



Cherokee County Sheriff's Office

110 Cedar Bluff Road, Centre, AL 35960
Phone: 256-927-3365

Email:
jsummerford@cherokeecountyalsheriff.com

Employment Application And Pre-Employment Background Packet

READ carefully the instructions to this packet on the following pages, **BEFORE** answering the questions contained in the packet.

Upon completion of the packet, email or return it to the Administrative Division of the Cherokee County Sheriff's Office at the above address, along with the following documents. The following documents can be email, mailed or hand delivered.:

- | | |
|---|--|
| 1. Copy of Birth Certificate | 7. Copy of College Transcript, If Applicable |
| 2. Copy of Social Security Card | 8. Copy of Military DD-214, If Applicable |
| 3. Copy of Drivers License | 9. Copy of Marriage License(s) |
| 4. Copy of High School Diploma or GED | 10. Copy of Divorce Decree(s) |
| 5. Copy of High School Transcript | 11. Copy of Case Dispositions on all Arrests & Traffic Tickets – Must be signed by the Court Clerk |
| 6. Copy of College Diploma, If Applicable | 12. Copy of APOSTC Certification, If Applicable |

Applicants who fail to include the above documents will not be considered for employment.

NOTE: All applicants for the position of Deputy Sheriff and Detention Deputy, 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

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 official law enforcement business.
2. Each and every question in this booklet **MUST** be answered completely. None may be left blank. If one does not apply to you, write DNA by the number. If you desire to make a long explanation in your reply, answer the questions briefly, as best you can, then put a check mark 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. You may be asked to submit to a polygraph examination to determine your qualifications.
3. Type or print in 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. Include *complete* mailing addresses for *all* Previous Employers and References.
5. On page 30, of this booklet, is a blank for your signature. There are also six (6) *Authorization for Release of Information Forms* attached to this booklet. **DO NOT SIGN YOUR NAME IN THESE BLANKS UNTIL YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC.** A Notary Public can be found at the Sheriff's Office.
6. **REMEMBER**, if you do not have enough room to answer the question completely, go to a narrative page to finish your answer.

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 law enforcement employment,
2. Clearance to perform your duties as a member of the Cherokee County Sheriff's Office,
3. Security clearance or access.

The information obtained may be furnished to third parties as necessary for fulfillment of official responsibilities.

PERSONAL AND FAMILY INFORMATION

1. _____
Last Name First Name Middle/Maiden

Prefix: ☐ Mr. ☐ Ms. ☐ Mrs.

Suffix: ☐ Senior ☐ Junior ☐ III

a. Name most commonly called: _____

b. List all other names, aliases, and nicknames which you have used or by which you have been known:

2. E-911 Address: _____
Street/County Road City State Zip Code

a. Mailing Address if different than above:

Street/County Road/P.O. Box City State Zip Code

b. Email Address (If available): _____

3. Telephone Number: a. Home (_____) _____ b. Work (_____) _____

c. Cell phone: (_____) _____

4. Position(s) Applying For: ☐ Deputy Sheriff ☐ Detention Deputy ☐ Dispatcher
☐ Clerk ☐ Courthouse Security ☐ Reserve Deputy

5. Sex: ☐ Male ☐ Female

6. Social Security Number: ____-____-____

7. Date of Birth: Month _____ Day _____ Year _____

8. Driver's License Number _____ State _____ Expiration Date _____

9. 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

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

PERSONAL AND FAMILY INFORMATION CONTINUED

10. Marital Status continued:

a. If married, to whom (include maiden name and any other names).

b. If previously married, or divorced, list all former spouses:

Name	Date of Birth	Current Address	Date/Place of Divorce

11. 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	State	Zip

12. Family Record

a. List below every family member (or other persons) presently residing with you:

Name	Relationship	Date of Birth	Place of Employment	Work Phone No.

PERSONAL AND FAMILY INFORMATION CONTINUED

12. Family Record continued:

- 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 12a.)**

Name	DOB	Place of Birth	Other Parent's Name & Address	AMT of Child Support

- c. List the full names of your parents, stepparents, in-laws, sisters and brothers:**

Last Name	First Name	MI	Relationship	Place of Employment	DOB

- d. Has any member of your listed family, or any person residing in your home, ever been arrested?** ☐ Yes ☐ No. **If yes, explain.**

END OF PERSONAL AND FAMILY

EDUCATION

Please indicate whether you have a ☐ High School Diploma, or ☐ G.E.D.

If G.E.D., indicate when, where and in what state you received this degree.

Received on _____ at _____ in the state of _____.

1. List below all schools you have attended starting with the 9th grade. Include all technical schools and colleges:

FROM	TO	SCHOOL NAME/MAILING ADDRESS	GRADES ATTENDED
Mo____ Yr____	Mo____ Yr____	_____ _____ _____	
Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Degree Earned: _____ Major: _____ Minor: _____	

FROM	TO	SCHOOL NAME/MAILING ADDRESS	GRADES ATTENDED
Mo____ Yr____	Mo____ Yr____	_____ _____ _____	
Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Degree Earned: _____ Major: _____ Minor: _____	

FROM	TO	SCHOOL NAME/MAILING ADDRESS	GRADES ATTENDED
Mo____ Yr____	Mo____ Yr____	_____ _____ _____	
Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Degree Earned: _____ Major: _____ Minor: _____	

FROM	TO	SCHOOL NAME/MAILING ADDRESS	GRADES ATTENDED
Mo____ Yr____	Mo____ Yr____	_____ _____ _____	
Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Degree Earned: _____ Major: _____ Minor: _____	

FROM	TO	SCHOOL NAME/MAILING ADDRESS	GRADES ATTENDED
Mo____ Yr____	Mo____ Yr____	_____ _____ _____	
Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Degree Earned: _____ Major: _____ Minor: _____	

EDUCATION CONTINUED

FROM	TO	SCHOOL NAME/MAILING ADDRESS	GRADES ATTENDED
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____	
Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Degree Earned: _____ Major: _____ Minor: _____	

FROM	TO	SCHOOL NAME/MAILING ADDRESS	GRADES ATTENDED
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____	
Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Degree Earned: _____ Major: _____ Minor: _____	

FROM	TO	SCHOOL NAME/MAILING ADDRESS	GRADES ATTENDED
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____	
Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Degree Earned: _____ Major: _____ Minor: _____	

FROM	TO	SCHOOL NAME/MAILING ADDRESS	GRADES ATTENDED
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____	
Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Degree Earned: _____ Major: _____ Minor: _____	

FROM	TO	SCHOOL NAME/MAILING ADDRESS	GRADES ATTENDED
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____	
Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Degree Earned: _____ Major: _____ Minor: _____	

EDUCATION CONTINUED

1. Have you ever been suspended or expelled from any school for any reason?

☐ Yes ☐ No If yes, explain. _____

2. Have you ever been placed on academic probation from any school?

☐ Yes ☐ No If yes, explain. _____

END OF EDUCATION SECTION

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. Please list complete addresses. Include, in sequence, any military service or unemployment.

FROM	TO	COMPANY NAME / MAILING ADDRESS	STATUS
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary
Job Title: _____ Phone: _____ 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: _____ 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: _____ 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: _____ Work Performed: _____ Supervisor: _____ Reason For Leaving: _____			

EMPLOYMENT HISTORY CONTINUED

FROM	TO	COMPANY NAME / MAILING ADDRESS	STATUS
Mo _____ Yr _____	Mo _____ Yr _____	_____ _____ _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary
Job Title: _____ Phone: _____ 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: _____ 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: _____ 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: _____ Work Performed: _____ Supervisor: _____ Reason For Leaving: _____			

EMPLOYMENT HISTORY CONTINUED

FROM	TO	COMPANY NAME / MAILING ADDRESS	STATUS
Mo _____ Yr _____	Mo _____ Yr _____	_____ _____ _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary
Job Title: _____ Phone: _____ 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: _____ 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: _____ 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: _____ Work Performed: _____ Supervisor: _____ Reason For Leaving: _____			

If more space is needed, go to the narrative page.

EMPLOYMENT HISTORY CONTINUED

If you answer "yes" to any of the following questions, please explain.

1. Has any form of disciplinary actions (suspensions, fines, written reprimands, firings, 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 "lay out" 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 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

END OF EMPLOYMENT HISTORY

MILITARY SERVICE RECORD

1. Have you ever served in any branch of the United States Military, 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 (mm/dd/yy- mm/dd/yy)	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 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

6. Do you have any private or confidential debts that were not listed above? ☐ Yes ☐ No

FINANCIAL STATUS CONTINUED

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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Been a party to a small claims or other civil court action? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Had a judgment rendered against you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Filed for bankruptcy or been declared bankrupt? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Had any property repossessed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Had a debt or bill turned over to a collection agency? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Have you ever.....

- | | |
|---|--|
| a. Been refused any type of insurance or had any type of insurance cancelled? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Been refused credit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Intentionally skipped out on a bill, debt or other financial obligation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Been evicted from a residence / building? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Had any consistent bank account overdrafts? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Defaulted on a loan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Do you.....

- | | |
|---|--|
| a. Or your spouse, have any immediate civil action pending against you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Owe any money to a former / present employer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Presently owe any gambling debts? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Have any debts that you refuse to pay? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

8. If employed with the Cherokee County Sheriff's Office, do you anticipate any income other than your salary or spouse's income? ☐ Yes ☐ No

If yes, how much, and of what source? _____

END OF FINANCIAL STATUS SECTION

ARREST AND CRIMINAL ACTIVITY

If you answer "yes" to any of the following questions, explain afterwards or on a narrative page.

1. List **ALL** arrests, including any resulting in youthful offender treatment:

DATE	CITY/STATE	OFFENSE	DISPOSITION

2. Were you in any serious trouble as a juvenile? ☐ Yes ☐ No

3. Has a warrant ever been issued for your arrest? ☐ Yes ☐ No

4. Are there any outstanding warrants for your arrest now? ☐ Yes ☐ No

5. Have you ever been detained, questioned or interrogated by any police, government or military agency? ☐ Yes ☐ No

6. a. List below everything that you have ever stolen valued at less than \$100.

b. List below everything that you have ever stolen valued at more than \$100.

7. Are you now, or have you ever, been associated, in any way, with organized criminal conduct? ☐ Yes ☐ No

ARREST AND CRIMINAL ACTIVITY CONTINUED

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. | Schemed to defraud anyone? | <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 persons 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 Drivers License? ☐ Yes ☐ No

a. Number: _____ Class: _____ Expiration Date: _____

b. Restrictions: _____

2. If you have ever been issued a drivers license by a state other than Alabama, complete the following:

ISSUING DATE	DRIVERS LICENSE NUMBER	DATES ISSUED	
		FROM	TO

3. Have you ever had a driver's license suspended or revoked? ☐ Yes ☐ No

STATE	WHEN	WHY

4. 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

6. List all traffic accidents that you have had in the last five (5) years. Use narrative page if additional space is needed.

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

END OF DRIVER LICENSE AND TRAFFIC HISTORY

PHYSICAL FITNESS

1. Height _____ feet, _____ inches. Weight _____ lbs.
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: Applicants who are applying for the position of Deputy Sheriff must be able to pass the following physical fitness requirements:

- a. Complete a 1½-mile run within 15 minutes and 28 seconds
- b. Complete 22 push-ups in 60 seconds
- c. Complete 25 sit-ups in 60 seconds

END OF PHYSICAL FITNESS SECTION

DRUG INVOLVEMENT

1. Answer "yes" or "no", 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
NARCOTICS					
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				
HALLUCINOGENS					
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				
STIMULANTS					
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				
Methamphetamines	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Speed	<input type="checkbox"/> Yes <input type="checkbox"/> No				
DEPRESSANTS					
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				
DESIGNER DRUGS					
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 such as 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

If yes, who? _____

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? _____

END OF DRUG INVOLVEMENT SECTION

ALCOHOL USAGE

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

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

Have you ever?

4. Gone to work drunk? ☐ Yes ☐ No

5. Been absent from work because of drinking? ☐ Yes ☐ No

6. Secretly drank alcohol at work? ☐ Yes ☐ No

7. Gotten fired from a job because of drinking? ☐ Yes ☐ No

8. Had any disciplinary action taken against you by any employer because of your drinking? ☐ Yes ☐ No

9. Has your drinking ever caused you any family problems? ☐ Yes ☐ No

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?

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

FOR FORMER OR CURRENT CRIMINAL JUSTICE EMPLOYEES

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 question is "Yes", please explain on a narrative page.

Have you ever.....

1. Received payoffs from criminals? ☐ Yes ☐ No
2. Stolen anything from anyone you arrested? ☐ Yes ☐ No
3. Received any type gratuity for dropping a case or disposing of a traffic ticket? ☐ Yes ☐ No
4. Accepted a bribe? ☐ Yes ☐ No
5. Tampered with evidence? ☐ Yes ☐ No
6. Kept for your own use any type of illegal drugs taken from anyone who has been arrested, detained, or questioned? ☐ Yes ☐ No
7. Personally kept seized weapons for your own use? ☐ Yes ☐ No
8. Intentionally destroyed a case file, computer entry or official record? ☐ Yes ☐ No
9. "Planted" evidence? ☐ Yes ☐ No
10. Stolen anything from a place of business while on duty? ☐ Yes ☐ No
11. Used excessive force on a suspect? ☐ Yes ☐ No
12. Had any police brutality complaints? ☐ Yes ☐ No
13. Ever been suspended from work? ☐ Yes ☐ No
14. "Covered up" a criminal offense for a friend or relative? ☐ Yes ☐ No
15. Told a civilian friend, acquaintance or relative about an active investigation involving them? ☐ Yes ☐ No
16. Kept any lost or found property turned in by a citizen or found by you? ☐ Yes ☐ No
17. Lied or committed perjury in court or other official proceedings? ☐ Yes ☐ No
18. Since being in criminal justice work, have you used any illegal drugs? ☐ Yes ☐ No
19. Are you currently certified by the Alabama Peace Officers' Standards and Training Commission as a law enforcement officer within the State of Alabama? ☐ Yes ☐ No

If yes, what is your APOSTC Certification Number? _____

20. Are you currently certified as a law enforcement officer within another state? ☐ Yes ☐ No

If yes, what state? _____ Certification Number: _____

END OF FORMER OR CURRENT CRIMINAL JUSTICE EMPLOYEES

MISCELLANEOUS

Have you ever.....

1. Been involved in any subversive or terroristic 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? ☐ Yes ☐ No
If yes, what?

4. Committed an act for which you could be blackmailed? ☐ Yes ☐ No

5. Applied for employment with the Cherokee County Sheriff's Office before? 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-government 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 to know? ☐ Yes ☐ No

14. Why do you want to work with the Cherokee County Sheriff's Office? _____

END OF MISCELLANEOUS SECTION

REFERENCES

1. List three (3) references (other than relatives or previous employers), preferably in Cherokee County. **PLEASE PROVIDE CURRENT MAILING ADDRESSES AND PHONE NUMBERS!**

NAME	HOME ADDRESS & PHONE NO.	EMPLOYER'S ADDRESS & PHONE NO.
	<hr/> <hr/>	<hr/> <hr/>
	<hr/> <hr/>	<hr/> <hr/>
	<hr/> <hr/>	<hr/> <hr/>

2. Give the names of two (2) relatives that do not reside in the same house as you, preferably in Cherokee County. Provide current mailing addresses and phone numbers.

NAME	HOME ADDRESS & PHONE NO.	EMPLOYER'S ADDRESS & PHONE NO.
	<hr/> <hr/>	<hr/> <hr/>
	<hr/> <hr/>	<hr/> <hr/>

3. List the names of your five (5) closest friends. Provide current mailing addresses and phone numbers.

NAME	HOME ADDRESS & PHONE NO.	EMPLOYER'S ADDRESS & PHONE NO.
	<hr/> <hr/>	<hr/> <hr/>
	<hr/> <hr/>	<hr/> <hr/>
	<hr/> <hr/>	<hr/> <hr/>
	<hr/> <hr/>	<hr/> <hr/>
	<hr/> <hr/>	<hr/> <hr/>

4. List all employees of the Cherokee County Sheriff's Office that you have had association with and give type of association:

END OF REFERENCES SECTION

NARRATIVE SECTION

[illegible]

[illegible]

If more space is needed add another sheet.

FALSIFICATION OF APPLICATION

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

END OF QUESTIONNAIRE. PROCEED TO SIGNATURE PAGES.

Cherokee County Sheriff's Office
Authority for Release of Information

To Whom It May Concern:

I hereby authorize any investigative or duly accredited representative of the Cherokee County Sheriff's Office bearing this release, or copy thereof, within one year of its date, to obtain any information from schools, residential, financial institutions, armed forces, hospitals, doctors, Veteran's Administration, credit bureau, employers, criminal justice agencies, or individuals, relating to my actions. This information may include, but is not limited to academic, military, residential, health rating, credit rating, achievement, performance, attendance, personal history, disciplinary, arrest and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Cherokee County Sheriff's Office 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, which 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 (Printed) _____

Other Names Used: _____

Social Security Number: _____

Current Address & Telephone #: _____

Date: _____

Sworn and subscribed to me this the _____ day of _____, 20____.

Notary Public: _____
My commission expires _____

Privacy Act Notice

Purposes 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 county employment, (2) clearance to perform required services for the county government, (3) security clearance or access. The information obtained may be furnished to third parties as necessary for the fulfillment of official responsibilities.

Effects of Nondisclosures

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