

CITY OF LANETT POLICE DEPARTMENT

PERSONAL HISTORY FORM

You are applying for employment with the Lanett Police Department. The City of Lanett is proud of the personnel, the tradition of service with honor, and the quality of training and leadership of this Department. Some of the members of the department are sworn Police Officers and others are in support positions. No matter what position you seek with us, we expect you to be the finest this community has to offer. Your full attention to providing complete and accurate information on this application form and in our interviews will help us accomplish a thorough and fair evaluation of your qualifications for the position.

If you have any questions about any part of this Personal History Form, please ask the person who is conducting the interview. That is the person most familiar with the form and therefore is the one best qualified to assist you with your question.

The information you provide on this Personal History Form will be kept confidential. You are required to answer all parts of the Personal History Forms truthfully and completely. The completed Personal History Form will be used to guide the Background Investigation. If there is a matter you feel uncomfortable about expressing in the Personal History Form, you are encouraged to discuss the matter with the Interviewer, however you are required to make notation of this on the Personal History Form. The interviewer will take the time to discuss your inquiry about this matter.

Any intentional false answers, statements or omissions on this Personal History Form will result in immediate termination of the applicant's background investigation and will disqualify the applicant for employment. The attached Personal History Form must be printed neatly in black ink and in the applicants own handwriting. If any questions are not applicable to the applicant, put "N/A" on that line.

The following documents must be attached to the Personal History Form when submitted:

1. Color Copy of Drivers License
2. Color Copy of Social Security Card
3. Color Copy of High School Diploma or GED Certificate
4. Color Copy of State Issued Birth Certificate
5. Copy of College Diploma (If College Graduate)
6. Copy of DD214 (Military Candidates Only)
7. Copy of APOST Certificate (APOST Certified Candidates Only)

Date: _____

Position Applied For: _____

PERSONAL HISTORY:

Full Name: _____
(Last) (First) (Middle)

Social Security #: _____ Drivers License #: _____ State _____

DOB: _____

Current Address _____
(Street) (City) (State) (Zip)

Cell Phone #: _____ Home/Other Phone #: _____

How Long at Present Address? _____

Previous Addresses for the past 10 years:

Number&Street	City, State and Zip Code	Dates	
		From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION:

High School:

(Name) (Address) (Years Attended)
Graduated? Yes () No () Year: _____ If No, GED? Yes () No () Year: _____

College or University:

(Name) (Address) (Years Attended)
Graduated? Yes () No ()

Other College, University or School(College Level) Attended:

(Name) (Address) (Years Attended)
Graduated? Yes () No ()

MILITARY SERVICE:

Branch of Service:_____

Dates of Service:_____

Rank at Discharge:_____

Type of Discharge:_____

Under Honorable Conditions: Yes () No ()

EMPLOYMENT RECORD:

Name and Address of Employer Name of Supervisor

Dates Employed Title or Position

Reason for Leaving Phone Number

Name and Address of Employer Name of Supervisor

Dates Employed Title or Position

Reason for Leaving Phone Number

Name and Address of Employer	Name of Supervisor
Dates Employed	Title or Position
Reason for Leaving	Phone Number

Name and Address of Employer	Name of Supervisor
Dates Employed	Title or Position
Reason for Leaving	Phone Number

Name and Address of Employer	Name of Supervisor
Dates Employed	Title or Position
Reason for Leaving	Phone Number

Have you ever been terminated or asked to resign from any employment or position you have held?
Yes () No ()

If "Yes", List employer and reason for termination:

Employers Name	Date of Termination/Resignation
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Reason: _____

Employers Name

Date of Termination/Resignation

Reason: _____

Employers Name

Date of Termination/Resignation

Reason: _____

Were you ever fired for:

Dishonesty? Yes () No (); Drinking: Yes () No (); Absences/Tardy: Yes () No ()

Other reason Yes () No (), Reason: _____

Have you ever been arrested: Yes () No ()

If yes, were you convicted: Yes () No () N/A ()

Have you ever tried ANY illegal drugs: Yes () No ()

If yes, what drugs did you try: _____

Have you ever sold or distributed illegal drugs: Yes () No ()

Have you ever used prescription medication not prescribed to you: Yes () No ()

If yes, please explain _____

Have you ever given away, traded or sold prescription medication: Yes () No ()

If yes, please explain _____

COURT RECORDS:

****Please note: You must answer the following questions truthfully even if you have had your arrest expunged, been granted youthful offender, pretrial diversion or drug court. Failure to disclose ANY arrest regardless of its adjudication is grounds for immediate dismissal from the application process.****

Have you ever been arrested or charged with any crime: Yes () No ()

Have you ever received a traffic ticket: Yes () No ()

If you answered yes to either of the above questions, then you must list all arrests and/or tickets below. Make sure you put the city, county and state where you were charged or ticketed and the Police Agency that charged you with the offense or traffic ticket.

Date	City	County	State	Charge	Disposition	Agency
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Date	City	County	State	Charge	Disposition	Agency
------	------	--------	-------	--------	-------------	--------

Date	City	County	State	Charge	Disposition	Agency
------	------	--------	-------	--------	-------------	--------

Date	City	County	State	Charge	Disposition	Agency
------	------	--------	-------	--------	-------------	--------

Date	City	County	State	Charge	Disposition	Agency
------	------	--------	-------	--------	-------------	--------

Date	City	County	State	Charge	Disposition	Agency
------	------	--------	-------	--------	-------------	--------

Are you currently under investigation or indictment for a criminal offense: Yes () No ()

If yes, please explain in detail:

Do you expect any such action likely to be brought against you in the next 24 months: Yes () No ()

If yes, please explain in detail:

In any official hearing, court action, or trial, have you ever been shown to have engaged in sexual misconduct, sexual abuse or sexual harassment: Yes () No ()

If yes, please explain in detail:

The City of Lanett has policies in place that allow action to be taken against any employee that has certain types of civil judgments placed against them. Do you have any type of civil judgment or action that has been decided or will be decided against you during your employment with the City of Lanett?

Yes () No ()

If yes, please explain in detail:

PERSONAL REFERENCES:

Reference Name: _____

Home Address: _____

Employer and Occupation: _____

Phone #: _____ Alt Phone #: _____

Years Known: _____ Relationship to Reference _____

Reference Name: _____

Home Address: _____

Employer and Occupation: _____

Phone #: _____ Alt Phone #: _____

Years Known: _____ Relationship to Reference _____

Reference Name: _____

Home Address: _____

Employer and Occupation: _____

Phone #: _____ Alt Phone #: _____

Years Known: _____ Relationship to Reference _____

APPLICANT CAPABILITES:

- | | |
|---|----------------|
| 1. Can you drive a vehicle? | Yes () No () |
| 2. Can you run 100 yards without stopping? | Yes () No () |
| 3. Can you distinguish colors? | Yes () No () |
| 4. Can you walk in a crouched position? | Yes () No () |
| 5. Can you write a report? | Yes () No () |
| 6. Can you fire a pistol and/or other firearms? | Yes () No () |
| 7. Can you work 12 hours in a bullet proof vest? | Yes () No () |
| 8. Can you climb a fence? | Yes () No () |
| 9. Can you perform multiple push-ups? | Yes () No () |
| 10. Can you perform multiple sit-ups? | Yes () No () |
| 11. Can you get up off the ground without assistance? | Yes () No () |
| 12. Can you hear ordinary conversation clearly? | Yes () No () |
| 13. Can you perform traffic direction movements? | Yes () No () |
| 14. Can you drag a 160 pound weight? | Yes () No () |
| 15. Can you lift a 50 pound weight off the ground? | Yes () No () |
| 16. Can you change a tire? | Yes () No () |
| 17. Can you swing a baton? | Yes () No () |
| 18. Can you use a fire extinguisher? | Yes () No () |
| 19. Can you give coherent directions to a specific location? | Yes () No () |
| 20. Can you low-crawl? | Yes () No () |
| 21. Can you swim? | Yes () No () |
| 22. Can you climb a hill? | Yes () No () |
| 23. Can you operate a shotgun? | Yes () No () |
| 24. Can you walk a balance beam? | Yes () No () |
| 25. Can you operate a two-way radio? | Yes () No () |
| 26. Can you perform a bench-press? | Yes () No () |
| 27. Can you push an automobile? | Yes () No () |
| 28. Can you see in low light situations? | Yes () No () |
| 29. Can you drive at night? | Yes () No () |
| 30. Can you act calmly in excited or dangerous situations? | Yes () No () |
| 31. Can you estimate distance with reasonable accuracy? | Yes () No () |
| 32. Can you speak in public situations without undue nervousness? | Yes () No () |
| 33. Can you operate normally at all heights? | Yes () No () |
| 34. Can you operate normally around animals? | Yes () No () |
| 35. Would you be able to use OC Spray on a person? | Yes () No () |
| 36. Would you be able to use a baton on a person? | Yes () No () |
| 37. Would you be able to use a firearm on a person? | Yes () No () |

I, _____, understand that my offer of employment with the City of Lanett Police Department is pending upon the results of a psychological test, employment history check, credit history check, physical examination, drug screen and the successful completion of the physical agility course and physical ability testing.

Applicant Signature

Witness

Date

CERTIFICATION

It is understood that if employed, the first year of my employment with the Lanett Police Department will be on a probationary or trial basis. I understand that during this period I will be under constant evaluation and that any deviation from The City of Lanett's or the Lanett Police Department's policies and procedures will subject me to disciplinary action up to and including termination from employment. I further understand that at the end of my probationary period, I will either be assigned duty as a permanent employee or discharged from duty.

Applicant Signature

Witness

Date

CITY OF LANETT, ALABAMA

PRE-EMPLOYMENT CONTRACTUAL AGREEMENT

Having submitted an application of employment with the City of Lanett, if offered a position, and I choose not to accept employment; I agree to reimburse the City of Lanett the full cost of the expense of the psychological test and physical examination.

If the City of Lanett chooses not to offer me employment for any reason, I will not be responsible for any reimbursement. I understand that prior to taking any test, I may inquire as to the cost.

I further understand that if I accept employment with the City of Lanett Police Department, I will be required to sign a 2-year contract. If I leave my employment with the City of Lanett prior to two years, I understand that I am liable for the costs of my training to include: Police Academy, uniforms, clothing, duty equipment and any other costs incurred by the Lanett Police Department. I also understand that I am required to return any and all items issued to me by the Lanett Police Department at the time of separation from employment.

Applicant Signature

Witness

Date

POLYGRAPH AGREEMENT

I understand that the City of Lanett utilizes a commercial polygraph service as part of their personnel management program and that as an employee of the City of Lanett I agree to submit to a polygraph examination at its request of any surety or inseminator for my faithful performance. As a condition of my employment I understand that from time to time, as a continued employment requirement, that those polygraph examinations will be limited to matters directly related to my employer's business, the fidelity and honesty of its employees, and any matter concerning my assigned responsibilities with the employer.

I further understand that the results of such examination may be known only to the firm conducting the examination and to authorized management personnel with the City of Lanett.

Applicant Signature

Witness

Date

APPLICANT’S CONSENT FOR SUBSTANCE ABUSE TESTING

The undersigned applicant for employment with the City of Lanett understands and will be required to take a physical examination in connection with their application for employment by the City. Applicant further understands that this examination will include certain tests for drugs and other substances subject to abuse.

I consent to a pre-employment physical examination, which includes test for such drugs and substances subject to abuse, and authorize the medical personnel retained by the City to release to appropriate personnel with the City any information pertinent to my employment, including the results of any of the above-mentioned test. I understand and agree that a positive test result will prevent my being hired.

I hereby release and agree to hold harmless and covenant not to sue the City of Lanett, its officers, directors, employees, agents or representatives for any claims and liabilities which may arise in regard to the taking of such tests, and the use of information obtained therefrom.

If the applicant is a minor, I certify that the signature so designated below is that of my parent or guardian.

Applicant Signature

Witness

Date

RELEASE OF INFORMATION AUTHORIZATION

TO WHOM IT MAY CONCERN:

I,

Last Name	First Name	Middle Name
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Social Security Number

The undersigned has applied for employment with the City of Lanett Police Department.

I request that the authorized representatives of the Lanett Police Department be allowed to view and/or be furnished a copy of my personnel records and I hereby release and hold forever harmless the City of Lanett and/or the Lanett Police Department and/or its representatives and _____, the custodian of my personnel records from all liability resulting in my not gaining employment with the Lanett Police Department because of any information which may be derogatory that is obtained from such records.

Applicant Signature

Witness

Date

Please Send Records to:

Chief Angie Spates
Lanett Police Department
P.O. Box 290
Lanett, AL 36863

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION:

Should you be accepted for employment by the City of Lanett Police Department, the Department Rules and Regulations provide that if any materially false or misleading information is given on this application for employment, you are subject to immediate dismissal and termination of employment.

Applicant Signature

Witness

Date