

Calhoun County Sheriff's Office  
400 West 8<sup>th</sup> Street  
Anniston, Alabama 36201

## PRE-EMPLOYMENT BACKGROUND BOOKLET

Read the instructions to this booklet on the following pages before answering the questions.

Upon completing the booklet, return it to the office of the Sheriff of Calhoun County along with the following documents:

1. Birth certificate
2. Social Security card
3. Drivers license
4. High school diploma or G.E.D  
from a state accredited institution
5. If prior military, a copy of page  
four of DD214
6. College Diploma  
from a state accredited institution

## 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 police business.
2. Each and every question in this booklet must be answered completely, none may be left blank. If you desire to make a long explanation in your reply, answer the question briefly as best you can, then put a check mark next to the question number and complete your answer on narrative page. THE INTENTIONAL OMISSION OR FALSIFICATION OF ANY MATERIAL FACT IS JUST CAUSE FOR DISQUALIFICATION OR TERMINATION OF EMPLOYMENT OF APPLICANT ON GROUNDS OF DISHONESTY.
3. Type or print in ink your answers in this booklet.
4. There are five Authorization for Release of Information Forms attached to this booklet. **DO NOT SIGN YOUR NAME IN THIS BLANK OR ON YOUR AUTHORIZATION FOR RELEASE OF INFORMATION FORMS UNTIL YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC.**

I \_\_\_\_\_ have read and fully understand the instructions printed above. Failure to completely follow the instructions will make my application void.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## TIPS

1. Fill out all five Authorization for Release of Information Forms. They are to be notarized before the application is completed. **Do not** sign the forms until you are in the presence of a Notary Public. You can get them notarized at the Civil Service Board or the Sheriff's Office.
2. Answer each and every question in the booklet. If you answer yes to a question, explain on the narrative page. Any questions left blank or failure to explain on narrative page will void your application.
3. The question "what is the worst act you have ever committed" is to be answered and answered honestly.
4. Be consistent with your answers throughout the booklet.

### 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 contractual service for the county government, (3) Security clearance or access. The information obtained may be furnished to third parties as necessary for fulfillment of official responsibilities.

I. PERSONAL AND FAMILY INFORMATION

1. \_\_\_\_\_  
Last name                      First name                      Middle/Maiden                      Suffix

- a. Name most commonly called \_\_\_\_\_
- b. List all other names, aliases, or nicknames, by which you have been known.

\_\_\_\_\_

\_\_\_\_\_

2. Sex:    Male                       Female

3. Social Security Number: \_\_\_\_\_

4. Date of Birth:    Month \_\_\_\_\_    Day \_\_\_\_\_    Year \_\_\_\_\_

5. Place of Birth:    City \_\_\_\_\_    County \_\_\_\_\_    State \_\_\_\_\_

- a. Birth certificate:    Number \_\_\_\_\_    State \_\_\_\_\_
- b. Are you a citizen of the U.S.A.?    Yes     No
- c. If you are a naturalized citizen of the U.S.A., list below:

\_\_\_\_\_

Certificate number                      Date                      Court                      City                      State

6. Email Address: \_\_\_\_\_

a. Internet Service Provider: \_\_\_\_\_

7. Beginning with your present address and working back, list each address at which you have resided in the past fifteen (15) years:

From Mo/Yr	To Mo/Yr	Street Address (Include Apt./Lot #)	City/Town	County/State	ZIP

8. Telephone numbers: Residence \_\_\_\_\_ Work \_\_\_\_\_  
 Cell phone \_\_\_\_\_

II. EDUCATION

1. List below all schools you have attended starting with the 9<sup>th</sup> grade and include all technical schools and colleges.

FROM	TO	GRADES ATTENDED	
MO _____ YR _____	MO _____ YR _____	FROM _____ TO _____	
_____	_____	_____	DID YOU GRADUATE? Yes <input type="checkbox"/> No <input type="checkbox"/>
School Name			
_____			Type degree
Address			
_____			
City	State	ZIP	Major
			Minor

FROM TO  
MO \_\_\_\_\_ YR \_\_\_\_\_ MO \_\_\_\_\_ YR \_\_\_\_\_

GRADES ATTENDED  
FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_  
School Name

DID YOU GRADUATE?

Yes  No

\_\_\_\_\_  
Address

\_\_\_\_\_  
Type degree

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Major Minor

FROM TO  
MO \_\_\_\_\_ YR \_\_\_\_\_ MO \_\_\_\_\_ YR \_\_\_\_\_

GRADES ATTENDED  
FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_  
School Name

DID YOU GRADUATE?

Yes  No

\_\_\_\_\_  
Address

\_\_\_\_\_  
Type degree

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Major Minor

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

Yes  No

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

Yes  No  If yes, explain on narrative page.







6. Have you withheld any information on this application about any places of prior employment or reasons for leaving? Yes  No

7. Have you ever slept on any job without authorization? Yes  No

#### IV. MILITARY SERVICE RECORD

1. Have you ever served in the Armed Forces on either Active Duty, Reserve or National Guard status? Yes  No

2. Are you registered in the Selective Service? Yes  No

3. List below all military service performed.

Dates	Branch of	Active or	Highest &	Service	Type Discharge or
From	To	Service	Last Rank	Number	Separation

4. List below your last three duty stations:

Dates	Location	Type Work Performed
From	To	

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 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

#### V. FINANCIAL STATUS

1. Complete each question. If you answer 'yes' to any question, give complete details including dates and locations on the narrative page.

a. Have you ever had your wages attached or garnished? Yes  No

b. Do you have any immediate civil action pending against you?  
Yes  No

c. Have you ever been a party to a small claims or other civil court action?

Yes  No

d. Have you ever had a judgment rendered against you? Yes  No

e. Have you ever filed for bankruptcy or been declared bankrupt?

Yes  No

f. Have you ever been refused life, automobile, health or any other type insurance? Yes  No

g. Have you ever had a life, automobile, health or any other insurance policy canceled? Yes  No

h. Have you ever been refused credit? Yes  No

i. Have you ever had any property repossessed? Yes  No

j. Have you ever had a debt/bill turned over to a collection agency?

Yes  No

k. Are you currently delinquent on any debts? Yes  No

l. Have you ever been bonded or had a bond refused? Yes  No

m. Have you ever intentionally skipped out on a bill, debt, or financial obligation? Yes  No

n. Do you owe any money to a former employer? Yes  No

o. Do you presently owe any gambling debts? Yes  No

p. Have you ever been evicted? Yes  No

q. If employed by the Calhoun County Sheriff's Office, do you anticipate any income other than you Sheriff's Office salary? Yes  No

2. Do you have a checking account? Yes  No

Name of bank: \_\_\_\_\_

## VI. ARREST AND CRIMINAL ACTIVITY

1. List all arrest, including any resulting in youthful offender treatment:

Date	Location	Offense	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

3. Has a warrant ever been issued on you? Yes  No

4. Are there any outstanding warrants for your arrest at this time? Yes  No

5. Have you ever been questioned and released by the police for any reason?

Yes  No

6. Has anyone ever had a warrant taken out on you? Yes  No

7. Have you ever committed, participated in, or conspired to any of the crimes listed below? This includes whether or not you were caught. Answer each with 'yes' or 'no'. If 'yes', explain on narrative page.

- |   |  |
|---|--|
| Assault _                                   | Left the scene of an accident _____          |
| Robbery _                                   | Harassing phone calls _                      |
| Statutory Rape _____                        | Any sexual offense _                         |
| Caused the death of another person _        | Wrote checks on closed accounts _____        |
| Burglary _____                              | Forgery _____                                |
| Illegal use of credit card _____            | Use of a forged instrument _____             |
| Demonstration with subversive group _       | Sabotage _                                   |
| Bombing _                                   | Rioting _____                                |
| Purse snatching _                           | Vandalism _                                  |
| Arson _                                     | Criminal surveillance/ eavesdropping _       |
| False fire alarm _____                      | Contributing to the delinquency of a minor _ |
| Received stolen property _                  | Soliciting for immoral purposes _            |
| Sold stolen property _                      | Threatened anyone with a weapon _            |
| Unauthorized use of a vehicle _____         | Made false police report _____               |
| Gambling _____                              | Spousal abuse _____                          |
| Child abuse _____                           | Offer a bribe _____                          |
| Child molestation _                         | Accept a bribe _                             |
| Pornography _                               | Incest _                                     |
| Smuggled contraband into a jail or prison _ |  |

8. a. List below everything you have ever stolen valued at more than \$100.

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

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c. Have you ever stolen, participated in or conspired to any of the situations listed below? This includes whether or not you were caught. Answer each with a 'yes' or 'no'. If 'yes', explain on the narrative page.

- |                               |                                    |
|-------------------------------|------------------------------------|
| Theft of cash _               | Theft of mail _                    |
| Theft from a relative _       | Auto theft _                       |
| Theft from a friend _____     | Theft from an auto _               |
| Theft from an employer _      | Any type fraud _                   |
| Theft from a neighbor _       | Changed price tag _                |
| Theft from a store _          | Made a false insurance claim _____ |
| Theft from another employee _ |                                    |

#### VII. DRIVERS LICENSE AND TRAFFIC HISTORY

1. Do you possess a valid Alabama driver's license? Yes  No

a. Number \_\_\_\_\_ Expires \_\_\_\_\_

b. Restriction? \_\_\_\_\_

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

Issuing State	Dates issued: From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Have you ever had your driver's license suspended or revoked? Yes  No   
If yes, complete the following:

STATE	WHEN	WHY
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. List all traffic tickets you have received in any state.

DATE OF VIOLATION	LAW ENF. AGENCY	CITY/STATE	VIOLATION	DISPOSITION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Do you now have any traffic or parking tickets in any state that have not been paid? Yes  No  If yes, answer on the narrative page.

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

DATE	CITY/STATE	LAW ENF. AGENCY	WHO WAS AT FAULT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. While driving, did you ever hit another vehicle, pedestrian or object and leave the scene without stopping? Yes  No  If yes, explain on narrative page.
8. Had you been drinking prior to any motor vehicle accident in which you may have been involved? Yes  No

## XI. DRUG USAGE

1. Answer 'yes' or 'no' whether or not you have ever used any of the drugs listed below. If your answer is 'yes', complete the questions in the adjoining blocks.

NOTE: Do not indicate those drugs which were prescribed or administered by your physician as part of legitimate medical treatment.

	Y/N	DATE FIRST USED	DATE LAST USED	# OF TIMES USED	LARGEST AMOUNT BOUGHT	LARGEST AMOUNT SOLD
<b>A. NARCOTIC DRUGS</b>						
Hashish _____						
Marijuana _____						
Opium _____						
Morphine _____						
Heroin _____						
Codeine _____						
Methadone _____						
Dilaudid _____						
Demorol _____						
Paregoric _____						
Talwin _____						
Quaaludes _____						
<b>B. HALLUCINOGENS</b>						
L.S.D. _____						
D.M.T. _____						
P.C.P. (angel dust) _____						
Peyote _____						
Mescaline _____						
Psilocybin _____						
Extacy _____						

	Y/N	DATE FIRST USED	DATE LAST USED	# OF TIMES USED	LARGEST AMOUNT BOUGHT	LARGEST AMOUNT SOLD
<b>C. STIMULANTS</b>						
Cocaine/Crack	_____	_____	_____	_____	_____	_____
Amphetamines (uppers)	_____	_____	_____	_____	_____	_____
Methamphetamine (crank)	_____	_____	_____	_____	_____	_____
Speed	_____	_____	_____	_____	_____	_____
Diet Pills	_____	_____	_____	_____	_____	_____
<b>D. DEPRESSANTS</b>						
Barbiturates	_____	_____	_____	_____	_____	_____
Tranquilizers	_____	_____	_____	_____	_____	_____
Valium	_____	_____	_____	_____	_____	_____
<b>E. SUBSTANCE ABUSE</b>						
Glue sniffing	_____	_____	_____	_____	_____	_____
Sniffing solvents	_____	_____	_____	_____	_____	_____
Sniffing thinner	_____	_____	_____	_____	_____	_____
Sniffing sprays	_____	_____	_____	_____	_____	_____
Any drug or substance not specifically mentioned above	_____	_____	_____	_____	_____	_____

2. Have you ever transported any illegal drugs? If yes, explain on narrative page.

Yes  No

3. Have you ever used Steroids? If yes, explain on narrative page. Yes  No

4. When was the last time you were with someone who was using illegal drugs?

\_\_\_\_\_

Circumstances: \_\_\_\_\_

\_\_\_\_\_

5. Are any of your close friends or family involved in the use or sale of illegal drugs? If yes, explain on narrative page. Yes  No

6. Have you ever grown Marijuana? If yes, explain on narrative page.  
Yes  No

7. Have you ever forged or altered a prescription? If yes, explain on narrative page. Yes  No

8. Have you ever used illegal drugs while working? If yes, explain on narrative page. Yes  No

9. Since taking the Civil Service Test for a position with the Calhoun County Sheriff's Office, have you used any illegal drugs? If yes, explain on narrative page. Yes  No

X. ALCOHOL

1. How much alcohol do you drink in an average week? \_\_\_\_\_

2. Have you ever gone to work drunk? Yes  No

3. Have you ever drank on the job? Yes  No

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

5. Have you ever sought, or has anyone recommended that you seek treatment or counseling for alcohol-related problems? Yes  No

6. When did you last operate a motor vehicle under the influence of alcohol or drugs? \_\_\_\_\_

7. How many times have you taken off work due to a hangover? \_\_\_\_\_

#### XI. SUBVERSIVE ORGANIZATIONS

1. Below is a list of organizations considered subversive. Put a check mark next to any one or subdivision thereof in which you have been involved.

Communist Party

Nazi Party

Socialist Party

Black Panthers

Skin Heads

Any street gang

Any other cult, gang or group of persons not listed above which advocates the overthrow of our constitutional form of government or which has adopted the policy of advocating or approving the commission of acts of force or 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 United States by unconstitutional means.

Aryan Nation

Ku Klux Klan

Green peace

Posse Comitatus

Any motorcycle gang

2. Of the above-listed group, have you ever attended a meeting of such a group? If yes, explain on the narrative page. Yes  No

3. Have you ever contributed money to such a group? If yes, explain on the narrative page. Yes  No

4. Have you ever distributed materials or literature for such a group?

Yes  No

5. Have you ever requested information or literature for such a group?

Yes  No

6. To the best of your knowledge, are any family members or friends involved in such a group? Yes  No

7. List below any clubs or organizations of which you are a current member.

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## XII. QUESTIONS FOR PRIOR CRIMINAL JUSTICE EMPLOYEES

Complete the question below ONLY if you are currently or were ever involved/employed in criminal justice work. If a particular question does not apply, please enter 'N/A' (not applicable). If the answer to any of the questions is 'yes', please explain on narrative page.

1. Have you ever received payoffs from criminals? Yes  No

2. Have you ever stolen anything from anyone you arrested? Yes  No

3. Have you ever accepted a bribe? Yes  No

4. Have you ever received any type of gratuity for dropping a case or disposing of an arrest ticket? Yes  No

5. Have you ever tampered with evidence? Yes  No

6. Have you ever kept for your own use any type of illegal drugs taken from Anyone who had been arrested/detained or questioned? Yes  No

7. Have you personally kept seized weapons for your own use? Yes  No
8. Have you ever intentionally destroyed a case file, computer record or official report? Yes  No
9. Have you ever intentionally falsified a case file, computer entry of official report? Yes  No
10. Have you ever "planted" evidence? Yes  No
11. Have you ever stolen anything from a business establishment while on duty? Yes  No
12. Were you ever suspended? Yes  No
13. Did you ever "cover up" a criminal offense for a friend or relative? Yes  No
14. Did you ever tell a civilian friend, acquaintance or relative about an active investigation involving them? Yes  No
15. Since being in criminal justice work, have you used any illegal drugs? Yes  No
16. Did you ever keep any lost or found property turned in by citizens? Yes  No
17. Did you ever lie or commit perjury in court or other official proceeding? Yes  No
18. Have you ever used excessive force on a suspect? Yes  No
19. Have you ever had any police brutality complaints? Yes  No

XII. MISCELLANEOUS

1. Are you now, or have you ever been, licensed for any purpose such as, but not limited to, pistol permits, A.B.C., masseuse, Intoximeter, radar, instructor, or any type of professional license? Yes  No  If yes, list license type and number. \_\_\_\_\_  
\_\_\_\_\_

2. Have you ever applied for employment with Calhoun County before?  
Yes  No  If yes, when? \_\_\_\_\_  
What position? \_\_\_\_\_

3. Have you made application for employment with other agencies or companies? Yes  No  If yes, list below:  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you have any prejudices, either racial, ethnic, or religious that would effect your job performances? Yes  No  If yes, explain on the narrative page.

5. On a scale of 1 to 10, what do you rate the level of your temper?  
( 1-never get angry, 10-explode at the least little thing) \_\_\_\_\_

6. When were you last in a fight? \_\_\_\_\_

7. Have you ever committed any act which, if it came to light, could be embarrassing to you or a law enforcement agency employing you?  
Yes  No  If yes, explain on narrative page.

8. What is the worst act you have ever committed? \_\_\_\_\_  
\_\_\_\_\_

9. Have you ever committed an act for which you could be blackmailed?

Yes  No  If yes, explain on narrative page.

10. Are you willing to take a polygraph examination to verify all the information supplied in this application and all other information supplied by you to this office? Yes  No  If no, explain on narrative page.

11. Why do you want to work with the Calhoun County Sheriff's Office?

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XIV. REFERENCES

1. List three references (other than relatives or previous employers) preferably in the Anniston area.

NAME	HOME ADDRESS & PHONE NUMBER	EMPLOYER'S ADDRESS & PHONE NUMBER

2. Give the names of two relatives (other than those residing in same house as you), preferably in the Anniston area.

NAME	HOME ADDRESS & PHONE NUMBER	EMPLOYER'S ADDRESS & PHONE NUMBER





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**Authority For Release of Information**

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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 \_\_\_\_\_ Date \_\_\_\_\_

Full Name \_\_\_\_\_

Other Names Used \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Sworn to and subscribed to me this \_\_\_\_\_  
day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_ Current Address and Telephone

\_\_\_\_\_ Notary Public

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day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
Current Address and Telephone

\_\_\_\_\_  
Notary Public

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Name \_\_\_\_\_

Other Names Used \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_

Sworn to and subscribed to me this \_\_\_\_\_  
day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_

Current Address and Telephone

\_\_\_\_\_

Notary Public

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Full Name \_\_\_\_\_

Other Names Used \_\_\_\_\_

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day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_ Current Address and Telephone

\_\_\_\_\_ Notary Public

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Name \_\_\_\_\_

Other Names Used \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Sworn to and subscribed to me this \_\_\_\_\_  
day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
Current Address and Telephone

\_\_\_\_\_  
Notary Public