

APPLICATION FOR EMPLOYMENT

POSITION(S) APPLYING FOR: _____

DATE: _____

TO THE APPLICANT:

WE APPRECIATE YOUR INTEREST IN EMPLOYMENT WITH THE MORGAN COUNTY SHERIFF'S OFFICE AND ASSURE YOU THAT WE ARE SINCERELY INTERESTED IN YOUR QUALIFICATIONS. A CLEAR UNDERSTANDING OF YOUR BACKGROUND AND WORK HISTORY WILL AID US IN EVALUATING AND IDENTIFYING YOUR QUALIFICATIONS FOR THE POSITION YOU ARE APPLYING FOR.

PLEASE COMPLETE THE APPLICATION FORMS AND ATTACH THE REQUESTED DOCUMENTS IN ORDER TO BE CONSIDERED. YOUR APPLICATION WILL REMAIN ACTIVE FOR **60 DAYS**. **APPLICANTS WHO APPLY AND BECOME EMPLOYEES MUST LIVE IN MORGAN COUNTY.**

Physical agility course will be required

PLEASE ATTACH A COPY OF

**BIRTH CERTIFICATE
HIGH SCHOOL DIPLOMA OR EQUIVALENT
SOCIAL SECURITY CARD
DRIVERS LICENSE.**

RETURN YOUR APPLICATION TO:

MORGAN COUNTY SHERIFF'S OFFICE
119 LEE ST. N.E.
DECATUR, AL. 35601.
2ND FLOOR

PERSONNEL OFFICE
256-351-4819

Charlene.sullivan@morgancoso.com

NAME: _____
 LAST FIRST MIDDLE

OTHER NAMES YOU HAVE GONE BY: _____

ADDRESS

CITY STATE ZIP

PHONE: _____

CELL: _____

DRIVER LICENSE # _____

E MAIL ADDRESS: _____

ARE YOU A MINIMUM OF 21 YEARS OLD? _____

ARE YOU A UNITED STATES CITIZEN? _____

DO YOU HAVE A HIGH SCHOOL DIPLOMA
OR EQUIVALENT? _____

DO YOU HAVE A VALID ALABAMA DRIVERS
LICENSE _____

EMERGENCY CONTACT: _____ Relation to you: _____

PHONE: _____

WHY DO YOU WANT TO WORK FOR THE MORGAN COUNTY SHERIFF'S OFFICE?

DO YOU KNOW ANY LAW ENFORCEMENT, CORRECTIONS OR OTHER CRIMINAL JUSTICE OFFICERS? IF SO, WHO?

HAVE YOU COMMITTED ANY ILLEGAL ACTS IN THE LAST FIVE YEARS? IF YES, WHAT WAS IT?

HAVE YOU EVER BEEN ARRESTED OR DETAINED? IF YES, WHY?
(Applicants must have a clear criminal background)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, WHY?

ARE YOU PRESENTLY USING ILLEGAL DRUGS? _____

ARE YOU ABLE TO MANAGE YOUR PERSONAL FINANCES? _____

DO YOU HAVE ANY OUTSTANDING JUDGEMENTS AGAINST YOU?

HOW OFTEN DO YOU DRINK ALCOHOL SOCIALLY? _____

ARE YOU ABLE TO CONTROL YOUR ANGER WHEN INSULTED?

CAN YOU FUNCTION NORMALLY UNDER TEMPORARY OR PROLONGED STRESS? _____

ARE YOU WILLING TO WEAR A UNIFORM? _____

ARE YOU A RELIABLE PERSON? _____

ARE YOU WILLING TO MEET THE SHERIFF'S OFFICE GROOMING STANDARDS? _____

ARE YOU WILLING TO WORK ROTATING SHIFTS? _____

DO YOU SPEAK ANY FOREIGN LANGUAGES? _____

MILITARY SERVICE

**HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES? IF YES,
WHEN?**

WHAT WERE YOUR ASSIGNMENTS? AND WHERE?

DID YOU HAVE ANY ARREST OR CONVICTIONS UNDER UCMJ?

WAS YOUR DISCHARGE HONORABLE? _____

PLEASE SUPPLY THE SHERIFF'S OFFICE WITH A COPY OF YOUR DD-214

EDUCATION

HIGH SCHOOL NAME: _____

COURSE OF STUDY _____

DID YOU GRADUATE? _____

GED / YEAR _____

COLLEGE NAME _____

COURSE OF STUDY _____

**DID YOU GRADUATE?
AND WHEN?** _____

LIST ANY ADDITIONAL SKILLS, EXPERIENCES OR QUALIFICATIONS NOT LISTED ABOVE. INCLUDE VOLUNTEER WORK WHICH YOU HAVE DONE THAT MIGHT BE RELEVANT TO THE POSITION YOU SEEK.

IF APPLYING FOR DETENTION DEPUTY PLEASE DRESS CONSERVATIVE FOR YOUR JAIL TOUR.

ALSO, JUST TO MAKE YOU ARE AWARE OF OUR SCHEDULING WE DO WORK 12 HOUR SHIFTS AT THE JAIL AND ON PATROL

PERSONAL REFERENCES

LIST THREE PERSONS OTHER THAN FORMER EMPLOYERS, SUPERVISORS OR RELATIVES WHO ARE FIMILAR WITH YOU QUALIFICATIONS AND BACKGROUND.

NAME ADDRESS PHONE OCCUPATION

1. _____

2. _____

3. _____

EMPLOYMENT HISTORY

LIST FROM PRESENT TO PAST EMPLOYERS

1. NAME OF EMPLOYER: _____

DATES EMPLOYED FROM _____ **TO** _____

YOUR POSITION _____

STARTING PAY _____ **ENDING PAY** _____

NAME OF SUPERVISOR _____ **PHONE #** _____

REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER? _____

LIST YOUR DUTIES THERE: _____

2. NAME OF EMPLOYER: _____

DATES EMPLOYED FROM _____ **TO** _____

YOUR POSITION _____

STARTING PAY _____ **ENDING PAY** _____

NAME OF SUPERVISOR _____ **PHONE #** _____

REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER? _____

LIST YOUR DUTIES THERE: _____

3. NAME OF EMPLOYER: _____

DATES EMPLOYED FROM _____ **TO** _____

YOUR POSITION _____

STARTING PAY _____ **ENDING PAY** _____

NAME OF SUPERVISOR _____ **PHONE #** _____

REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER? _____

LIST YOUR DUTIES THERE: _____

PLEASE READ CAREFULLY

I AUTHORIZE ALL PERSONS LISTED AS REFERENCES AND ALL FORMER EMPLOYERS TO RELEASE INFORMATION TO THE MORGAN COUNTY SHERIFF'S OFFICE RELATIVE TO MY EDUCATION, TRAINING QUALIFICATIONS, WORK HISTORY, AND GENERAL FITNESS FOR EMPLOYMENT.

I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE EMPLOYMENT APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED AND THAT IF I FALSIFY ANY STATEMENTS ON THIS APPLICATION, IT WILL BE SUFFICIENT CAUSE FOR DISMISSAL. I AUTHORIZE MORGAN COUNTY SHERIFF'S OFFICE TO MAKE ANY INVESTIGATION OF PERSONAL HISTORY, FINANCIAL, AND POLICE RECORDS.

******* IF HIRED, MEMBERS OF THE DEPARTMENT ARE PROHIBITED FROM ASSOCIATING IN ANY MANNER WHATSOEVER WITH KNOWN OFFENDERS, KNOWN CRIMINALS, OR PERSONS OF ILL REPUTE, UNLESS WITHIN THE SCOPE OF THEIR OFFICIAL DUTIES.**

SIGNATURE: _____ **DATE:** _____

**I, _____ LIVE IN MORGAN COUNTY AT THE
FOLLOWING ADDRESS:**

**I, UNDERSTAND THAT I MUST REMAIN A RESIDENT OF MORGAN
COUNTY WHILE EMPLOYED WITH THE MORGAN COUNTY SHERIFF'S
OFFICE.**

SIGNATURE: _____ DATE: _____