

# *Cherokee County Sheriff's Office*



## Employment Application

OFFICE OF THE SHERIFF  
CHEROKEE COUNTY, ALABAMA

**AFFIRMATION OF QUALIFICATIONS**

(initial appropriate box for each question)

Question	YES	NO
Are you a United States Citizen, or will be by the hire date?		
Will you be over the age of <b>21</b> by the hire date if applying for <b>Deputy Sheriff</b> ? Will you be over the age of <b>18</b> by the hire date if applying for <b>Corrections</b> ? Will you be over the age of <b>18</b> by the hire date if applying for a <b>civilian position</b> ?		
Are you a high school graduate, or will have graduated or have a G.E.D. by the hire date?		
If you are former military, were you discharged under honorable conditions?		
Do you possess a valid Alabama driver's license? If not, will you be able to obtain one by the hire date?		
Have you accumulated five or less points in traffic violations within the past 12 months?		
Have you committed a criminal act which is of serious nature, reflects moral turpitude, or indicates a tendency to disregard the law (theft, perjury, fraud, etc.?)		
Have you ever been convicted of domestic assault?		
Have you been convicted or plead guilty to a felony or any offense that would be a felony if committed in the State of Alabama?		
Have you ever been convicted of any crime that requires registration in a Sex Offender Registry?		
Have you used marijuana within the past 24 months?		
Have you ever sold any drug or narcotic illegally?		
Have you ever used any Schedule I, II, or III drug illegally (hash, cocaine, crack, heroin, opiated, LSD, PCP, mushrooms, barbiturates, ecstasy, steroids, amphetamines, etc.?)		

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

OFFICE OF THE SHERIFF  
CHEROKEE COUNTY, ALABAMA

**Authorization to Obtain Information**

I authorize the **Cherokee County Sheriff's Office** to perform a background investigation in such as my credit history report, school/education records, arrest and conviction records, Division of Motor Vehicle records, contacting personal and professional references, previous employers, present employers, polygraph results, and any other appropriate sources that the Sheriff's Office deems necessary.

I authorize the release of any information that the Cherokee County Sheriff's Office may request from the above sources. A copy of this release shall be as valid as the original document. I also understand and agree that all information received by the Cherokee County Sheriff's Office in connection with this applicant and background investigation is confidential and shall not be disclosed to me.

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

State of Alabama, County of Cherokee.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Applicant's Name

Whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

My commission expires: \_\_\_\_\_

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

OFFICE OF THE SHERIFF  
CHEROKEE COUNTY, ALABAMA

STATEMENT OF UNDERSTANDING

I understand that in accepting a position with the Cherokee County Sheriff's Office that I serve at the pleasure of the Sheriff, subject to the following conditions:

1. All assignments with the Sheriff's Office are considered temporary in nature. I may be assigned or reassigned to any other division and/or shift (at any time) as instructed by the Sheriff or his designee.
2. If applying for deputy sheriff I must successfully complete all training as mandated by the Alabama Peace Officers Standards and Training Commission, and whatever additional training as may be mandated by the Sheriff.
3. I may be removed from my position with the Cherokee County Sheriff's Office at any time pursuant to Code of Alabama.
4. I understand that the salary for the position for which I am applying is contingent upon funding from the Cherokee County Commission. Knowing this, I understand that if I am employed and, subsequently, funding is not made available, that the position for which I was hired will be abolished.

Also, any applicant that possess an out-of-state driver's license, you will have two weeks from your date of hire to obtain a valid Alabama driver's license.

SERVICES ADMINISTRATION  
National Personnel Records Center  
(Military Personnel Records)  
9700 Page Boulevard  
St. Louis, Missouri 63132

RE:

Dear Sir:

The above individual is an applicant for Deputy Sheriff or Corrections Officer with the Cherokee County Sheriff's Office. His appointment is subject to the completion of a background investigation being conducted.

The applicant provided the following information about his military service:

Branch of Service: \_\_\_\_\_ Service Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Disciplinary Actions: \_\_\_\_\_

Please verify or refute the above information and send copies of any disciplinary actions physical or psychological evaluations.

Very truly yours,  
Sheriff Jeff Shaver

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I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military records to release to the Cherokee County Sheriff's Office, information or photocopies from my military personnel records and related evaluations, disciplinary records, and criminal convictions. This will include a photocopy of my DD form 214, Certificate of Release or Discharge from Active Duty, and the type and reason for release or discharge.

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(ADDRESS)

.....  
NOTARY PUBLIC: \_\_\_\_\_

DATE: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**OFFICE OF THE SHERIFF  
CHEROKEE COUNTY, ALABAMA**

**PERSONAL HISTORY STATEMENT**

<b>PERSONAL</b>				
NAME		LAST	FIRST	MIDDLE
Other names (including nicknames) you have used or been known by				Social Security Number
Address at which you can be contacted				
Street				
City			State	Zip Code
<b>Phone Numbers</b>				
Home:		Hours:	Work:	Hours:
			Other:	
Height	Weight	Eye Color	Hair Color	List any scars, tattoo's or other distinguishing marks
Marital Status		Place of birth		Date of Birth
Single      Married				
<b>If married, please indicate current address, date of marriage, and phone number of spouse</b>				
Current Name		Date of Marriage	Current Address	Daytime Phone
<b>If divorced or separated, list all spouses and dates of separation or divorce</b>				
Current Name		Current Marital Status	Date of Marriage	Date of Separation or Divorce

<b>REFERENCES</b>				
<b>Provide the appropriate information pertaining to any individuals residing in your household</b>				
Name	DOB	Occupation	Place of employment	Relationship
<b>Provide the appropriate information pertaining to any individuals with whom you have resided with in the last three years (excluding relatives).</b>				
Name	DOB	Address of Residence	Dates (mm/yy)	

In the space below, please list references 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives. Please provide at least two phone numbers for each.

Name	Address where person can be contacted (included City, State, Zip Code)	Telephone at which person can be contacted

**EDUCATION**

Have you ever been suspended or expelled from any high school or post secondary school? (Post – Secondary schools include colleges or universities, graduate schools, business and vocational schools-any formal education beyond high school level.)

YES  NO

If "YES", please explain (include school, date, and circumstances).


Please indicate below all the schools you have attended beginning with middle school.

Name of School	Location of School (City & State)	Date Attended		Degree/Course of Study
		From	To	

If you do not possess a college degree, how many college semester credits have you successfully completed/earned?

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**FOREIGN LANGUAGES**

Do you possess any foreign language skills (including sign language)?

YES

NO

If "YES", specify language and skill level.


**RESIDENCE**

Please list all your residences since leaving high school, including those while in college and the Armed Forces. Begin with your most current residence.

Address of Residence	City, State, & Zip Code	Dates	
		From	To

**MILITARY**

Have you ever served in the Armed Forces, National Guard, or Military Reserves? YES  NO   
 If "Yes", please supply the following information:

Branch of Service	Service Number	Dates of Service	Type of Discharge of Current Status
		_____ / _____ to _____ / _____ _____ / _____ to _____ / _____	
		_____ / _____ to _____ / _____ _____ / _____ to _____ / _____	

Are you currently participating in any military reserve or National Guard program? YES  NO

Have you ever been rejected from military service? YES  NO   
 If "Yes", please explain.


Did you receive any disciplinary actions while in the Military? YES  NO   
 If "Yes", please explain.





Have any of your bills ever been turned over to a collection agency?  
If, "Yes", please give details (include when, firms involved, circumstances).

YES

NO

Have you ever had purchased goods repossessed?  
If, "Yes", please give details (include when, firms involved, circumstances).

YES

NO

Have your wages ever been garnished?  
If, "Yes", please give details (include when, where, why).

YES

NO



Signify with an "X" in the box next to every offense you have ever committed, participated in or conspired to commit, or for which you have been convicted, arrested, charged or detained. For each crime marked with an "X", provide on the next page in details regarding the offense, including the date and circumstances.

- |                                     |                          |                                  |                          |
|-------------------------------------|--------------------------|----------------------------------|--------------------------|
| Alcohol Violations                  | <input type="checkbox"/> | Harassment/Threats               | <input type="checkbox"/> |
| Arson/Fire Setting/Reckless Burning | <input type="checkbox"/> | Hunting/Fishing Violation        | <input type="checkbox"/> |
| Assault/Verbal or Physical          | <input type="checkbox"/> | Impersonating a Police Officer   | <input type="checkbox"/> |
| Auto Theft                          | <input type="checkbox"/> | Indecent Exposure                | <input type="checkbox"/> |
| Bomb Threats                        | <input type="checkbox"/> | Pedophilia                       | <input type="checkbox"/> |
| Burglary/Breaking and Entering      | <input type="checkbox"/> | Perjury                          | <input type="checkbox"/> |
| Child Abuse/Molestation             | <input type="checkbox"/> | Prescription Drugs (illegal use) | <input type="checkbox"/> |
| Concealed Weapons                   | <input type="checkbox"/> | Prostitution                     | <input type="checkbox"/> |
| Domestic Violence                   | <input type="checkbox"/> | Rape                             | <input type="checkbox"/> |
| Drugs:                              |                          | Robbery                          | <input type="checkbox"/> |
| Use                                 | <input type="checkbox"/> | Stalking                         | <input type="checkbox"/> |
| Possession                          | <input type="checkbox"/> | Thefts/Larceny                   | <input type="checkbox"/> |
| Sale                                | <input type="checkbox"/> | Receive Stolen Property          | <input type="checkbox"/> |
| Embezzlement                        | <input type="checkbox"/> | Shoplifting                      | <input type="checkbox"/> |
| Extortion                           | <input type="checkbox"/> | Vandalism/Tagging                | <input type="checkbox"/> |
| Forgery                             | <input type="checkbox"/> | Illegal Gambling/Betting         | <input type="checkbox"/> |
| Fraud/Bad Checks                    | <input type="checkbox"/> |                                  |                          |

Indicate which crime you are explaining and provide as many details as possible.

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If you checked any of the above boxes explain in detail on the next page. Include dates and circumstances for all explanations.

Have you ever assaulted anyone (fights, domestic violence, etc.)? YES  NO  if yes, Explain.

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Have you ever committed any other illegal act or done anything that would have been considered unlawful if caught? YES  NO  if "YES", give details (include when, where and why).

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**PERSONAL**

Are you currently using any illegal drugs? If "Yes", explain.

YES

NO

Have you ever used any illegal drugs? If "Yes", explain.

YES

NO

Have you ever purchased, transported, and/or sold any illegal drugs? If "Yes", explain.

YES

NO

Have you ever manufactured or stored any illegal drugs? If "Yes", explain.

YES

NO

How many times have you been intoxicated in public in the past:

12 months \_\_\_\_\_

24 months \_\_\_\_\_

Lifetime \_\_\_\_\_



**GENERAL INFORMATION**

Have you ever applied for employment with another law enforcement agency? YES  NO   
If "Yes", please provide the following information.

Agency Name	Position	Date	Disposition

Have you ever applied for employment with this Office? YES  NO   
If "YES," please provide the following information.

Position	Date	Disposition

Are you acquainted with any members of this Office? If "Yes", please list. YES  NO

\_\_\_\_\_

\_\_\_\_\_

Have you ever participated in an internship program with a Law Enforcement Agency? If "Yes", explain. YES  NO

College/University Affiliation	Law Enforcement Agency	Dates of Participation

Have you ever been refused insurance for any reason other than failure to pay premium? YES  NO   
If "YES," please explain (include company name and address, date and reason).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT**

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions you have held since age 18. (For the purpose of this employment history report, voluntary work should be included as employment). Please indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Dates of Employment	Name and Address of Employer	Telephone Number
From Mo.    Yr.                  To Mo.    Yr. ____/____                  ____/____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time  <input type="checkbox"/> Voluntary	_____ _____ _____  <p style="text-align:center;">Title or Duties</p> _____ _____	(    ) _____  Supervisor's Name  Names of Co-Workers  _____ _____

Your Name (If different)	Salary
	Starting: _____ Ending: _____

**Termination Status**

Voluntary Resignation   
  Resigned in lieu of Termination   
  Terminated   
  Position Eliminated

Explain: \_\_\_\_\_

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not Employed
From Mo.    Yr. ____/____	To Mo.    Yr. ____/____

Dates of Employment	Name and Address of Employer	Telephone Number
From Mo.    Yr.                  To Mo.    Yr. ____/____                  ____/____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time  <input type="checkbox"/> Voluntary	_____ _____ _____  <p style="text-align:center;">Title or Duties</p> _____ _____	(    ) _____  Supervisor's Name  Names of Co-Workers  _____ _____

Your Name (If different)	Salary
	Starting: _____ Ending: _____

**Termination Status**

Voluntary Resignation   
  Resigned in lieu of Termination   
  Terminated   
  Position Eliminated

Explain: \_\_\_\_\_

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not Employed
From Mo.    Yr. ____/____	To Mo.    Yr. ____/____

<b>EMPLOYMENT</b>		
<b>Dates of Employment</b> From Mo.    Yr.                  To Mo.    Yr. ____ / ____                  ____ / ____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time  <input type="checkbox"/> Voluntary	<b>Name and Address of Employer</b> _____ _____ _____ <p style="text-align: center;"><b>Title or Duties</b></p> _____ _____	<b>Telephone Number</b> (    ) _____ <b>Supervisor's Name</b>  <b>Names of Co-Workers</b> _____ _____
<b>Your Name (If different)</b>		<b>Salary</b>
		Starting: _____ Ending: _____
<b>Termination Status</b>		
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of Termination <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated		
Explain: _____		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From Mo.    Yr.                  To Mo.    Yr. ____ / ____                  ____ / ____
<b>Dates of Employment</b> From Mo.    Yr.                  To Mo.    Yr. ____ / ____                  ____ / ____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time  <input type="checkbox"/> Voluntary	<b>Name and Address of Employer</b> _____ _____ _____ <p style="text-align: center;"><b>Title or Duties</b></p> _____ _____	<b>Telephone Number</b> (    ) _____ <b>Supervisor's Name</b>  <b>Names of Co-Workers</b> _____ _____
<b>Your Name (If different)</b>		<b>Salary</b>
		Starting: _____ Ending: _____
<b>Termination Status</b>		
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of Termination <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated		
Explain: _____		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From Mo.    Yr.                  To Mo.    Yr. ____ / ____                  ____ / ____

**If you need to list more employment locations, please attach a separate piece of paper to this packet.**

## PERSONAL HISTORY STATEMENT

<b>EMPLOYMENT</b>
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Would any problems result if your present employer was contacted during the course of the background investigation? YES  NO  If "Yes", explain why.

When should such contact be made?

If you have had no prior employment, please explain.

Are you able, with or without reasonable accommodations, and willing to perform the essential job functions of the position for which you have applied? If "No", explain why. YES  NO

Are you willing to work the type of shift associated with the position for which you have applied? If "No", explain why. YES  NO

Have you ever been terminated (fired) from a job? If "Yes", please give details (include when, where, & circumstances). YES  NO



**OFFICE OF THE SHERIFF  
CHEROKEE COUNTY, ALABAMA**

**REQUIRED DOCUMENTATION:**

Along with this document, completed in full, the following documents, (if they apply to you,) are required to be turned with this application:

- ◆ Official high school transcripts & copy of diploma
- ◆ Official college transcripts & copy of diploma
- ◆ Copy of any G.E.D. transcripts & certificate
- ◆ Copy of Valid Operator's License
- ◆ Documentation of Military Obligation or Discharge
- ◆ Certified Copy of Birth Certificate
- ◆ Copy of Social Security card
- ◆ Copy of United States Naturalization Records
- ◆ All Certificates of Training which pertain to the applied for position