

**APPLICATION FOR EMPLOYMENT
CITY OF HELENA POLICE DEPARTMENT**

FAILURE TO FOLLOW ANY INSTRUCTIONS PROVIDED WILL RESULT IN AUTOMATIC DISQUALIFICATION

IMPORTANT: READ CAREFULLY

INSTRUCTIONAL INFORMATION SHEET

This sheet has been prepared for your aid in executing the application for employment with the City of Helena Police Department. If there are questions which are not applicable to you, please indicate this fact by the notation "N/A" in the appropriate space.

If additional space is needed for any section or question on the application, or if you wish to furnish additional information, attach sheets of the same size as this application, follow the same format as on the application, and number answers to correspond to the questions.

The application must be clear and legible and abbreviations are not acceptable. We prefer black/blue ink. Applications submitted in pencil will not be accepted. A current resume is also required and should be attached to the completed application.

EFFECTS OF NONDISCLOSURE

A false answer to a question in the employment application may be grounds for not employing you, or for dismissing you after you begin work. All statements are subject to investigation, including a check of your fingerprints, police records, academic records, and former employers. All information you give will be considered in reviewing your statement.

THE CITY OF HELENA IS AN EQUAL OPPORTUNITY EMPLOYER. It strives for the constant improvements to the public service by employing and developing the best qualified people available regardless of their race, color, creed, sex, political beliefs, national origin, age or handicap.

**APPLICATION FOR EMPLOYMENT
HELENA POLICE DEPARTMENT**

I. PERSONAL HISTORY

1. Name in Full (Last, First, Middle) _____

2. List all other names you have used including nicknames: if female, furnish maiden name: If you have used any surnames other than your true name, during what period and under what circumstances were these names used?

3. Date of Birth _____ 4. Place of Birth _____

5. Age _____ 6. Sex _____ M _____ F _____ 7. SSN# _____

8. (a). Marital Status _____ (b). Spouse's Full Name _____

9. Citizenship

(a). Present citizenship (country) _____

(b). Citizenship acquired by: _____ Birth _____ Marriage _____
Naturalization/Naturalization Certificate # _____

(c). Date and Place Naturalized _____

10. Driver License Number and State _____

THE CITY OF HELENA IS AN EQUAL OPPORTUNITY EMPLOYER

III. EDUCATION

1. High School: _____ Address: _____

Years Attended: _____ Year Graduated: _____
GED: _____ Year Obtained: _____

2. College or University:

Name of College _____ Address (City, State) _____

Major	Minor	Years Attended	Degree Received	GPA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Specialized Schools:

Name of School _____ Address (City, State) _____

Study or Specialization	Dates Attended	Graduate	
		Yes	No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Were you ever dismissed from a school, or was any disciplinary action ever taken against you during your scholastic career? _____ Yes _____ No

School	Date	Action
_____	_____	_____
_____	_____	_____

IV. EMPLOYMENT HISTORY

Note: List last position first. Include chronological history of employment starting with current or most recent position. Account for all periods including casual employment and all periods of employment. Be sure to include military experience, if applicable.

Name and Address of Employer's Organization _____ Dates Employed From To _____

Phone Number of Organization _____

Salary/Earnings \$ _____ per _____ Full Time _____ Part Time _____

Exact Title of Your Position _____ Name of Immediate Supervisor _____

Reason for Leaving _____

Description of Work. Describe Your Specific Duties

Name and Address of Employer's Organization _____ Dates Employed From To _____

Phone Number of Organization _____

Salary/Earnings \$ _____ per _____ Full Time _____ Part Time _____

Exact Title of Your Position _____ Name of Immediate Supervisor _____

Reason for Leaving _____

Description of Work. Describe Your Specific Duties

Name and Address of Employer's Organization _____ Dates Employed From To _____

Phone Number of Organization _____

Salary/Earnings \$ _____ per _____ Full Time _____ Part Time _____

Exact Title of Your Position _____ Name of Immediate Supervisor _____

Reason for Leaving _____

Description of Work. Describe Your Specific Duties _____

Name and Address of Employer's Organization _____ Dates Employed From To _____

Phone Number of Organization _____

Salary/Earnings \$ _____ per _____ Full Time _____ Part Time _____

Exact Title of Your Position _____ Name of Immediate Supervisor _____

Reason for Leaving _____

Description of Work. Describe Your Specific Duties _____

If additional space is needed, attach additional sheets to the application in the same format.

Have you ever been dismissed or asked to resign from any employment or position you have held: _____ Yes _____ No If you answer "Yes", set forth your explanations on an attached sheet indicating the name of the company, your dates of employment and the reason(s) for your dismissal/resignation

V. MILITARY RECORD

1. Have you ever served in the Armed Forces of the United States? _____Yes _____No

2. Branch of Military Service _____ 3. Type of Discharge _____

4. Date of Active Duty From _____ To _____

5. Service # _____ 6. Member of the Reserve __Yes __No

7. Branch of Service (Reserve) _____

8. National Guard _____ Present _____ Former _____ None

9. If you attend drills, meeting or camps, give name of unit and location

VI. REFERENCES AND SOCIAL ACQUAINTANCES

Give three references (not relatives or present employers, fellow employees, or school teachers, who are responsible adults of reputable standing in their communities, such as property owner, business or professional men or women including your physician, if you have one, who have known you well for at least five years, preferably those who have known you during the past five years. If retired, give former occupation.

1. Complete Name: _____
Home Address: _____
Business Address : _____
Home (Primary) Phone: _____
Business Phone: _____

Years Acquainted: _____ Occupation _____

2. Complete Name: _____
Home Address: _____
Business Address : _____
Home (Primary) Phone: _____
Business Phone: _____

Years Acquainted: _____ Occupation _____

3. Complete Name: _____
Home Address: _____
Business Address : _____
Home (Primary) Phone: _____
Business Phone: _____

Years Acquainted: _____ Occupation _____

VII. SOCIAL ACQUAINTANCES

1. Complete Name: _____
Home Address: _____
Business Address : _____
Home (Primary) Phone: _____
Business Phone: _____

Years Acquainted: _____ Occupation _____

2. Complete Name: _____
Home Address: _____
Business Address : _____
Home (Primary) Phone: _____
Business Phone: _____

Years Acquainted: _____ Occupation _____

3. Complete Name: _____
Home Address: _____
Business Address : _____
Home (Primary) Phone: _____
Business Phone: _____

Years Acquainted: _____ Occupation _____

Have you ever been charged with felony or Misdemeanor crime (Does not include Traffic Tickets) ____Yes ____No. If Yes, please describe below. Include Dates, Location, charge(s), and agency/agencies involved.

2. Have you ever been a plaintiff or defendant in a court action? ____Yes ____ No. If so, give date, place, court, names of parties involved, nature of action, and final disposition.

VIII. FINANCIAL STATUS

1. Do you have any sources of income other than your salary or that of your spouse' ____Yes ____ No. Specify each with amount: _____

2. Have you ever been in or petitioned for bankruptcy? ____Yes ____No. If you answer is Yes, give particulars, including court and date.

3. Have you ever been served or involved in a civil action for garnishment of wage or property? ____Yes ____No. If you answer is Yes, give particulars, including court and date.

IX. RELATIVES EMPLOYED BY THE CITY OF HELENA

List the complete names of any relatives (including in-laws) who are employed by the City of Helena.

1. Complete Name: _____
Relation: _____ Department _____
2. Complete Name: _____
Relation: _____ Department _____

XI. FRIENDS/ACQUAINTANCES EMPLOYED BY THE CITY OF HELENA

Complete Name	Department
_____	_____
_____	_____
_____	_____

X. PERSONAL DECLARATIONS

1. Do you use intoxicants? ____Yes ____No. If so, to what extent? _____
2. Do you use, or have you ever used, such items as marijuana, hashish, cocaine, LSD, amphetamines, heroin, or drugs of a similar nature? ____Yes ____No. If you answered Yes please refer to question 3.
3. If answer to question 2 above is Yes, complete the following items for EACH drug used.
- a. Drug _____ b. How taken _____
- c. Circumstances _____
- d. How many times used? _____
- e. First time used _____ f. Last time used _____
4. List the names of Federal, State, and local law enforcement agencies to which you have applied for employment.
- _____
5. If, to your knowledge, any of the above agencies have conducted an investigation of you, indicate the name of the agency and the approximate date of investigation.
- _____

6. Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of Government of the U.S. by unconstitutional means? _____Yes _____No. If answer is Yes to any of these items, explain fully on another sheet of paper, and attach to back of application.

7. An investigation will be conducted of all information listed in this application. Because of this, are you aware of any information about yourself or any person with whom you are, or have been closely associated which might tend to reflect unfavorably on your reputation, morals, character, ability or loyalty? _____Yes _____No. If yes, please give your version of this/these incident(s) on another sheet of paper, and attach to back of application.

8. Do you understand all prospective Helena Police Department employees will be required to submit to a urinalysis for drugs of abuse prior to employment? _____Yes _____No.

XI. AVAILABILITY OF APPLICANT

1. Have you previously submitted an application for employment with the Helena Police Department? _____Yes _____No. If so, give date. _____

2. Earliest date available for employment? _____

3. How much notice to report do you need? _____

4. I understand that appointment to a support position (communications officer or clerk) does not assure me of being offered a Police Officer appointment in the future even if I meet the basic requirements for this position. _____Yes _____No

ATTENTION- THIS STATEMENT MUST BE SIGNED

I understand that I will be requested to a Polygraph examination during the processing of my application and, if hired, subsequent to employment, to assist in determining my suitability for employment or to resolve issues directly related to my employment.

I understand that all appointments are probationary for a period of one year during which I must demonstrate my fitness for committed employment by the Helena Police Department. I also understand that, in many parts of the Police Department, it is necessary to establish regular evening and midnight shifts in view of which I must be completely available for such assignments. I further understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be basis for dismissal from the Helena Police Department. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

Signature of Applicant

Date

City of Helena, a Municipal Corporation
Pre-Employment Substance Testing
Consent and Release Form

I do hereby certify that I have been given notice of the City of Helena's pre-employment substance testing policy, that I have been provided with access to a copy of the City of Helena's Alabama Drug-Free Workplace Policy Statement: and that I have read or waived my right to read it. I hereby freely and voluntary consent to submit to urinalysis and/or other screening or tests as shall be determined by the City of Helena in the selection process of final applicants for employment, for the purpose of determined the presence of, and content of, any Or all of the following substances:

- | | |
|------------------------|--------------------|
| 1. Amphetamines | 6. Methadone |
| 2. Cannabinoids | 7. Methaqualone |
| 3. Cocaine | 8. Barbiturates |
| 4. Phencyclidine (PCP) | 9. Benzodiazepines |
| 5. Opiates | 10. Propoxyphene |

I agree that the employer representative, collection site, physician, or clinic or may collect these specimens for screening or testing and may screen them or forward them to a testing laboratory designed by the City of Helena for analysis. I further agree to and hereby authorize the release of the results of said tests to the City of Helena and to the City of Helena's Medical Review Officer and its agents as provided ill the Policy statement. I further agree to release and hold harmless the City of Helena and its agents individually and collectively, including each person or business entity involved in the s ample request, collecting, screening, testing, evaluation, and reporting: and for any decisions, adverse or otherwise, made concerning my application for employment based on the screening or test results.

I understand that a negative screen or test is a pre-condition of employment with the City of Helena and that the refusal to submit to screening or testing, or a positive screen or test result will result in the rejection of my application, or the rescinding of a conditional offer of employment, as described in the City of Helena's Alabama Drug-Free Workplace Policy Statement. I also understand that it is not the purpose Of this screen or test to-identify any disability I may have and that pre-employment screening activities are conducted in compliance with ADA requirements. I further agree that a reproduced copy of this pre-employment consent and release form shall have one same force and effect as the original. I have carefully read the

foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant Print Name: _____ SSN# _____

Applicant Signature: _____ Date: _____

Witness Printed Name:

Witness Signature:

CITY OF HELENA
POLICE DEPARTMENT
APPLICANT AFFIDAVIT OF ALABAMA P.O.S.T. CERTIFICATION AND
BASIC LAW ENFORCEMENT OVERALL COURSE AVERAGE GRADE

NOTICE TO APPLICANT: The information requested on this form is required in order to process your request to be placed on the City of Helena (Police Department Eligible Candidates List). All information requested must be provided or this request will not be processed. Providing the requested information regarding an applicant's Basic Academy Overall Course Average Grade is the responsibility of the applicant. If there is some doubt regarding this Grade, the applicant should contact the Alabama Peace Officers' Standards and Training Commission (A.P.O.S.T.) at 334-242-1045. The City will verify the information contained on this form through A.P.O.S.T. prior to employment consideration. Any discrepancies between the applicant's records and the A.P.O.S.T. records must be resolved by the applicant and a A.P.O.S.T. prior to the addition of the applicant's name to any police department Eligible Candidates List. Records and grades maintained by A.P.O.S.T. will be considered official and final. Inaccuracies or incorrect information provided by the applicant on this form will result in automatic disqualification from consideration for employment and removal of the applicant's name from any police department Eligible Candidate List.

APPLICANT INFORMATION
(Please print or type)

Name: _____
Date of Birth: _____
Social Security Number: _____
Alabama P.O.S.T. Certification Number: _____
Law Enforcement Academy Attended: _____
Academy Session Number: _____
Dates of Academy Attendance: _____
Basic Academy Overall Course Average Grade: _____
Current Employer: _____

I _____ , by signature hereby affixed, do affirm the accuracy of the information I have provided on this document, and further recognize that any mis-statement, mis-representation or inaccuracy of the information required on this document will automatically disqualify me from consideration for a position with the Helena Police Department and will result in the removal of my name from all Police Department Eligible Candidates Lists. I further agree that a copy of the separate "AUTHORITY TO RELEASE INFORMATION" form I have signed shall authorize A.P.O.S.T. to release any and all information in their records pertaining to me.

Applicant Signature: _____ Date: _____

AUTHORITY TO RELEASE INFORMATION

To WHOM IT MAY CONCERN:

I hereby authorize any Police Officer or other authorized representative of the Helena Police Department bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Helena Police Department. Consent is granted for the Helena Police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Number on a voluntary basis with the understanding such is not required by State statute or regulation. I have been advised the Helena Police Department will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name: Full Name: _____

Signature _____

Typed or Printed Name _____

Social Security Number: _____ Date of Birth: _____

Parent/Guardian: _____ Date: _____

Current Address : _____

Phone Number: _____

Witness: _____