ALEXANDER CITY POLICE DEPARTMENT



DISPATCHER 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)
- PHOTOCOPY OF DRIVER LICENSE
- ORIGINAL 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.
- Copy of all tickets and dispositions.
- Case action summary on any and all arrests, along with a disposition.

JOB REQUIREMENTS:

- Must have graduated from an accredited high school or have a GED
- 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.

MAIL OR RETURN COMPLETE APPLICATION PACKAGE TO:

SAMANTHA LEWIS
ALEXANDER CITY POLICE DEPARTMENT
P.O. BOX 943
ALEXANDER CITY AL, 35010
PHONE: (256) 329-6770

samantha.lewis@alexandercityal.gov

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 **Alexander City Dispatcher**.

- 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.

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.

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Signature:	Date:

SECTION '	1: PERSONAL												
1. YOUR FULL	L NAME												
LAST				FIRST					MIDDLE				
2. OTHER NA	MES YOU HAVE USE	D OR BEEN KNOW	VN BY (INCLUDE	MAIDEN NAME AND	O NICKNAMES)								
													☐ N/A
3. ADDRESS	WHERE YOU LIVE												
NUMBER / S									APT / UN	п			
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CITY									STATE	ZIP			
4. MAILING A	DDRESS, IF DIFFERE	ENT FROM ABOVE	(FOR EXAMPLE,	PO BOX)					*	•			
5. CONTACT I	NUMBERS												
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6. CONTACT I	EMAIL			7. LIST A	LL OTHER EMAIL A	ADDRESSES	S (SEP	ARATED BY C	COMMAS)				
1													
8. CITIZENSH													
Are you a	U.S. citizen?											Yes	No
IF NO, are	e you a resident alie	en who is eligible	e and has appli	ied for U.S. citizer	nship?					•••••		Yes	No
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9. DIKTITELA	ROL (CITT/COUNTY	/ 31A1L / COUNT	XI)										
10. BIRTHDATE	E (MM/DD/YYYY)	11. SOCIAL SEC	CURITY NUMBER	12. DRIVER'S	SLICENSE								
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13. PHYSICAL	DESCRIPTION	•						•		•			
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LIST OF REFERENCES List 5 people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or	I							•			STAT	= [7IP
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15. LI	ST OF REFER	RENCES							
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	RSONAL 02/20/2020		EMENT – Dispatcher						
15.4	NAME OF RE		HOME ADDRESS (NUMBER / S	STREET / APT)	С	ITY		STATE	ZIP
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15.5	NAME OF RE	EFERENCE	HOME ADDRESS (NUMBER / S	STREET / APT)	С	ITY		STATE	ZIP
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SEC	TION 4: E	DUCATION							
18. LI	ST ALL HIGH		E/UNIVERSITY'S ATTENDED	FROM (MM/YYYY)	TO (M	M/YYYY)	TOTAL LINUT	S COMPLETED	
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20.	Намо мон о	ver taken a RULE 650-X-1203 Firearms Course?						Yes No
20.	nave you e	ver taken a Kole 650-X-1205 Firearnis Course!	•••••			•••••		Tes INO
	15.450							
	IF YES, prov	ride the following information:						
		A. COURSE PRESENTER NAME				LOCATION (CITY / STA	TE)
		B. COURSE COMPLETION						COMPLETION DATE (MM/YYYY)
		Did you successfully complete the course?					Yes 🗌] No /
		Did you successfully complete the course?			•••••		res	1 100 /
SEC	TION 4: E	EDUCATION continued						
21.	Have you e	ver attended a POST Basic Course/Academy: Regular, Sp	necialized Investig	ators' Res	erve or	Disnatcher?		Yes No
21.	riave you e	ver attended a 1 001 basic course, Academy. Regular, 55	occidiized iiivestigi	ators, nes	ici ve, oi	Disputerier:	••••••	163 110
	IE VEC prov	ride the following information:						
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	LOCATION (CITY, STATE)	NAME OF TRAINING	OFFICER / A	ACADEM'	Y COORDINATO	R	CONTACT NUMBER
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	NAME OF A	CADEMY		FROM (MM/	/YYYY)	TO (MM/	YYYY)	DID YOU PASS/GRADUATE?
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	LOCATION (CITY, STATE)	NAME OF TRAINING	OFFICER / A	ACADEM	Y COORDINATO	R	CONTACT NUMBER
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SEC	TION 5: EXPERIENCE AND EMPLOY	MENT							
27. J	OB EXPERIENCE								
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	If you have military experience, including List ALL periods of unemployment in ex		Jase, assi	ignin	ients, or un	II UI assi	griment.		
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	NAME OF CURRENT EMPLOYER OR MILITARY UNI	Т					FROM (MM/YYYY)	ТО	(MM/YYYY)
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	NAMES OF CO-WORKERS	1			REASON FOR	WANTING	TO LEAVE		
	1)	2)							
	Would there be a problem if we contact you	r current employer?							Yes No
	IF YES, explain:								
							T		
27.2	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MM/YYYY)
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	NAMES OF CO-WORKERS				REASON FOR L	EAVING			
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SEC	CTION 6: MILITARY EXPERIENCE
43.	Are you required to register for the Selective Service?
	IF YES, have you registered?
	IF NO, explain:
-	Have you ever served in the military?
44.	nave 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)
	DIVANCITOR 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:
ac	Are you gurrently 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?
SEC	CTION 6: MILITARY EXPERIENCE continued
OL.	
	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 dispatcher 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)?
	01 William y 3 Galler):
	IF YES, explain each incident:
	CHARGE APPROX DATE (MM/YYYY) ARRESTING OR DETAINING AGENCY
64.1	
	DISPOSITION OR PENALTY

Rev 02/20/2020 CHARGE APPROX DATE (MM/YYYY) ARRESTING OR DETAINING AGENCY 64.2 DISPOSITION OR PENALT 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	ı have received within the	past five years.		
	NATURE OF VIOLATION		LOCATION	I (STREET)	CITY	STATE
86.1						
	DATE VIOLATION OCCURRE	D	ACTION TAKEN			
	Month:	Year:	☐ Not Guilty	Fined	☐ Traffic School	Dismissed
	NATURE OF VIOLATION	-	LOCATION	I (STREET)	CITY	STATE
86.2						
	DATE VIOLATION OCCURRE	D	ACTION TAKEN			
	Month:	Year:	☐ Not Guilty	Fined	☐ Traffic School	Dismissed
	NATURE OF VIOLATION	-	LOCATION	I (STREET)	CITY	STATE
86.3						
	DATE VIOLATION OCCURRE	D	ACTION TAKEN			
	Month:	Year:	☐ Not Guilty	Fined	☐ Traffic School	Dismissed
87.	rius a traine citation ever i		Failed to Complete Traffi	_	following (check all that app d to Pay the Required Fine	214).
	IF CHECKED, explain circur	nstances:				
	ii Cricckeb, explain circui	nstances.				
-						
SEC	TION 9: CERTIFICAT	ION				
96.	I hereby certify that I have	e personally completed ar	nd initialed each page of	this form and any atta	sched supplemental page(s), and that all statements
	made are true and comp	lete to the best of my know	wledge and belief. I unde	rstand that any misst	atement of material fact m	ay subject me to
	disqualification; or, if I ha	ave been appointed, may o	lisqualify me from contin	ued employment.		
	Signature in Full:				Date:	
			- f-ll-uda-a	·		
			e following page to cont			
			Be sure to reference cor	responding numbers		

ADI	DITIONAL COMMENTS
٠	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.
•	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 Alexander Ci	ty, Alabama.
It has been explained to me by an officer of the my application, an investigation will be conducted by an officer of the my application, an investigation will be conducted by a said Department.		
I,, having responsibility to the public that only those of he authorize and request every medical doctor, so association, organization, or other institution he to me relevant to my good moral character and applied, to furnish the originals of copies of and including but not limited to any and all medical been made or prepared pursuant to, or in control the undersigned.	chool official, and every other person, firm naving control of any documents, records d fitness to perform the responsibilities o y such documents, records, certificates, l I reports, laboratory reports, x-rays, or cli	said Department, hereby m, office, corporation, or other information pertaining of the position for which I have etters, and other information inical abstracts which may have
I also understand that this information, along vother requested or required forms, certificates of this background investigation is the sole pro and/or my final status as an applicant.	, documents, letters, and/or papers or in	formation including any product
I hereby release and exonerate every medical of association, organization, or institution which is herein from any and all liability of every nature inspection of each documents, records, and ot undersigned further waives absolutely any prival understand that I shall not be entitled to have	shall comply in good faith with the author e and kind growing out of or in anyway pe her information or the investigation mad vileges or rights to said documents, recor	rization and request made ertaining to the furnishing or le by said Department. The ds, and other information, fully
A photocopy of this release form will be valid a original writing of my signature.	as an original thereof, even though said p	hotocopy does not contain an
WITNESS	SIGNATURE OF APPLICANT	_
DATE	DATE	
Sworn to and subscribed before me this	day of, 20	
Notary Public		