PHONE	EMAIL			
	()	()				
	How	do you know this person?			How long have you known this person?		
	NAME OF REFERE	ENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP
15.2							
	HOM	E PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
	()					
	WOR	K PHONE	CELL PHONE	EMAIL			
	()	()				
	How	do you know this person?			How long have you known this person?		
	NAME OF REFERE	ENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP
15.3							
	HOM	E PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
	()					
	WOR	K PHONE	CELL PHONE	EMAIL			
	()	()				
	How	do you know this person?			How long have you known this person?		

	RSONAL 04/01/2019	. HISTORY STATEME	NT - Police Officer				
15.4		REFERENCE	HOME ADDRESS (NUMBER	/ STREET / APT)	CITY		STATE ZIP
		HOME PHONE	WORK ADDRESS (NUMBER	/ STREET / SUITE)	CITY		STATE ZIP
		WORK PHONE	CELL PHONE	EMAIL			
		How do you know this person?			How long have y	you known this person?	
15.5	NAME OF R	REFERENCE	HOME ADDRESS (NUMBER	/ STREET / APT)	CITY		STATE ZIP
		HOME PHONE ()	WORK ADDRESS (NUMBER		CITY		STATE ZIP
		WORK PHONE	CELL PHONE	EMAIL			
		How do you know this person?			How long have	you known this person?	
		EDUCATION H SCHOOL AND COLLEGE/UNIVE	EDOLTVIC ATTENDED				
18.1		HIGH SCHOOL	ERSIIY S AITENDED	FROM (MM/YYYY)	TO (MM/YYYY)	SYSTEM	SYSTEM SEM
		ADDRESS (NUMBER / STREET)				TYPE OF DEGREE	EARNED
		CITY		ST	TATE ZIP	MAJOR / AREA OF	STUDY

18. L	IST ALL HIGI	H SCHOOL AND COLLEGE/UNIVERSITY'S ATTENDED				
	NAME OF H	IGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS (COMPLETED
18.1			/	/		QTR SYSTEM SEM
		LADDDEGG (AUMEDED (OTDEET)	<u> </u>			/STEM
		ADDRESS (NUMBER / STREET)			TYPE OF	DEGREE EARNED
		CITY		STATE ZIP	MAJOR /	AREA OF STUDY
	NAME OF C	OLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS (
18.2			/	/		QTR SYSTEM SEM
		ADDRESS (NUMBER / STREET)		1	TYPE OF	STEM DEGREE EARNED
		ABBREOG (NOMBERT) OTREET)			111201	DEGREE EARNAED
		CITY		STATE ZIP	MAJOR /	AREA OF STUDY
20.	Have you e	ver taken a RULE 650-X-1203 Firearms Course?				Yes No
20.	riave you e	ver taken a NOLE 050-X-1205 Firearms course:		••••••	•••••	
	IEVEC	the the Celler to the country				
	IF YES, prov	vide the following information:				
		A. COURSE PRESENTER NAME		LOCAT	ION (CITY / STATE)	
		B. COURSE COMPLETION				COMPLETION DATE (MM/YYYY)
						(WINW TTT)
		Did you successfully complete the course?			Yes No	/
SEC	TION 4: I	EDUCATION continued				
			Consistent Investigators/ Da	aamia an Dianatah		□ Vaa □ Na
21.	Have you e	ver attended a POST Basic Course/Academy: Regular,	Specialized investigators , Re	serve, or Dispatch	er?	Yes No
	15.450					
	NAME OF A	vide the following information:	FROM (MN	1/VVVV) TO	(MM/YYYY)	DID YOU PASS/GRADUATE?
21.1	INAIVIL OF A	CADLINI	1 ICON (IVIIV	,	(101101/11111)	
				/	/	☐ Yes ☐ No
	LOCATION	CITY, STATE)	NAME OF TRAINING OFFICER /	ACADEMY COORDIN	NATOR	CONTACT NUMBER
						()
		2.12.20				/
24.2	NAME OF A	CADEMY	FROM (MM	TO	(MM/YYYY)	DID YOU PASS/GRADUATE?
21.2				/	/	Yes No
	LOCATION	CITY, STATE)	NAME OF TRAINING OFFICER /	ACADEMY COORDIN	NATOR	CONTACT NUMBER
						()

SEC	TION 5: EXPERIENCE AND EMPLOY	MENT							
27. J	OB EXPERIENCE								
	List ALL isha was base had including a				taan (Danin	:41			
•	List ALL jobs you have had, including pa If you have military experience, including								
	List ALL periods of unemployment in exc		ase, ass	igilli	ients, or un	it Oi assi	griffierit.		
•	If more space is needed, continue your n								
	NAME OF CURRENT EMPLOYER OR MILITARY UNIT	г					FROM (MM/YYYY)	TO (MM/YYYY)
27.1							1	,	1
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	SOR		<u> </u>
	·								
	СІТҮ		STATE	ZIP		CONTACT	NUMBER		EXT
						()			
	JOB TITLE / RANK				EMA	AIL .			
	DUTIES / ASSIGNMENTS				TYPE OF EMPL	OYMENT (CHECK ALL THAT APF	PLY)	
					FT [PT 🗌	Temp Self-emp	oloyed	Volunteer
	NAMES OF CO-WORKERS	1			REASON FOR	WANTING '	TO LEAVE		
	1)	2)							
	Would there be a problem if we contact your	current employer?							Yes No
	IF YES, explain:								
								[=o /	
27.2	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MM/YYYY)
27.2							1	ТО (MM/YYYY)
27.2	NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	1	ТО (MM/YYYY) /
27.2	ADDRESS (NUMBER / STREET / SUITE / OR BASE)		STATE	ZIP		SUPERVIS	/ SOR	ТО(1
27.2			STATE	ZIP			/ SOR	ТО(MM/YYYY) /
27.2	ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY		STATE	ZIP		SUPERVIS CONTACT	/ SOR	ТО(1
27.2	ADDRESS (NUMBER / STREET / SUITE / OR BASE)		STATE	ZIP		SUPERVIS	/ SOR	ТО(1
27.2	ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY		STATE		TYPE OF EMPL	SUPERVIS CONTACT () EMAIL	/ SOR		1
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SEC	CTION 6: MILITARY EXPERIENCE
43.	Are you required to register for the Selective Service? No
	IF YES, have you registered?
	IF NO, explain:
_	Use and the second of the seco
44.	Have you ever served in the military?
45.	If you answered "YES" to Question 44, include the following service information:
	BRANCH OF SERVICE FROM (MM/YYYY) TO (MM/YYYY)
	BRANCH OF SERVICE
	TYPE OF DISCHARGE
	☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Other than Honorable) ☐ Bad Conduct ☐ Dishonorable
	Re-entry Code (1–4) if applicable – refer to your DD-214:
46	Are you currently participating in one of the following?
46.	Are you currently participating in one of the following:
	Military Reserve National Guard IF CHECKED, date obligation ends (MM/DD/YY):
47.	Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast,
	office hours, company punishment)?
48.	Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?
49.	Have you ever taken military property without permission for personal use, to sell, or to give away?
SFO	CTION 6: MILITARY EXPERIENCE continued
0=	
	If you answered "YES" to any of Questions 47–49 , explain (include dates and circumstances).
	CTION 7: LEGAL
	Disclosure of Arrests and Convictions
•	This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed,
	and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. It is strongly recommended that you consult with an attorney before omitting
	any information.
	If more space is needed, continue your response on page 27.
64.	Have you EVER been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code
	of Military Justice)?
	IF YES, explain each incident:
	CHARGE APPROX DATE (MM/YYYY) ARRESTING OR DETAINING AGENCY
64.1	
	DISPOSITION OR PENALTY

Rev 04/01/2019 CHARGE APPROX DATE (MM/YYYY) ARRESTING OR DETAINING AGENCY 64.2 DISPOSITION OR PENALTY CHARGE APPROX DATE (MM/YYYY) ARRESTING OR DETAINING AGENCY 64.3 DISPOSITION OR PENALTY **SECTION 7: LEGAL** continued ► Illegal Use of Drugs For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting "high." Your responses should include — but not be limited to — your use of any of the following: ► Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc) ► Marijuana (with or without a prescription) Barbiturates (Downers) Mescaline Cocaine / Crack Cocaine Morphine PCP / Angel Dust Designer Drugs (Ecstasy, Synthetic Heroin, etc.) GHB (Date Rape Drug) Quaaludes Hallucinogens (Peyote, LSD, Mushrooms) Steroids Hashish / Hashish Oil ► Tetrahydrocannabinal (THC) 77. Within the past six months, have you used any drug(s) as indicated above? IF YES, give details including *drug(s)* used, most recent date used, and circumstances: Prior to the past six months: ☐ I have *never* used any drug recreationally. I have tried or used one or more drugs, but only under *limited* circumstances (for example, experimentation, at parties, concerts, special events, etc.) -IF-YOU CHECKED BOX 2, give details including drug(s) used, most recent date used, and circumstances:

SEC	TION 8: MOTOR VEH	ICLE OPERATION				
86.	List all traffic citations, exc	luding parking citations; you	u have received <i>within the p</i>	ast five years.		
00.4	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
86.1						
	DATE VIOLATION OCCURRE	D	ACTION TAKEN			
	Month:	Year:	☐ Not Guilty	Fined	☐ Traffic School	Dismissed
86.2	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
00.2						
	DATE VIOLATION OCCURRE		ACTION TAKEN			
	Month:	Year:	☐ Not Guilty	Fined	Traffic School	Dismissed
	NATURE OF VIOLATION	-	LOCATION (STREET)	CITY	STATE
86.3						
	DATE VIOLATION OCCURRE	D	ACTION TAKEN			
	Month:	Year:	☐ Not Guilty	Fined	☐ Traffic School	Dismissed
SEC	IF CHECKED, explain circur TION 9: CERTIFICAT I hereby certify that I hav	nstances:	Failed to Complete Traffic		I to Pay the Required Fine	and that all statements
	disqualification; or, if I ha		wledge and belief. I unders disqualify me from continu		atement of material fact ma	y subject me to
	Signature in Full:				Date:	
		Use th	ne following page to conting Be sure to reference corre			

A DI	DITIONAL COMMENTS
•	Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). Reference the corresponding questions and/or specific items.
	to questions, etc.). Reference the corresponding questions and/or specific herris.
•	You may print copies of this page as needed. If you are filling in this page online, text will flow to additional pages automatically.

AUTHORIZATION AND RELEASE

l,	, residing at
have applied for a position as a(n)	with the City of Dadeville, Alabama.
· ·	the Dadeville Police Dept. and I am fully aware that in connection with my ed by said Department to determine my suitability for employment by said
responsibility to the public that only those of authorize and request every medical doctor, association, organization, or other institution to me relevant to my good moral character applied, to furnish the originals of copies of including but not limited to any and all medical contents.	Ing filed an application with said Department, and fully recognizing the f high character and ability are admitted to said Department, hereby school official, and every other person, firm, office, corporation, in having control of any documents, records or other information pertaining and fitness to perform the responsibilities of the position for which I have any such documents, records, certificates, letters, and other information ical reports, laboratory reports, x-rays, or clinical abstracts which may have onnection with, any examination(s), consultation(s), test(s), or evaluation(s)
other requested or required forms, certificat	g with my employment application, Police Department questionnaire, and tes, documents, letters, and/or papers or information including any product property of said Department, regardless of the outcome of this investigation
association, organization, or institution whic from any and all liability of every nature and	al doctor, school official, and every other person, firm, officer, corporation, the shall comply in good faith with the authorization and request made herein kind growing out of or in anyway pertaining to the furnishing or inspection mation or the investigation made by said Department. The undersigned
privileges or rights to said documents, record have disclosed to me the content of any of t	ds, and other information, fully understand that I shall not be entitled to he foregoing.
A photocopy of this release form will be valid original writing of my signature.	d as an original thereof, even though said photocopy does not contain an
WITNESS	SIGNATURE OF APPLICANT
DATE	DATE
Sworn to and subscribed before me this	day of, 20
Notary Public	