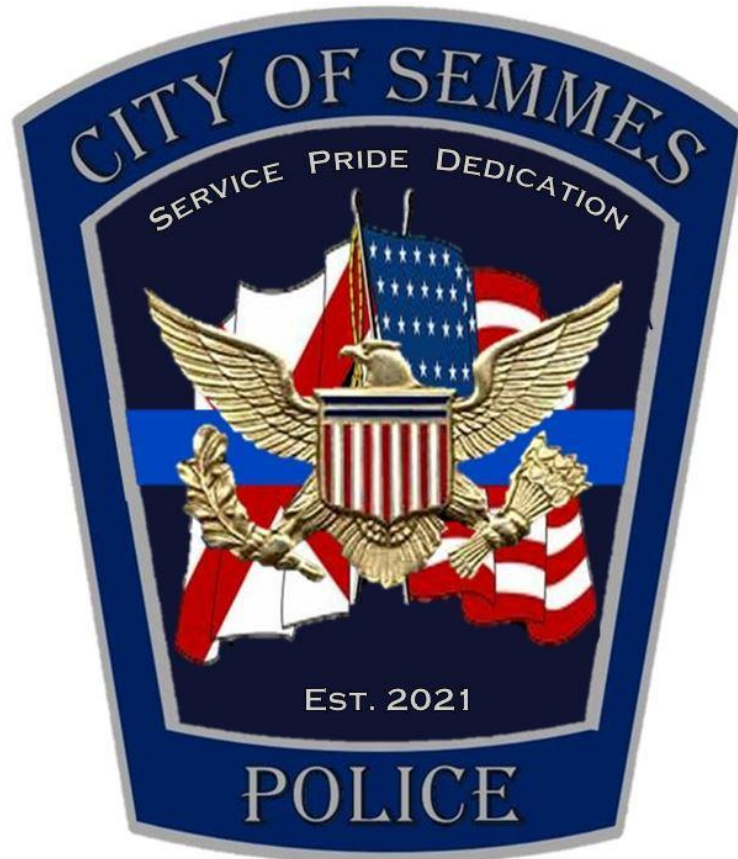


Semmes Police Department

PERSONAL HISTORY STATEMENT EMPLOYMENT APPLICATION



Name: _____
Last First Middle

Position: _____

Receipt Date: _____ Return Date: _____

THE SEMMES POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER

The Semmes Police Department prohibits discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, sex, or national origin.

**This application
must be completed
before you arrive for your
employment interview.**

Please provide the following documents:

1. Current Driver's License
2. Birth Certificate
3. High School Diploma or GED Certificate
4. College transcripts, if applicable
5. DD214, if applicable
6. Naturalization Certification, if applicable
7. Social Security Card

INSTRUCTIONS

Fill out the application completely. We will not consider applications that do not contain all of the mandatory information.

If you don't have room to answer questions completely use the comments page, 22 – 23. Leave a blank line between entries. Attach additional sheets if necessary.

Dates should be entered as a two digit: month and a two digit year (mm/yy. Example: 05/03 denotes May of 2003)

SECTION 1: PERSONAL

This information will be used by the Semmes Police Department strictly for the purposes of confirming identity and making contact inquires

1. FULL NAME**LAST****FIRST****MIDDLE****2. OTHER NAMES, INCLUDING NICKNAMES THAT YOU HAVE USED OR BEEN KNOWN BY****3. ADDRESS WHERE YOU RESIDE****NUMBER / STREET****UNIT #****CITY****STATE****ZIP****4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE****NUMBER / STREET****UNIT #****CITY****STATE****ZIP****5. CONTACT NUMBERS**

CELL

FAX

HOME ()**WORK ()****EXT****OTHER ()****PAGER****6. EMAIL ADDRESS****HOME ()****BUSINESS ()****7. BIRTHDATE****8. SOCIAL SECURITY NUMBER****9. DRIVER'S LICENSE****10. PHYSICAL DESCRIPTION****HEIGHT****WEIGHT****HAIR COLOR****EYE COLOR****11. SCARS, MARKS OR TATTOS – DESCRIPTION AND LOCATION****12. IF YOUR APPLICATION IS APPROVED, WILL YOU BE ABLE TO PROVIDE PROOF OF CITIZENSHIP AT TIME OF EMPLOYMENT?**

YES

NO

SECTION II: RESIDENCES

List all residences that you have occupied for the last 10 years, starting with your current home and working backwards. There should be no breaks between dates of consecutive entries. List dates as mm/yy. Mandatory fields must be completed for each address that is listed

1. CURRENT ADDRESS (SHOULD BE SAME AS SECTION 1, NUMBER 3)**NUMBER / STREET****UNIT #****CITY****STATE****ZIP****2. DATES****3. REASON FOR LEAVING****FROM****TO: PRESENT****N/A****4. DO YOU OWE BACK PAYMENTS?****5. HAS YOUR LANDLORD EVER FILED A LAWSUIT, INCLUDING AN EVICTION AGAINST YOU?**

YES

NO

YES

NO

Initial this page to indicate that you have provided complete and accurate information: _____

PAST RESIDENCES				
A 1. ADDRESS				
NUMBER / STREET	UNIT #	CITY	STATE	ZIP
A 2. DATES		A 3. REASON FOR LEAVING		
FROM		TO: PRESENT		
A 4. DO YOU OWE BACK PAYMENTS? YOU?		A 5. HAS YOUR LANDLORD EVER FILED A LAWSUIT, INCLUDING AN EVICTION AGAINST YOU?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		
B 1. ADDRESS				
NUMBER / STREET	UNIT #	CITY	STATE	ZIP
B 2. DATES		B 3. REASON FOR LEAVING		
FROM		TO: PRESENT		
B 4. DO YOU OWE BACK PAYMENTS? YOU?		B 5. HAS YOUR LANDLORD EVER FILED A LAWSUIT, INCLUDING AN EVICTION AGAINST YOU?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		
C 1. ADDRESS				
NUMBER / STREET	UNIT #	CITY	STATE	ZIP
C 2. DATES		C 3. REASON FOR LEAVING		
FROM		TO: PRESENT		
C 4. DO YOU OWE BACK PAYMENTS? YOU?		C 5. HAS YOUR LANDLORD EVER FILED A LAWSUIT, INCLUDING AN EVICTION AGAINST YOU?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		
D 1. ADDRESS				
NUMBER / STREET	UNIT #	CITY	STATE	ZIP
D 2. DATES		D 3. REASON FOR LEAVING		
FROM		TO: PRESENT		
D 4. DO YOU OWE BACK PAYMENTS? YOU?		D 5. HAS YOUR LANDLORD EVER FILED A LAWSUIT, INCLUDING AN EVICTION AGAINST YOU?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		
E 1. ADDRESS				
NUMBER / STREET	UNIT #	CITY	STATE	ZIP
E 2. DATES		E 3. REASON FOR LEAVING		
FROM		TO: PRESENT		
E 4. DO YOU OWE BACK PAYMENTS? YOU?		E 5. HAS YOUR LANDLORD EVER FILED A LAWSUIT, INCLUDING AN EVICTION AGAINST YOU?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		
F 1. ADDRESS				
NUMBER / STREET	UNIT #	CITY	STATE	ZIP
F 2. DATES		F 3. REASON FOR LEAVING		
FROM		TO: PRESENT		
F 4. DO YOU OWE BACK PAYMENTS? YOU?		F 5. HAS YOUR LANDLORD EVER FILED A LAWSUIT, INCLUDING AN EVICTION AGAINST YOU?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION III: TRAINING AND EDUCATION	
HIGH SCHOOL	
1. DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED DEGREE? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. ON WHAT DATE DID YOU RECEIVE YOUR DIPLOMA OR GED (mm/yy)?
3. WERE YOU EVER SUSPENDED OR EXPELLED FROM A HIGH SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. IF YES, EXPLAIN
COLLEGE	
5. DO YOU HAVE A COLLEGE OR TECHNICAL DEGREE? <input type="checkbox"/> YES <input type="checkbox"/> NO	6. DEGREE
7. WERE YOU EVER SUSPENDED OR EXPELLED FROM A COLLEGE OR UNIVERSITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	8. IF YES, EXPLAIN
POLICE / PRIVATE SECURITY	
9. DO YOU HAVE EXPERIENCE AS A SWORN OFFICER? <input type="checkbox"/> YES <input type="checkbox"/> NO	10. IF YES, LIST AGENCIES.
11. DO YOU HAVE AN APOST CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	12. IF YES, GIVE YOUR CERTIFICATE NUMBER.
13. DO YOU HOLD ANY OTHER POLICE CERTIFICATIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO	14. IF YES, PLEASE LIST
15. HAVE YOU EVER BEEN DISCIPLINED BY A POLICE AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	16. IF YES, EXPLAIN.
17. DO YOUHAVE EXPERIENCE AS AN INTERN, VOLUNTEER OR CADET? <input type="checkbox"/> YES <input type="checkbox"/> NO	18. IF YES, LIST AGENCIES.
19. DO YOU HAVE EXPERIENCE IN PRIVATE SECURITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	20. IF YES, LIST COMPANIES.
21. DO YOU HAVE FOREIGN LANGUAGE SKILLS? <input type="checkbox"/> YES <input type="checkbox"/> NO	22. IF YES, LIST LANGUAGES AND FLUENCY LEVELS.

DO YOU HAV TRAINING IN ANY OF THE FOLLOWING AREAS: If you answer yes to any of these questions, explain fully on the comments page	YES	NO
23. MARTIAL ARTS		
24. FIREARMS		
25. COUNSELING		
26. LEGAL OR PARALEGAL		
27. LEADERSHIP COURSES		
28. EMT OR PARAMEDIC		
29. OTHER		

SECTION IV: MILITARY SERVICE	
1. ARE YOU REQUIRED TO REGISTER FOR SELECTIVE SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. IF YES, HAVE YOU REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. HAVE YOU EVER BEEN DENIED ENTRANCE INTO THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. IF YES, AND OTHER THAN MEDICAL, EXPLAIN.
5. DO YOU CURRENTLY HAVE A RESERVE OR NATIONAL GUARD OBLIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, COMPLETE BLOCKS 6, 7, 8 AND 9.
6. ORGANIZATION	7. ADDRESS
8. SUPERVISOR	9. BUSINESS PHONE
10. DO YOU HAVE PRIOR MILITARY SERVICE: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, COMPLETE A TERM OF SERVICE BLOCK FOR EACH TERM OF SERVICE. YOU MUST INCLUDE A COPY OF ALL DD214'S THAT YOU HAVE RECEIVED.

TERMS OF SERVICE		
A 11. BRANCH	A 12. ENTRY DATE (mm/yy)	A 13. EOS DATE (mm/yy)
A 14. WHAT WAS THE HIGHEST RANK YOU ACHIEVED?	A 15. WHAT RANK DID YOU SEPARATE WITH?	
A 16. IF THE RANK YOU SEPARATED WITH IS NOT THE HIGHEST RANK YOU ACHIEVED, EXPLAIN.		
A 17. WHAT TYPE OF DISCHARGE DID YOU RECEIVE FOR THIS TERM OF SERVICE?		
<input type="checkbox"/> GENERAL UNDER HONORABLE CONDITIONS	<input type="checkbox"/> ENTRY LEVEL	<input type="checkbox"/> HONORABLE
<input type="checkbox"/> GENERAL UNDER DISHONORABLE CONDITIONS	<input type="checkbox"/> BAD CONDUCT	<input type="checkbox"/> DISHONORABLE

B 11. BRANCH	B 12. ENTRY DATE (mm/yy)	B 13. EOS DATE (mm/yy)
B 14. WHAT WAS THE HIGHEST RANK YOU ACHIEVED?	B 15. WHAT RANK DID YOU SEPARATE WITH?	
B 16. IF THE RANK YOU SEPARATED WITH IS NOT THE HIGHEST RANK YOU ACHIEVED, EXPLAIN.		
B 17. WHAT TYPE OF DISCHARGE DID YOU RECEIVE FOR THIS TERM OF SERVICE?		
<input type="checkbox"/> GENERAL UNDER HONORABLE CONDITIONS	<input type="checkbox"/> ENTRY LEVEL	<input type="checkbox"/> HONORABLE
<input type="checkbox"/> GENERAL UNDER DISHONORABLE CONDITIONS	<input type="checkbox"/> BAD CONDUCT	<input type="checkbox"/> DISHONORABLE

C 11. BRANCH	C 12. ENTRY DATE (mm/yy)	C 13. EOS DATE (mm/yy)
C 14. WHAT WAS THE HIGHEST RANK YOU ACHIEVED?	C 15. WHAT RANK DID YOU SEPARATE WITH?	
C 16. IF THE RANK YOU SEPARATED WITH IS NOT THE HIGHEST RANK YOU ACHIEVED, EXPLAIN.		
C 17. WHAT TYPE OF DISCHARGE DID YOU RECEIVE FOR THIS TERM OF SERVICE?		
<input type="checkbox"/> GENERAL UNDER HONORABLE CONDITIONS	<input type="checkbox"/> ENTRY LEVEL	<input type="checkbox"/> HONORABLE
<input type="checkbox"/> GENERAL UNDER DISHONORABLE CONDITIONS	<input type="checkbox"/> BAD CONDUCT	<input type="checkbox"/> DISHONORABLE

MILITARY DISCIPLINE	
18. HAVE YOU EVER BEEN THE SUBJECT OF MILITARY DISCIPLINE? <input type="checkbox"/> YES <input type="checkbox"/> NO	19. IF YES, EXPLAIN
20. HAVE YOU EVER BEEN QUESTIONED BY MILITARY POLICE CRIMINAL INVESTIGATION, OSI, ETC? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. IF YES, EXPLAIN.
22. EXPLAIN ANY BREAK IN SERVICE	

SECTION V: EMPLOYMENT

If you are not currently employed enter unemployed in the block A2 (Current Employer Name).
 Explain any break in employment longer than one month on the comments page
 You must enter all of your employers for the past 10 years.

1. MAY WE CONTACT YOUR CURRENT EMPLOYER(S)? YES NO

CURRENT EMPLOYER

A 2. COMPANY NAME		A 3. ADDRESS		
		NUMBER / STRRET	CITY	STATE ZIP
A 4. SUPERVISOR	A 5. SUPERVISOR'S POSITION	A 6. PHONE NUMBER ()		
A 7. YOUR POSITION		A 8. YOUR JOB RESPONSIBILITIES		
A 9. START DATE (mm/yy)		A 10. END DATE (mm/yy)		
CURRENT EMPLOYER (SECONDARY)				
B 2. COMPANY NAME		B 3. ADDRESS		
		NUMBER / STRRET	CITY	STATE ZIP
B 4. SUPERVISOR	B 5. SUPERVISOR'S POSITION	B 6. PHONE NUMBER ()		
B 7. YOUR POSITION		B 8. YOUR JOB RESPONSIBILITIES		
B 9. START DATE (mm/yy)		B 10. END DATE (mm/yy)		

PAST EMPLOYERS

C 2. COMPANY NAME		C 3. ADDRESS		
		NUMBER / STRRET	CITY	STATE ZIP
C 4. SUPERVISOR	C 5. SUPERVISOR'S POSITION	C 6. PHONE NUMBER ()		
C 7. YOUR POSITION		C 8. YOUR JOB RESPONSIBILITIES		
C 9. START DATE (mm/yy)	C 10. END DATE (mm/yy)	C 11. REASON FOR LEAVING		
C 12. WHERE YOU TERMINATED BY THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		C 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
D 2. COMPANY NAME		D 3. ADDRESS		
		NUMBER / STRRET	CITY	STATE ZIP
D 4. SUPERVISOR	D 5. SUPERVISOR'S POSITION	D 6. PHONE NUMBER ()		
D 7. YOUR POSITION		D 8. YOUR JOB RESPONSIBILITIES		
D 9. START DATE (mm/yy)	D 10. END DATE (mm/yy)	D 11. REASON FOR LEAVING		
D 12. WHERE YOU TERMINATED BY THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		D 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
E 2. COMPANY NAME		E 3. ADDRESS		

Initial this page to indicate that you have provided complete and accurate information: _____

		NUMBER / STRRET	CITY	STATE	ZIP
E 4. SUPERVISOR	E 5. SUPERVISOR'S POSITION	E 6. PHONE NUMBER ()			
E 7. YOUR POSITION		E 8. YOUR JOB RESPONSIBILITIES			
E 9. START DATE (mm/yy)	E 10. END DATE (mm/yy)	E 11. REASON FOR LEAVING			
E 12. WHERE YOU TERMINATED BY THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		E 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
F 2. COMPANY NAME		F 3. ADDRESS NUMBER / STRRET CITY STATE ZIP			
F 4. SUPERVISOR	F 5. SUPERVISOR'S POSITION	F 6. PHONE NUMBER ()			
F 7. YOUR POSITION		F 8. YOUR JOB RESPONSIBILITIES			
F 9. START DATE (mm/yy)	F 10. END DATE (mm/yy)	F 11. REASON FOR LEAVING			
F 12. WHERE YOU TERMINATED BY THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		F 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
G 2. COMPANY NAME		G 3. ADDRESS NUMBER / STRRET CITY STATE ZIP			
G 4. SUPERVISOR	G 5. SUPERVISOR'S POSITION	G 6. PHONE NUMBER ()			
G 7. YOUR POSITION		G 8. YOUR JOB RESPONSIBILITIES			
G 9. START DATE (mm/yy)	G 10. END DATE (mm/yy)	G 11. REASON FOR LEAVING			
G 12. WHERE YOU TERMINATED BY THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		G 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
H 2. COMPANY NAME		H 3. ADDRESS NUMBER / STRRET CITY STATE ZIP			
H 4. SUPERVISOR	H 5. SUPERVISOR'S POSITION	H 6. PHONE NUMBER ()			
H 7. YOUR POSITION		H 8. YOUR JOB RESPONSIBILITIES			
H 9. START DATE (mm/yy)	H 10. END DATE (mm/yy)	H 11. REASON FOR LEAVING			
H 12. WHERE YOU TERMINATED BY THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		H 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			

I 2. COMPANY NAME		I 3. ADDRESS NUMBER / STRRET CITY STATE ZIP			
I 4. SUPERVISOR		I 5. SUPERVISOR'S POSITION		I 6. PHONE NUMBER ()	
I 7. YOUR POSITION		I 8. YOUR JOB RESPONSIBILITIES			
I 9. START DATE (mm/yy)		I 10. END DATE (mm/yy)		I 11. REASON FOR LEAVING	
I 12. WHERE YOU TERMINATED BY THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		I 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
J 2. COMPANY NAME		J 3. ADDRESS NUMBER / STRRET CITY STATE ZIP			
J 4. SUPERVISOR		J 5. SUPERVISOR'S POSITION		J 6. PHONE NUMBER ()	
J 7. YOUR POSITION		J 8. YOUR JOB RESPONSIBILITIES			
J 9. START DATE (mm/yy)		J 10. END DATE (mm/yy)		J 11. REASON FOR LEAVING	
J 12. WHERE YOU TERMINATED BY THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		J 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
K 2. COMPANY NAME		K 3. ADDRESS NUMBER / STRRET CITY STATE ZIP			
K 4. SUPERVISOR		K 5. SUPERVISOR'S POSITION		K 6. PHONE NUMBER ()	
K 7. YOUR POSITION		K 8. YOUR JOB RESPONSIBILITIES			
K 9. START DATE (mm/yy)		K 10. END DATE (mm/yy)		K 11. REASON FOR LEAVING	
K 12. WHERE YOU TERMINATED BY THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		K 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
L 2. COMPANY NAME		L 3. ADDRESS NUMBER / STRRET CITY STATE ZIP			
L 4. SUPERVISOR		L 5. SUPERVISOR'S POSITION		L 6. PHONE NUMBER ()	
L 7. YOUR POSITION		L 8. YOUR JOB RESPONSIBILITIES			
L 9. START DATE (mm/yy)		L 10. END DATE (mm/yy)		L 11. REASON FOR LEAVING	
L 12. WHERE YOU TERMINATED BY THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		L 13. IF YOU QUIT, DID YOU WORK OUT A TWO WEEK NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYMENT HISTORY		
If you answer yes to any of these questions explain fully on the comments page	YES	NO
14. HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT?		
15. HAVE YOU EVER RESIGNED IN ANTICIPATION OF DISCHARGE?		
16. HAVE YOU EVER STOLEN FROM AN EMPLOYER?		
17. HAVE YOU EVER COMMITTED ANY CRIMES, EVEN UNDETECTED, WHILE ON THE JOB?		
18. HAVE YOU EVER HAD ANY EXTENDED WORK ABSENCES FOR REASONS OTHER THAN EARNED VACATIONS OR ILLNESS? IF YES, EXPLAIN ON COMMENTS PAGE.		
19. HAVE YOU EVER BEEN REJECTED FOR EMPLOYMENT BY A POLICE AGENCY?		
20. HAVE YOU EVER BEEN ACCUSED OF DISCRIMINATION BY A CO-WORKER, SUPERVISOR, SUBORDINATE, OR CUSTOMER?		
21. HAVE YOU EVER RECEIVED AN UNSATISFACTORY PERFORMANCE EVALUATION?		
22. HAVE YOU EVER SOLD, GIVEN AWAY OR RELEASED LEGALLY CONFIDENTIAL INFORMATION:		
23. HAVE YOU EVER CALLED IN SICK WHEN YOU WERE NEITHER SICK NOR CARING FOR A SICK FAMILY MEMBER?		
24. DURING THE LAST THREE YEARS, HAVE YOU MISSED DAYS OR BEEN LATE FOR WORK DUE TO YOUR DRUG OR ALCOHOL CONSUMPTION?		
25. HAS YOUR WORK PERFORMANCE EVER BEEN EFFECTED BY YOUR USE OF ALCOHOL OR DRUGS?		
26. DURING THE LAST THREE YEARS HAVE YOU BEEN WARNED BY AN EMPLOYER ABOUT YOUR DRUG OR DRINKING HABITS AND THEIR IMPACT ON YOUR PERFORMANCE?		

SECTION VI: CRIMINAL ACTIVITY

HAVE YOU EVER BEEN ARRESTED FOR OR PARTICIPATED IN ANY OF THE FOLLOWING CRIMES?	YES	NO
If you answer yes to any of these questions explain fully on the comments page		
1. THEFT OF A VEHICLE OR USE OF CAR WITHOUT CONSENT		
2. DOMESTIC VIOLENCE		
3. MENACING		
4. RECKLESS ENDANGERMENT WITH A WEAPON		
5. CRIMINAL COERCION		
6. UNLAWFUL IMPRISONMENT		
7. SEXUAL MISCONDUCT		
8. INDECENT EXPOSURE		
9. CRIMINAL MISCHIEF IN THE FIRST OR SECOND DEGREE		
10. CRIMINAL TAMPERING IN THE SECOND DEGREE		
11. ARSON IN THE THIRD DEGREE		
12. THEFT OF PROPERTY		
13. THEFT OF SERVICES		
14. RECEIVING STOLEN PROPERTY		

Initial this page to indicate that you have provided complete and accurate information: _____

HAVE YOU EVER BEEN ARRESTED FOR OR PARTICIPATED IN ANY OF THE FOLLOWING CRIMES? If you answer yes to any of these questions explain fully on the comments page	YES	NO
15. CRIMINAL POSSESSION OF A FORGED INSTRUMENT		
16. OBTAINING A SIGNATURE BY DECEPTION		
17. CHARITABLE FUND FRAUD		
18. ILLEGAL POSSESSION OF FOOD STAMPS		
19. REFUSING TO AID A PEACE OFFICER		
20. FALSE REPORTING TO LAW ENFORCEMENT AUTHORITES		
21. IMPERSONATING A PUBLIC SERVANT		
22. TAMPERING WITH GOVERNMENTAL RECORDS		
23. PERMITTING OR FACILITATING ESCAPE IN THE FIRST OR SECOND DEGREE		
24. PROMOTING PRISON CONTRABAND		
25. BAIL JUMPING		
26. RESISTING ARREST		
27. HINDERING APPREHENSION		
28. PURJURY		
29. TAMPERING WITH A WITNESS		
30. INTERFERING WITH JUDICIAL PROCEEDINGS		
31. RIOT		
32. INCITING TO RIOT		
33. HARRASSMENT OR HARRASSING COMMUNICATIONS		
34. FALSELY REPORTING AN INCIDENT		
35. CRIMINAL EAVESDROPPING		
36. SELLING CIGARETTES TO MINORS		
37. PROMOTING GAMBLING		
38. PUBLIC LEWDNESS		
39. NONSUPPORT		
40. ABANDONMENT OF A CHILD		
41. ENDANGERING THE WELFARE OF A CHILD		
42. OBEDIENCE TO POLICE OFFICERS		
43. RECKLESS DRIVING		
44. DRIVING WHILE UNDER THE INFLUENCE OF ALCOHOL OR A CONTROLLED SUBSTANCE		

Initial this page to indicate that you have provided complete and accurate information: _____

HAVE YOU EVER BEEN ARRESTED FOR OR PARTICIPATED IN ANY OF THE FOLLOWING CRIMES? If you answer yes to any of these questions explain fully on the comments page	YES	NO
45. FLEEING OR ATTEMPTING TO ELUDE A POLICE OFFICER		
46. ANY CRIME OF MORAL TURPITUDE		
47. ANY FELONY		
48. ANY OTHER CRIME		
HAVE YOU EVER If you answer yes to any of these questions explain fully on the comments page		
49. USED A WEAPON IN A FIGHT?		
50. INJURED ANYONE AS A RESULT OF A FIGHT?		
51. BEEN PRESENT AT, WITNESS TO, INVOLVED IN A MURDER / KILLING / UNNATURAL DEATH?		
52. USED YOUR CAR IN THE COMMISSION OF A CRIME?		
53. COMMITTED A CRIME FOR WHICH YOU WERE NOT CAUGHT?		
54. LIED TO CONVICT AN INNOCENT PERSON?		
55. USED SEX AS LEVERAGE TO GET EMPLOYMENT, AVOID A CITATION OR ARREST, OR OBTAIN ANYTHING OF VALUE?		
56. USED EXCESSIVE FORCE?		
57. DEPRIVED ANOTHER OF THEIR CONSTITUTIONAL RIGHTS?		
58. BEEN CONVICTED BECAUSE OF SOMETHING THAT YOU DID OR FAILED TO THAT WOULD HAVE EXONERATED THEM?		
59. HAVE THE POLICE BEEN CALLED TO YOUR HOME FOR ANY REASON?		
60. BEEN REFERRED TO CHILD PROTECTIVE SERVICES?		
61. BEEN THE SUBJECT OF AN EMERGENCY PROTECTION ORDER OR RESTRAINING ORDER?		
62. BEEN REFUSED A PERMIT TO CARRY A CONCEALED WEAPON?		
63. BEEN TOLD THAT CRIMINAL CHARGES AGAINST YOU HAVE BEEN EXPUNGED, AND THAT YOU NEVER HAVE TO ADMIT TO THEM?		
DRUG INVOLVEMENT If you answer yes to any of these questions, explain fully on the comments page		
64. BEEN ARRESTED OR CHARGED WITH ANY DRUG VIOLATION?		
65. USED ANOTHER PERSON'S PRESCRIPTION?		
66. SOLD ILLEGAL DRUGS?		
67. PARTICIPATED IN THE DELIVERY, TRANSPORT, STORAGE / HANDLING OF ILLEGAL DRUGS?		
68. HAVE YOU EVER SOLD ANY PRESCRIPTION DRUG PRESCRIBED TO YOU?		
69. HAVE YOU EVER PUT AN INTOXICANT IN ANOTHER'S FOOD OR BEVERAGE?		
70. DO YOU USE PRESCRIPTION DRUGS FOR OTHER THAN THEIR INTENDED PURPOSE?		
71. HAD ANOTHER DRUG INVOLVEMENT?		

HAVE YOU EVER USED OR EXPERIMENTED WITH THE FOLLOWING: If you answer yes to any of these questions explain fully on the comments page	YES	NO
72. PCP		
73. OPIUM DERIVATIVE		
74. AMPHETAMINES		
75. BARBITURATES		
76. INHALANTS		
77. ANABOLIC STEROIDS		
78. HALLUCINOGENIC DRUGS		
79. QUAALUDES / VALIUM		
80. COCAINE		
81. METHAMPHETAMINE		
82. MARIJUANA / HASHISH / SYNTHETIC MARIJUANA		
83. ECSTACY		
84. ANY ILLEGAL DRUG NOT LISTED		
SECTION VII: AFFILIATIONS		
If you answer yes to any of these questions explain fully on the comments page		
1. ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF A GANG INVOLVED IN CRIMINAL ACTIVITY?		
2. DO YOU HAVE ANY TATTOS OR MARKS ON ANY PART OF YOUR BODY WITH ANY GANG SYMBOLS OR SIGNS?		
3. DO YOU KNOW ANYONE WHO IS AFFILIATED WITH A GANG?		
4. DO YOU KNOW HOW TO READ GANG SIGNS?		
5. HAVE YOU EVER PARTICIPATED WITH ANYONE WHO HAS WRITTEN GANG GRAFFITI ON PRIVATE OR GOVERNMENT PROPERTY?		
6. DO YOUHAVE ANY KNOWLEDGE OF ANYONE PARTICIPATING IN CRIMINAL ACTIVITY WHILE A MEMBER OF A GANG?		
7. ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF A HATE GROUP AS DEFINED BY SOCIETY?		
8. ARE YOU, OR HAVE YOU EVER BEEN A MEMBER OF AN ORGANIZATION THAT ADVOCATES THE VIOLENT OVERTHROW OF THE GOVERNMENT OF THE US, ALABAMA, COUNTY OF MOBILE?		
IS THERE ANYTHING THAT WOULD PREVENT YOU FROM DOING ANY OF THE FOLLOWING: If you answer yes to any of these questions explain fully on the comments page		
9. TAKING AN OATH		
10. SUPPORTING AND DEFENDING THE CONSTITUTION OF THE UNITED STATES, THE STATE OF ALABAMA OR THE LAWS OF MOBILE COUNTY		
11. TAKING A LIFE IN THE PURSUIT OF DUTY		
12. WEARING A UNIFORM		
13. CARRYING A FIREARM		
14. WORKING ROTATING SHIFTS		

SECTION VIII: MOTOR VEHICLE AND TRAFFIC

1. DRIVER'S LICENSE NUMBER	STATE	EXPIRATION (mm/yy)	TYPE	RESTRICTIONS
2. IS YOUR DRIVER'S LICENSE CURRENT AND VALID? <input type="checkbox"/> YES <input type="checkbox"/> NO		3. IF NO, EXPLAIN		
4. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED, REVOKED, REFUSED OR CANCELLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		5. IF YES, EXPLAIN		
6. HOW MANY POINTS DO YOU CURRENTLY HAVE AGAINST YOUR DRIVER'S LICENSE?				

MOVING VIOLATIONS

List all traffic tickets that you have received. If you have more than six tickets to list use the comments page to document your driving record fully

A 6. VIOLATION	A 7. LOCATION	
	CITY	STATE
A 8. DATE (mm/yy)	A 9. DISPOSITION	

B 6. VIOLATION	B 7. LOCATION	
	CITY	STATE
B 8. DATE (mm/yy)	B 9. DISPOSITION	

C 6. VIOLATION	C 7. LOCATION	
	CITY	STATE
C 8. DATE (mm/yy)	C 9. DISPOSITION	

D 6. VIOLATION	D 7. LOCATION	
	CITY	STATE
D 8. DATE (mm/yy)	D 9. DISPOSITION	

E 6. VIOLATION	E 7. LOCATION	
	CITY	STATE
E 8. DATE (mm/yy)	E 9. DISPOSITION	

F 6. VIOLATION	F 7. LOCATION	
	CITY	STATE
F 8. DATE (mm/yy)	F 9. DISPOSITION	

TRAFFIC ACCIDENTS

List all traffic accidents that you have been involved in, whether you were at fault or not. Use the comments page to list additional accidents

A 10. DATE (mm/yy)		A 11. LOCATION	
		CITY	STATE
A 12. WHO WAS AT FAULT	A 13. DESCRIPTION		

B 10. DATE (mm/yy)		B 11. LOCATION	
		CITY	STATE
B 12. WHO WAS AT FAULT	B 13. DESCRIPTION		

C 10. DATE (mm/yy)		C 11. LOCATION	
		CITY	STATE
C 12. WHO WAS AT FAULT	C 13. DESCRIPTION		

D 10. DATE (mm/yy)		D 11. LOCATION	
		CITY	STATE
D 12. WHO WAS AT FAULT	D 13. DESCRIPTION		

VEHICLES

14. HAVE YOU EVER HAD YOUR VEHICLE REGISTRATION SUSPENDED, REVOKED, REFUSED OR CANCELED? <input type="checkbox"/> YES <input type="checkbox"/> NO	15. IF YOU ANSWERED YES, EXPLAIN.

LIST ALL VEHICLES THAT ARE REGISTERED IN YOUR NAME

A 16. MAKE	A 17. MODEL	A 18. YEAR
A 19. COLOR	A 20. TAG NUMBER	A 21. STATE

B 16. MAKE	B 17. MODEL	B 18. YEAR
B 19. COLOR	B 20. TAG NUMBER	B 21. STATE

C 16. MAKE	C 17. MODEL	C 18. YEAR
C 19. COLOR	C 20. TAG NUMBER	C 21. STATE

AUTOMOBILE INSURANCE COMPANY

22. COMPANY NAME	23. ADDRESS			
	NUMBER / STREET	CITY	STATE	ZIP
24. AGENT'S NAME <input type="checkbox"/> YES <input type="checkbox"/> NO	25. PHONE NUMBER ()			

SECTION IX: PERSONAL REFERENCES				
Enter all of the required information for five personal references that you have known for ten years or longer and who are not related to you. You must enter at least one phone number where the reference can be reached during business hours.				
A 1. NAME				
LAST	FIRST	MIDDLE		
A 2. ADDRESS				
NUMBER / STREET	UNIT #	CITY	STATE	ZIP
A 3. CONTACT NUMBERS				
CELL				
HOME ()	WORK ()	EXT	OTHER ()	<input type="text"/> FAX
PAGER				
A 4. OCCUPATION		A 5. HOW DO YOU KNOW THIS PERSON?		

B 1. NAME				
LAST	FIRST	MIDDLE		
B 2. ADDRESS				
NUMBER / STREET	UNIT #	CITY	STATE	ZIP
B 3. CONTACT NUMBERS				
CELL				
HOME ()	WORK ()	EXT	OTHER ()	<input type="text"/> FAX
PAGER				
B 4. OCCUPATION		B 5. HOW DO YOU KNOW THIS PERSON?		

C 1. NAME				
LAST	FIRST	MIDDLE		
C 2. ADDRESS				
NUMBER / STREET	UNIT #	CITY	STATE	ZIP
C 3. CONTACT NUMBERS				
CELL				
FAX				
HOME ()	WORK ()	EXT	OTHER ()	<input type="text"/>
PAGER				
C 4. OCCUPATION		C 5. HOW DO YOU KNOW THIS PERSON?		

D 1. NAME				
LAST	FIRST	MIDDLE		
D 2. ADDRESS				
NUMBER / STREET	UNIT #	CITY	STATE	ZIP
D 3. CONTACT NUMBERS				
CELL				
FAX				
HOME ()	WORK ()	EXT	OTHER ()	<input type="text"/>
PAGER				
D 4. OCCUPATION		D 5. HOW DO YOU KNOW THIS PERSON?		

SECTION X: EMPLOYMENT AT THE SEMMES POLICE DEPARTMENT	
<p>1. DO YOU KNOW OR ARE YOU RELATED TO ANYONE THAT IS EMPLOYED BY THE SEMMES POLICE DEPARTMENT?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>2. IF YOU ANSWERED YES, EXPLAIN.</p>
<p>3. HAVE YOU READ THE JOB DESCRIPTION FOR THE POSITION THAT YOU HAVE APPLIED FOR?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	
<p>4. DO YOU UNDERSTAND THE REQUIREMENTS FOR THE POSITION THAT YOU HAVE APPLIED FOR?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	
<p>5. HOW LONG DO YOU PLAN TO WORK AT THE SEMMES POLICE DEPARTMENT IF YOU ARE HIRED?</p>	

SECTION XI: CERTIFICATION	
<p>I hereby certify that I have personally completed and initialed each page of this form and any supplemental pages attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been employed, may disqualify me from continued employment.</p> <p>I recognize that the Semmes Police Department will initiate a background investigation and report that may contain information pertaining to my character, general reputation, personal characteristics, mode of living, and personal habits. I recognize that the investigation, if conducted, will be based, in part on personal interviews with people who know me, and I hereby authorize such interviews.</p> <p>Should I enter the employ of the Semmes Police Department, I agree that such employment shall be for No fixed period, and shall be subject to satisfactory work and terminable at any time, within the guidelines of the City of Semmes rules and regulations. If my supervisors at the Semmes Police Department find that I am not adapted to the work, or am otherwise not satisfactory, I may be terminated. I also agree to be subject to the rules and regulations governing the Semmes Police Department personnel.</p> <p>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.</p>	
<p>_____</p> <p>_____</p> <p>Signature</p>	<p>_____</p> <p>_____</p> <p>Witness Signature</p>
<p>_____</p> <p>Printed Name</p>	<p>_____</p> <p>Witness Printed Name</p>
<p>_____</p> <p>Address</p>	<p>_____</p> <p>Date</p>
<p>_____</p> <p>City</p>	<p>_____</p> <p>State</p>
<p>_____</p> <p>Zip</p>	

**PHYSICAL AGILITY TEST
WAIVER OF LIABILITY AND INDEMNITY**

RE:

Name: _____

Date of Birth: _____

Social Security Number: _____

This Agreement must be read by all participants in the Semmes Police Department’s Physical Agility Test as a condition for participation.

“I,” hereinafter referred to as “respondent,” hereby acknowledge that I am voluntarily participating in the Physical Agility Test, hereinafter referred to as the PAT. I will be personally responsible for my own safety during the PAT and assume all risks and accept full and complete responsibility for any and all damages and personal injury of any kind, including death. I am aware that the PAT is hazardous, involving risk of serious bodily injury, death, or property damage and I am voluntarily participating in the PAT with knowledge of the risks. I expressly assume the risk of these dangers including, but not limited to, slips, falls, objects or persons falling on persons, equipment failure, injury from pointed equipment, improperly administered first aid, and lightning strikes.

As lawful consideration for being permitted by The Semmes Police Department or any of its officers, agents, or employees, herein referred to as “Releases,” to participate in the PAT and/or use their equipment, I do, for myself, my heirs, executors, administrators, legal representatives, guardians, distributees, and assigns, collectively referred to as “Releasers,” hereby release, waive, discharge, and relinquish any action or causes of action for personal injury, property damage, or wrongful death which may hereafter arise from the PAT or any pursuit incidental thereto wherever or however said pursuit may occur and for any period said PAT may continue.

I further agree that under no circumstances will Releasers prosecute or present any claim against Releases for any causes of action, for personal injury, property damage, or wrongful death, whether the same shall arise by the negligence or non-intentional conduct of any of said Releases from the PAT or any pursuit incidental thereto. I, and the remaining Releasers, hereby agree to indemnify, save and hold harmless the Releases and each of them from any loss, liability, damage or cost (including attorney fees) which Releases may incur as a result of injury, death, or property damage to the undersigned, or from suit from such personal injury, death, and/or property damage to the undersigned.

This Agreement is intended to be as broad as is permissible under the law of the State of Alabama and this Agreement shall be interpreted under the laws of the State of Alabama. If any portion of the Agreement is invalid and/or is declared to be invalid by a Court of Law, the balance of the Agreement shall continue to full force and effect.

By signing below, I signify that I, the respondent, have read and voluntarily agree to the release and waiver of liability and indemnity agreement and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made. I acknowledge that I have read the foregoing paragraphs and am completely aware of the potential dangers incident to engaging in the PAT, and fully aware of the legal consequences of signing the within instrument.

Signature

Witness Signature

Printed Name

Witness Printed Name

Address

Date

City State Zip

Date

Initial this page to indicate that you have provided complete and accurate information: _____

Personal History Statement

Instructions for the Applicant:

Please print (handwritten) your responses to this application packet in black ink only. Do not have a second party complete the packet for you. If a question does not apply to you mark "N/A" in the space provided. Any additional information may be added on a blank sheet of paper and attached to the pack of this packet. Remember to identify additional information by letter and or number. When completed contact the Semmes Police Department Chief of Police for an appointment to turn in your packet.

Any questions concerning this packet may be addressed by contacting the Semmes Police Department.

When your Personal History Statement is submitted, the following support documents must also be turned in:

1. Signed and notarized release waivers.
2. A copy of your Birth Certificate.
3. Your original Military (Active, Reserve, National Guard) DD214 (including character of discharge section-Long Form) and any other discharge document(s), if applicable.
4. Active Reserves who currently attend Military Drills must submit a Military Letter of Good Standing.
5. Transcripts from all colleges attended. (Official transcripts in a sealed envelope from the school)
6. A copy of your High School Diploma, GED, or High School transcript.
7. A copy of your valid Driver's License.
8. Any name change documents.
9. A copy of your Peace Officer Standards and Training Certificate. (if applicable)

FAILURE TO TURN IN THESE DOCUMENTS WILL RESULT IN YOUR APPLICATION BEING REJECTED BY THE SEMMES POLICE DEPARTMENT.

I HAVE READ AND COMPLETELY UNDERSTAND ALL OF THE ABOVE STATED INFORMATION.

Signature: _____ Date _____

SEMMES POLICE DEPARTMENT

AUTHORIZATION RELEASE OF INFORMATION

Last Name	First Name	Middle Name	Sex	Race	Date of Birth
Place of Birth	City	County	State	Country	

This release, when presented by a duly authorized representative of the Semmes Police Department constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Semmes Police Department: Employment; Educational; Medical; Psychological; Selective Service; Police and Criminal; Motor Vehicle; and Driving; Financial and Credit; Polygraph Examinations; and the UNDELETED copy of separation document and medical records of the National Personnel Records and Military Personnel Records Center.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Semmes Police Department. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the Semmes Police Department, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the Semmes Police Department. I understand that all materials pertaining to this background investigation become the property of the Semmes Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source(s) of information will not be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

State of _____;

County/City of _____;

Subscribed and sworn before me this _____ day of _____, 20_____.

My Commission expires _____, (Signature of Notary)_____.

Signature _____ Street Address _____ City, State, Zip _____ Code _____

SEMMES POLICE DEPARTMENT

ESSENTIAL FUNCTIONS FOR COMMISSIONED POLICE EMPLOYEE

In accordance with the Americans with Disabilities Act (ADA), the following list of essential functions is established as criteria for qualification to receive confirmed offers of employment as a commissioned police officer with the Semmes Police Department.

GENERAL SUMMARY: The work of the commissioned police officer involves responsibility for the protection of life and property, prevention of crime, apprehension of criminals and the general enforcement of laws and ordinances. Duties normally consist of routine patrol, preliminary investigation and traffic regulation. Police officers also may be assigned duties as detectives, court security officers, crime prevention officers, Department training officers, evidence technicians, field training officers, accident investigators, firearms instructors, school resource officer, hostage negotiators, dog handlers or special response team officers. Work involves an element of personal danger. The employee must be able to exercise sound independent judgment under stress. Assignments may include work on special tasks, which call upon specialized abilities and knowledge possessed by the officer. Work assignments can be general or specific and instructions are received from a supervisor who reviews work methods and results through reports, personal inspection and discussion.

I. DUTIES AND RESPONSIBILITIES

A. Crime Prevention and Investigation

- Performs preventive patrol in assigned beat;
- Continually observes for criminal activity, safety hazards, traffic violations, persons needing assistance, etc;
- Becomes and remains familiar with patrol beats, geographic locations, known offenders, neighborhood routines, potential problem areas;
- Conducts security inspections and surveys of buildings and businesses and makes recommendations regarding security, etc;
- Makes presentations to groups and individuals on subjects related to the job's tasks and functions;
- Handles complaints made by the public;
- Observes for, detects and investigates violations of laws and ordinances and documents those actions for future use;
- Conducts interviews and interrogations of victims, witnesses, suspects and offenders;
- Conducts searches of person, vehicles, places and things;
- Identifies and arrests offenders, including subduing resistive arrestees;
- Seeks and serves arrest warrants, search warrants and other court documents;
- Assists prosecutors in the preparation of cases for trial;
- Appears and testifies in court, juvenile hearings, at deposition sessions and similar proceedings;

SEMMES POLICE DEPARTMENT
ESSENTIAL FUNCTIONS FOR COMMISSIONED POLICE EMPLOYEE

- Enforces traffic and parking laws, including driving under the influence detection and apprehension;
- Controls, regulates and directs vehicular and pedestrian traffic;
- Investigates traffic accidents, including protecting the scene, aiding the injured, controlling traffic, clearing the scene, determining the cause, preparing reports and diagrams;
- Assists disabled motorists;
- Deals with children of all ages in a variety of situations, such as delinquents, minors requiring authoritative intervention, neglected, abused, runaways, lost, found, victims of crimes, public relations and instructional functions and informants.

B. Miscellaneous Order Maintenance

- Deals with domestic disputes and other interpersonal and business contacts;
- Recognizes and corrects or reports public hazards and inconveniences, as gas leaks, traffic signals out of service, traffic obstructions and other safety hazards;
- Responds to specific requests for ambulance/fire service and assists as needed;
- Administers first aid, including CPR, to sick and injured persons;
- Investigates incidents involving dead persons resulting from criminal, accidental, suicidal and natural causes, including determination of the circumstances and handling/removal of the body and dealing with the family, relatives, friends, witnesses, etc;
- Investigates reports of lost and found property;
- Investigates reports of missing and found persons;
- Investigates animal complaints, including the humane disposition of severely injured animals;
- Directs and/or supervises civilian employees and the public at the scenes of crimes, accidents, disasters, assemblies, etc;
- Generally assists persons in distress.

C. Organizational Support

- May perform desk duties, including telecommunications (telephone, computer terminal, radio), assisting persons at the counters of the precinct station, processing reports;
- Conducts background investigations for prospective police applicants;
- Attends training as assigned;
- Develops and maintains required skills and licenses/permits/certifications associated with area of special instruction, expertise, etc. (Firearms qualification, evidence technician, juvenile law, criminal investigations);
- Trains new officers, reserve officers and other officers in areas of special skills or expertise;
- Prepares clear, accurate and complete reports on any and all activities engaged in.

SEMMES POLICE DEPARTMENT

ESSENTIAL FUNCTIONS FOR COMMISSIONED POLICE EMPLOYEE

II. WORK CHARACTERISTICS/CONDITIONS

A. Scheduling

Police officer positions involve regular and irregular shift work and shift rotations necessary to provide police services 24 hours a day, 7 days a week, 52 weeks a year (weekends and holidays included). Work shifts are normally eight (8) or twelve (12) hours in duration but may be extended in the event of emergency, disaster, manpower shortage, workload or work-in-progress. High percentage of attendance, on-time arrival to work and ability to work overtime when necessary are required.

B. Environmental Factors

Police officer positions involve exposure to and requires the officer to function in the presence of the following:

- Inclement weather, to include extreme heat/cold, rain, snow, wind, etc;
- Light conditions associated with day and night;
- Fire, smoke, chemical leaks/spills - as close proximity as necessary to provide emergency services;
- Personal danger, including but not limited to:
 - Armed and/or dangerous persons/animals;
 - Persons and/or articles with contagious/communicable diseases;
 - Hazards associated with emergency driving, traffic control and working in and around traffic;
 - Hazards associated with natural and man-made disasters.

C. Infectious Diseases

Because police officers may be called upon in adverse conditions to come into physical contact with others, the City will not knowingly expose citizens or other employees to an employee infected with a contagious disease that poses a direct threat to others.

Decisions regarding infectious diseases will be based on reasonable medical judgments given the state of medical knowledge about: a) the nature of the risk (how the disease is transmitted), b) the duration of the risk (how long is the carrier infectious), c) the severity of the risk (what is the potential harm to third parties, and d) the probability that the disease would be transmitted and will cause varying degrees of harm. (School Board of Nassau County v. Arline, 480 U.S. 273, 107 s. Ct. 1123, 1987).

III. PHYSICAL ABILITIES

The Semmes Police Department has a strong interest in promoting confidence with the general public by having our employees maintain a uniform, professional appearance and image. Uniforms, equipment

SEMMES POLICE DEPARTMENT

ESSENTIAL FUNCTIONS FOR COMMISSIONED POLICE EMPLOYEE

items and personal appearance are regulated by the Department's General Order, Uniforms and Appearance. All commissioned police officers must be able to wear and effectively utilize all Department issued items of uniforms and equipment as specified in the general order, regardless of assignment. This includes, but is not limited to: the field uniform (gun belt and included equipment; soft body armor; and specialized equipment such as riot helmet, riot baton and ballistic shield).

A. Motor Skills/Flexibility

The police officer position requires the employee to have and maintain the physical and mental ability needed to:

- React and move rapidly from a sedentary to active condition in response to environmental situations or events;
- Assume a variety of bodily position and postures necessary to employ available "cover and concealment" during a deadly force encounter;
- Respond to a physical attack and possess the ability to escape the attacker and/or summon aid;
- Operate a motor vehicle in a safe and prudent manner (possess an Alabama drivers license with less than five chargeable points);
- Operate and qualify with the Department-issued firearms, utilizing both hands, as well as each hand individually;
- Operate office equipment, such as telephones, audio/visual devices, computer or workstation keyboards, calculators and security locking systems;
- Operate all equipment necessary for performing routine daily assignments, apprehending and processing criminals and conducting both criminal and traffic-related investigations;
- Operate/utilize all Department vehicle mounted equipment whether in a mobile or stationary mode;
- Administer first aid, to include Cardio Pulmonary Resuscitation (CPR);
- Perform required duties for extended periods of time while exposed to adverse conditions, to include time worked in excess of the normal daily duty shift and rotating shift work;
- Apprehend suspects to the extent of engaging in foot pursuits while summoning assistance and/or engaging in the necessary use of force;
- Discern colors as they are applied in traffic safety situations (electric signals, signing, hazardous materials placards, vehicle and clothing descriptions, etc.);
- Adequately judge distances and estimate speed;
- See, read and recognize obstacles in a variety of normal and/or emergency environments. Have vision that is correctable to "Department vision" standards;
- Determine or estimate the point of origin of noise;
- Recognize/relate sound to situations based on frequencies or voice inflection within the normal range of human hearing;
- Employ the normal senses of touch and smell.

SEMMES POLICE DEPARTMENT

ESSENTIAL FUNCTIONS FOR COMMISSIONED POLICE EMPLOYEE

B. Communicative Skills

The police officer position further requires the employee to have and maintain the physical and mental condition needed to:

- Speak, read and write the English language in a clear, understandable fashion;
- Reasonably identify and display basic non-verbal communications (body language);
- Effectively relate to or communicate with a variety of personality types during interpersonal contacts.

C. Judgment/Decision Making Ability

- The police officer position requires the employee have the ability to:
- Comprehend and implement verbal and written instructions;
- Apply reasoning skills when confronted with circumstances requiring discretionary decisions;
- Establish priorities and construct subsequent plans when investigating incidents or events;
- Formulate and carry out an appropriate course of action for a given situation for which no specific rule or procedure has been established;
- Apply theory based instruction or training to actual incidents/situations;
- Handle situations firmly, courteously, tactfully and impartially;
- Retain and retrieve information furnished in the form of bulletins, verbal reports, training keys, etc;
- Be capable of receiving and giving instructions.

D. Emotional Psychological Stability

The police officer position requires the employee to have the emotional and psychological stability required to:

- Cope with and perform day-to-day duties under the principles of discipline;
- Maintain self-control when receiving constructive criticism and/or being ridiculed;
- Continue performing all required tasks at a professional level when faced with unpleasant circumstances;
- Perform police duties without dependence on alcohol/narcotics;
- Deal effectively with the morbid, the macabre, the repugnant, the abnormal, the morose, the psychotic, the neurotic and the otherwise unpleasant or unusual facets or results of human behavior.

LETTER OF UNDERSTANDING

I am applying for a position with the City of Semmes Police Department. I understand that there are certain requirements I must meet before I can be accepted into this position. I understand that I must submit to an extensive background investigation which consists of the following areas of concern, at a minimum:

- Review of my complete Personal History Statement
- Thorough criminal history background check
- Thorough examination of prior employment
- Examination of my personal credit/financial report
- Thorough examination of my social media/networking information/activity

A hiring review board will evaluate the results of this investigation and make a preliminary decision as to my potential suitability for employment. I may at this point receive a conditional offer of employment, which will be followed by completion of some or all of the following tests, depending upon the position being sought:

- Polygraph examination
- Standard medical examination
- A.P.O.S.T. physical agility test
- Hearing test
- Drug screen test
- Psychological evaluation

The aforementioned tests will be administered in a manner selected by the City of Semmes Police Department. I understand that the results of the tests are the property of the agency to which I have applied, and that I will not receive copies of the reports nor any information contained in them, except as it may relate to a serious condition discovered by the examining physician.

A second Hiring Review Board will evaluate all tests in light of the requirements of the job, along with previous information, and will make a final decision as to my suitability for employment.

I agree to assist in the expedient conclusion of these reviews and examinations. I understand that a successful completion of this process does not guarantee employment with the City of Semmes Police Department, only that I will be considered for positions as they become available, pursuant to established rules and regulations of the City of Semmes Police Department. I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirements as a condition of employment with the City of Semmes Police Department.

Signature of Applicant _____

Subscribed and Sworn before me the ____ day of
_____, 20____

Notary Public in and for said County of Mobile
State of Alabama.

Notary Public