



FRANK WILLIAMSON, SHERIFF

# SHERIFF

201 North Main St.  
Tuscumbia, AL 35674

Phone 256-383-0741  
Fax 256-386-8599

## APPLICATION FOR EMPLOYMENT PERSONAL HISTORY QUESTIONNAIRE

### INSTRUCTIONS:

Read every question carefully and answer every question. If a question does not pertain to you, indicate by marking "N/A" within the appropriate space.

**LEAVE NO BLANK SPACES:** A candidate may be rejected who has made a false statement of a material fact, omitted information or practiced, or attempted to practice any deception or fraud in his or hers personal history questionnaire.

All entries, except the signature, must be typed or printed in block letters in black or blue ink. (If space for answering any question in this form is insufficient, attach a supplemental sheet).

Today's Date \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle / Maiden

Address (Physical): \_\_\_\_\_  
City State Zip

Phone: ( ) \_\_\_\_\_

Address (Mailing): \_\_\_\_\_

City State Zip

Phone ( ) \_\_\_\_\_

Date of birth: \_\_\_ / \_\_\_ / \_\_\_ Place of Birth: \_\_\_\_\_  
City/State

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color Eyes: \_\_\_\_\_ Color Hair \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_

Name of Spouse: (Maiden name of wife) \_\_\_\_\_  
Last First Middle

Spouse Employed: \_\_\_\_\_ If so, Where: \_\_\_\_\_

List name, address, telephone number and relationship of person to be notified in case of emergency: \_\_\_\_\_

.....  
1. Do you now, or have you ever used or experimented with any narcotic or barbiturates? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details: \_\_\_\_\_

2. Have you ever been to a doctor or hospital for a serious illness or injury? \_\_\_\_\_ If yes, give doctors/hospital name and details: \_\_\_\_\_

3. Do you have any physical handicap including any head, internal, back, knee or hip injuries, operations, diseases or medical condition? \_\_\_\_\_ If yes explain \_\_\_\_\_

4. Have you ever been to a doctor, psychologist or psychiatrist for treatment of a nervous or mental disorder? \_\_\_\_\_ If yes give doctors/hospital name and details: \_\_\_\_\_

5. Do you wear eyeglasses? \_\_\_\_\_ Contact lenses? \_\_\_\_\_

6. Do you now (or have you ever) used alcohol habitually? Yes \_\_\_\_\_ No \_\_\_\_\_

7. If married, are you presently living with spouse? \_\_\_\_\_ If no, explain: \_\_\_\_\_

8. Are you paying alimony or child support? Yes \_\_\_\_\_ No \_\_\_\_\_  
Amount per month: \_\_\_\_\_

9. List your addresses for the last (10) years, beginning with the present:

(Date)

From	To	Address	City	State

10. Have you ever been a law enforcement officer or held similar positions?

Yes \_\_\_ No \_\_\_ If yes explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Are you currently certified by Alabama P.O.S.T.? Yes \_\_\_ No \_\_\_

If yes certificate number: \_\_\_\_\_

12. Have you ever made an application with any other police agency? Yes \_\_\_\_\_

No \_\_\_ If so, which agencies and date of application:

\_\_\_\_\_

\_\_\_\_\_

13. Have you been interviewed and rejected by any other agency? (For example, You were given a reason other than just the position was taken by some one else.) If yes, please explain.

Yes \_\_\_ No \_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. List all jobs you have had in the last ten (10) years, include periods of unemployment. Put your present or most recent job first. Include military service, in proper time sequence and all temporary or part-time jobs.

Present Employer: \_\_\_\_\_  
Name/Address of Firm/City/State

\_\_\_\_\_ Date Employed Immediate Supervisor

\_\_\_\_\_ Title or Position held

May we call your present employer? Yes \_\_\_ No \_\_\_

**PREVIOUS EMPLOYMENT**

**Name and Address of Firm:** \_\_\_\_\_

Dates Employed From \_\_\_\_\_ to \_\_\_\_\_

Position held

Supervisor

Reason for leaving

**Name and address of firm:** \_\_\_\_\_

Dates employed: From \_\_\_\_\_ to \_\_\_\_\_

Position held

Supervisor

Reason for leaving

**Name and address of Firm:** \_\_\_\_\_

Dates employed: From \_\_\_\_\_ to \_\_\_\_\_

Position held

Supervisor

Reason for leaving

**Name and address of Firm:** \_\_\_\_\_

Date employed: From \_\_\_\_\_ to \_\_\_\_\_

Position held

Reason for leaving

Supervisor

15. Were you ever expelled or suspended from any school? Yes \_\_\_ No \_\_\_

If yes explain: \_\_\_\_\_

16. Do you possess a valid driver's license from Alabama? Yes \_\_\_ No \_\_\_

If yes driver's license number: \_\_\_\_\_

Date of expiration: \_\_\_\_\_

17. Was your license ever suspended or revoked? Yes \_\_\_ No \_\_\_, If yes explain:

---

---

---

18. Have you ever held a driver's license in another state/ Yes \_\_\_ No \_\_\_, If yes, was it ever suspended or revoked? Yes \_\_\_ No \_\_\_ If yes explain \_\_\_\_\_

---

19. Have you ever served in any military organization? Yes \_\_\_ No \_\_\_, If so, What branch? \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

20. What type of discharge did you receive? \_\_\_\_\_  
If other than honorable, explain fully \_\_\_\_\_

---

21. Were you ever court-marshaled, tried on charges, or were you the object of Summary court, captain's mast, company punishment or any other disciplinary action while in the armed forces? Yes \_\_\_ No \_\_\_ If yes, explain fully:

---

---

22. What is your service number? \_\_\_\_\_

Highest rank held

Rank at discharge

23. Are you presently a member of the reserves or National Guard? Yes \_\_\_\_\_

No \_\_\_ If yes, what unit \_\_\_\_\_

24. Have you ever been arrested or detained by the police? Yes \_\_\_ No \_\_\_  
If yes, list all arrests, charges and dispositions of each case. Include all traffic arrests and citations below.

Type Charge/ Citation	Police Dept etc.	Date	Disposition
-----------------------	------------------	------	-------------

---

---

---

25. Have you ever been reported as a missing person or runaway? Yes \_\_\_ No \_\_\_

If yes give details: \_\_\_\_\_

26. Are there any warrants (traffic or otherwise) now pending against you? Yes \_\_\_  
No \_\_\_ If yes, explain: \_\_\_\_\_

27. Were you ever discharged or forced to resign because of unsatisfactory service or  
for any other reason? Yes \_\_\_ No \_\_\_

Were you ever asked to resign while an investigation was pending against you?

Yes \_\_\_ No \_\_\_ If the answer to any of these questions is yes, explain fully

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Are you related to anyone now employed with this department? Yes \_\_\_ No \_\_\_  
If yes, how.

\_\_\_\_\_

**EDUCATION**

29. Provide the information requested below, concerning high schools attended.

Name of School	Address	From/To	Graduate?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

30. If you did not graduate from High School, do you have a GED?  
Yes \_\_\_ No \_\_\_

31. Provide the information requested below concerning colleges attended.

Name of College	Address	From/To	Graduate

**PERSONAL REFERENCES**

Name	Address	Home Phone	Business Phone

**CERTIFICATE**

I, \_\_\_\_\_, do hereby certify that I personally completed this Personal History Questionnaire and all attachments. I certify that all the answers are true and correct to the best of my knowledge.

I am aware that any misstatement of fact or willful withholding of information on this form will disqualify me, or if appointed, will be cause for immediate dismissal from the Colbert County Sheriff's Office.

I fully understand and agree to the above.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**COLBERT COUNTY SHERIFF OFFICE  
201 NORTH MAIN STREET  
TUSCUMBIA ALABAMA 35674**

Phone (256) 383-0741

Fax (256) 386-8599

**PERSONAL INQUIRY WAIVER**

**AUTHORITY FOR RELEASE OF INFORMATION**

To Whom It May Concern:

I respectfully request and authorize you to furnish the Colbert County Sheriff's Office any and all information, including that of a confidential or privileged nature you may have concerning me. This includes police records, work records, school records, financial and credit status records, medical and mental records and other information requested. This information will be used to assist in determining my qualifications and fitness for the position I am seeking.

Intending to be legally bound hereby, I release you, your organization and others contacted from any liability or damage which may result from furnishing the information requested.

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE \_\_\_\_\_ DAY OF

\_\_\_\_\_

( NOTARY PUBLIC SEAL )