

EMPLOYMENT APPLICATION

**Shelby County Law Enforcement Personnel Board
P.O. Box 1006, Columbiana, Al 35051**

AN EQUAL OPPORTUNITY EMPLOYER

The Shelby County Law Enforcement Personnel Board provides a public personnel system based on merit principles. It strives for constant improvement of public service by employing and developing the best qualified people available. Every job applicant is rated solely on his/her ability without regard to race, color, religion, gender, national origin, age, marital status, veteran status, disability, or any other legally protected status.

Instructions

Read through the entire application. Answer every question in dark ink and **in your own handwriting**. Write NO, NONE, or N/A after questions that do not apply to you. If you need help ask the clerk for assistance. Attach additional sheets, if needed, to supplement your answers with reference to the section you are supplementing. Failure to fully complete this application may disqualify you from employment consideration. **Falsification of any part of the application is grounds for immediate disqualification from employment consideration.**

For Office Use				
Position Applied	Exam Number	Date of Exam	Exam Score	Notes
<input type="checkbox"/> Deputy Sheriff				
<input type="checkbox"/> Corrections Officer				
<input type="checkbox"/> Radio Dispatcher				
<input type="checkbox"/> Support Services				
<input type="checkbox"/> Other:				

Received by: _____ Date: _____

Name Last: _____, First _____
SOC: _____ DOB: _____

Personal History

 Last Name First Name Middle Name Maiden or Nickname (if applicable)

List all other names you have used such as former names, aliases, or nicknames			
Name	Reason	Date used from (Month/Year)	Date used to (Month/Year)

 Residence (No P.O. Boxes) Address Apt. No. City County/Parrish State Zip

How long have you lived at your address? _____ Years Months

 Previous Residence (No P.O. Boxes) Address Apt. No. City County/Parrish State Zip

 Mailing Address (if Different) Apt. No. City County/Parrish State Zip

(_____) _____ (_____) _____ (_____) _____
 Home Telephone Number Cell Phone Number Other Phone Number

 Email Address Other Contact Information

_____-_____-_____
 Social Security Number Drivers License Number Issue State

____/____/_____
 Date of Birth Place of Birth: City County/Parrish State Country

Have you been employed by any local, state, or federal government jurisdiction? Yes No (If yes list all agencies below)

Education/Training

High School					
(Copy of your High School Diploma, High School Transcripts, or GED must be submitted)					
High School Name/Address	Dates Attended – Mo/Yr		Years Completed	Did You Graduate?	Type of Diploma (Attach Copy)
	From	To			

College/University						
College/University Name/Address	Dates Attended – Mo/Yr		Credit Hours Earned		Did you Graduate?	Type of Degree (Attach Copy)
	From	To	Qtr.	Sem.		

Are you working toward a College Degree? Yes No Which type? Associates Bachelor Graduate Other

If Yes, Name the Degree: _____

When do you expect to receive the Degree: _____

Major: _____	Minor: _____
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How many words per minute can you type: _____

Which of the following computer Skills do you possess?

Windows Macintosh Word Excel Outlook Power Point Access

List any others: _____

Are you fluent in any languages besides English? Yes No

If Yes, please list: _____

Are you a current certified Law Enforcement Officer with the State of Alabama? Yes No

Academy Attended: _____ Dates Attended: _____

APOSTC Certification Number: _____

Other Schools

(Police Academies, Military, Trade, Vocational, or Business)

(i.e., breathalyzer, speed detection equipment, firearms, law enforcement training, computers)

School Name/Address	Dates Attended – Mo/Yr		Credit Hours	Area of Study	Did you Graduate?	Type of Degree or Certificate (Attach Copy)
	From	To				

Use this space to include any additional training, awards/honors received, extracurricular activities, positions held, or citations from school organizations that may be relevant to the position for which you are applying:

Employment History

Have you ever been discharged or requested to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Date	Explanation

List and describe ALL your employment experience in chronological order. Start with your current or most recent employer and work back. Include current employment, summer and part-time employment. For any length of time not employed indicate dates of unemployment. Attach a separate sheet of paper for additional employment history if necessary.

Are you currently employed? Yes No

May we contact your current employer? Yes No

Period of: <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment			
Dates (Mo/Year)		Employer:	
From:	To:		
Address, City, State, Zip		Phone Number:	
		Supervisor:	
Hours Per Week:	Starting Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$	Ending Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$	
Your Title:		Duties:	
Reason for Leaving:			
Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain if No:			

Period of: <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment			
Dates (Mo/Year)		Employer:	
From:	To:		
Address, City, State, Zip		Phone Number:	
		Supervisor:	
Hours Per Week:	Starting Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$	Ending Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$	
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Reason for Leaving:			
Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain if No:			

Period of: <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment			
Dates (Mo/Year)		Employer:	
From:	To:		
Address, City, State, Zip		Phone Number:	
		Supervisor:	
Hours Per Week:	Starting Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$	Ending Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$	
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From:	To:		
Address, City, State, Zip		Phone Number:	
		Supervisor:	
Hours Per Week:	Starting Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$	Ending Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$	
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From:	To:		
Address, City, State, Zip		Phone Number:	
		Supervisor:	
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Period of: <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment			
Dates (Mo/Year)		Employer:	
From:	To:		
Address, City, State, Zip		Phone Number:	
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Reason for Leaving:			
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Period of: <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment			
Dates (Mo/Year)		Employer:	
From:	To:		
Address, City, State, Zip		Phone Number:	
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		Supervisor:	
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Period of: <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment			
Dates (Mo/Year)		Employer:	
From:	To:		
Address, City, State, Zip		Phone Number:	
		Supervisor:	
Hours Per Week:	Starting Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$	Ending Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$	
Your Title:		Duties:	
Reason for Leaving:			
Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain if No:			

Volunteer Work

Date From	Date To	Hrs. Per Wk.	Description

Have you ever applied for employment with any law enforcement agency? Yes No

Agency:	Date Applied:
Address (Street, City, State, Zip):	
Position Applied For:	Status:

Agency:	Date Applied:
Address (Street, City, State, Zip):	
Position Applied For:	Status:

Agency:	Date Applied:
Address (Street, City, State, Zip):	
Position Applied For:	Status:

Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? Yes No If yes, please provide name and address of business, corporate or organization and describe your relationship or position:

Have you ever performed paid or unpaid services for a law enforcement agency not listed as an employer to include extra duty details and auxiliary or reserves? Yes No If yes, please provide name and address of business, corporation, or organization and describe your relationship or position:

Controlled Substances

Do you now or have you ever tried any illegal, illicit, or controlled substances?

Yes No

Do you now or have you ever purchased any illegal, illicit, or controlled substance?

Yes No

Do you now or have you ever sold any illegal, illicit, or controlled substance?

Yes No

If you answered yes to any question above complete this section

Name of Drug or Controlled Substance	Total number of times tried	Total number of times purchased	Total number of times sold	First Time (Mo/Yr)	Last Time (Mo/Year)
Marijuana/THC/Cannabis					
Hashish					
PCP/Angel Dust					
Methamphetamine/Speed/Uppers					
Mushrooms/Psilocybin					
Heroin					
Cocaine					
Crack					
Quaaludes					
Opium					
Barbiturates/Downers					
Steroids					
Valium					
Speedballs					
Rohypnol (Ruffies)					
Inhalants/Whippets					
LSD					
GHB/GBL					
Hydromorphone/Dialaudid					
Oxycodone/Percodan/Percocet					
Ketamine/Special K					
Ecstasy					
List any others below:					

Military History

Have you ever served in the Armed Forces of the United States or any State?

Yes No (If yes, Include copies of your DD-214 long form with your application.)

Branch of Service	Enlisted/Inducted Date	Separation Date	Rank at Separation	Rating	Discharge Type
					<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General
					<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General
					<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General
					<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General
					<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General

If you ever received a discharge, release, or separation from the Armed Forces of the United States or any State which was other than honorable fully explain below.

Personal References

List four (4) references (not relatives, former or present employer, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years.

Complete Name of Reference:		Address, City, State, Zip
Relationship to Applicant:		
Years known:	Home Phone ()	Business Phone ()

Complete Name of Reference:		Address, City, State, Zip
Relationship to Applicant:		
Years known:	Home Phone ()	Business Phone ()

Complete Name of Reference:		Address, City, State, Zip
Relationship to Applicant:		
Years known:	Home Phone ()	Business Phone ()

Complete Name of Reference:		Address, City, State, Zip
Relationship to Applicant:		
Years known:	Home Phone ()	Business Phone ()

Personal History Questionnaire

If you answer **yes** to any question or further explanation of your answer is required, use the attached sheet labeled “Personal History Explanation” and reference the question number giving a **detailed explanation** to include dates. Each question must be answered.

1. Do you now or have you ever consumed alcoholic beverages? (If yes, list the types of beverages, the amount, how often consumed and the circumstances)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever purchased an alcoholic beverage for a minor? (If yes, list when, where, how much, who for, and why)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been denied a permit or had the right to carry a concealed weapon revoked? (If yes, list when, where, and which agency)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever obstructed, lied, or presented a false or altered identification to a law enforcement officer? (If yes list when, where, why)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever committed or been involved in any undetected crime of any type? (If yes, list when, where, what type, and why)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever committed perjury, made a false statement or affirmation, or falsified an employment application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you ever forced anyone to engage in ANY type of sexual activity with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you intentionally viewed, downloaded, or possessed materials containing sexually explicit pictures of a minor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever done ANYTHING to harm, insult, or frighten another person because of that person’s race, sexual preference, nationality, or religion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Do you have any unpaid citations or summons against you at this time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Do you have any outstanding warrants for your arrest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Do you have any type of civil process or litigation pending at this time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Have you ever released confidential documents or information without your employers consent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Is there any reason that you cannot accept shift work including nights, weekends, and holidays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Have you ever had any property repossessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Have you ever been evicted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Have you ever failed to pay a traffic citation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Have you ever operated a motor vehicle after consuming alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Have you ever operated a motor vehicle after consuming controlled substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Have you ever driven another person’s vehicle without their permission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Have you ever been discharged, asked to resign, or laid off from employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Have you ever been subjected to disciplinary actions from an employer? (Including verbal or written warnings, reprimands, or counseling’s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Have you ever been suspended from employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Have you ever been interviewed by an employer’s internal affairs, quality control, loss prevention, or other disciplinary unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Have you ever stolen or been accused of stealing any money or anything else from an employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Have you ever by word or mouth or in writing advocated, advised, or taught the doctrine that the government of the United States of America, or of any state, or of any political subdivision thereof should be overthrown by force, violence, or any unlawful means?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

27. Are you now or have you ever been a member of any subversive organization that is directed toward the undermining and/or overthrowing of the government of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Have you ever knowingly paid, contributed, collected or solicited any money or dues, for or in behalf of any subversive organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Have you ever attended or been connected or affiliated in any manner with any subversive organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Do you belong to any group or hold any belief, which would prevent you from vowing allegiance to the flag or Constitution of the United States of America?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Have you ever participated in any parade, picket line, delegation or demonstration sponsored by any subversive organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Have you ever received a written reprimand, been formally punished or received a reduction in rank for any infraction of military rules?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Have you ever resigned or left a job by mutual agreement for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Are you now, or do you anticipate being, related by blood or marriage to anyone now employed by the Shelby County Sheriff's Office? (If yes, explain the relationship)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives and roommates) who might tend to reflect unfavorably on your reputation, morals, character, or ability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Personal History Explanation

Applicant Statement and Authorization to Release Information

I hereby certify that all answers to the above questions are true and correct. I understand that any misstatement of material facts contained in this application will cause forfeiture upon my part of all rights to any employment subject to the jurisdiction of the Law Enforcement Personnel Board of Shelby County, Alabama. I understand that this application and all papers in connection with the examination shall be confidential records of the SCLEPB subject to the inspection of the appointing authority as provided by the rules and regulations and to my personal inspection.

I, _____, am an applicant for employment with the Shelby County Law Enforcement Personnel Board of Shelby County, Alabama. In order to process my application, certain information must be available to the Sheriff of Shelby County. This information is for my benefit. This release is valid for a period of two years from its date. All information will be held confidential.

I hereby authorize, request, and direct educational institutions; my references; my employers (past and present); financial institutions of any kind; credit bureau or consumer reporting organization; and all governmental agencies and instrumentalities (Local, State, Federal, or Foreign) wherever said individuals or organizations are situated, to release to the Sheriff of Shelby County or any representative thereof, any document, information, record, or file that is deemed material to the processing of my application for employment. Said information can be furnished if the request therefore is made in person or in writing.

Further, I hereby release you, as the custodian of such records and all of said individuals and organizations, including its officer, 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.

Further, I appoint the Sheriff of Shelby County or his representative as my agent and attorney-in-fact for the sole purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information, and be permitted to make copies thereof at his discretion. This request can be treated as if I were making this request in person. Should there be any question as to the validity of this release, you may contact me as indicated below.

Date _____ Signature of Applicant _____

Address _____ City, State, Zip _____

Phone _____(home) _____(work)

Affidavit: I, _____ being first duly sworn, depose and say as follows: I am the person who executed the above authorization: I understand its meaning, intention, and effect, and that the statements therein made are true and correct.

Signature of Applicant _____

Sworn to and subscribed before me this _____ day of _____, 20__

Notary Public _____ My commission expires: _____

BACKGROUND INVESTIGATION AUTHORIZATION

I _____, hereby authorize the Shelby County Sheriff's Office, hereinafter referred to as Employer, and/or its designated agents to procure a consumer report and/or an investigative consumer report on me for the purpose of evaluating me for employment, promotion, reassignment, discipline and/or retention and to make an independent investigation of my background, references, past/present employment, education, credit, motor vehicle records, drug screening records, federal, civil, criminal and police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application, resume, or in other supporting documentation and/or obtaining other information, including personal interviews with those acquainted with me, which may be material to my qualifications.

I understand that the Employer, and/or its designated agents will adhere to applicable state and federal statutes concerning the securing of the information, handling, and release of information obtained in the investigation. I further understand, pursuant to Section 606(b) set forth in the federal Fair Credit Reporting Act, I have the right to request additional disclosures as to the nature and scope of the investigation and will be provided a copy of the consumer rights as defined by the Federal Trade Commission. I also understand if an adverse decision is made, due to the contents of this investigative report, then pursuant to Section 604(b)(3), I will receive a free copy of the report and a summary of my rights as a consumer under the FCRA. The following is my true and complete legal name and all information on this document is true and correct to the best of my knowledge. Any falsification of the facts or omission of material facts under any circumstances, found during the investigation or at anytime thereafter, constitutes the basis for immediate disqualification as a candidate or termination of my employment. I understand that the information requested below is for the sole purpose of gathering information accurately and positive identification and will not be used to discriminate against me in violation of any law. I understand any initial offer will be contingent until all information is obtained and processed and may be subsequently withdrawn based on the results of this investigation. I further understand this signed consent hereby authorizes the Employer, and/or its designated agents, to conduct necessary, random and/or periodic background investigations as a requirement of my continued qualifications. Please provide complete legal name and complete all areas below.

I understand that I have the right to refuse participation in the investigation procedure and that my participation is totally voluntary. I understand that the completion of this form is condition and requirement of employment with the Shelby County Sheriff's Office. I also understand that if I decline to sign this form, I will not be eligible for employment with the Shelby County Sheriff's Office.

Please complete the following information:

Print Name: First, Middle (no initials), Last	Previous Names or Nicknames Used and Dates

Current Address	City/State/Zip	County	Dates of Residence

Please list past seven (7) years of residences:

Previous Address	City/State/Zip	County	Dates of Residence

Social Security Number	Date of Birth

Signature	Name (Please Print)	Date