FOR AGENCY USE ONLY DATE RECEIVED:

APPLICATION FOR EMPLOYMENT
HELENA POLICE DEPARTMENT

DISPATCHER ☐

POLICE OFFICER ☐

FAILURE TO FOLLOW ANY INSTRUCTIONS PROVIDED WILL RESULT IN AUTOMATIC DISQUALIFICATION
IMPORTANT: READ CAREFULLY

INSTRUCTIONAL INFORMATION SHEET

This sheet has been prepared for your aid in executing the application for employment with the City of Helena Police Department. If there are questions which are not applicable to you, please indicate this fact by the notation "N/A" in the appropriate space.

If additional space is needed for any section or question on the application, or if you wish to furnish additional information, attach sheets of the same size as this application, follow the same format as on the application, and number answers to correspond to the questions.

The application must be clear and legible, and abbreviations are not acceptable. We prefer black/blue ink. Applications submitted in pencil will not be accepted. **A current resume is also required and should be attached to the completed application.**

EFFECTS OF NONDISCLOSURE

A false answer to a question in the employment application may be grounds for not employing you, or for dismissing you after you begin work. All statements are subject to investigation, including a check of your fingerprints, police records, academic records, and former employers. All the information you give will be considered in reviewing your statement.

THE CITY OF HELENA IS AN EQUAL OPPORTUNITY EMPLOYER.

We strive for constant improvements to the public service by employing and developing the best qualified people available regardless of their race, color, creed, sex, political beliefs, national origin, age or handicap.

Name in Full (Last, First, Middle)

Home (Primary) Phone

Personal email address

Are you currently APOST certified?

YES ☐ NO ☐

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Checklist of Documents that Must Be Submitted with this application:

ALL Applicants:

( ) Pages 1- 18 of the application

( ) Copy of Birth Certificate

( ) Copy of Social Security Card

( ) Copy of Driver's License

( ) Copy of High School Diploma or GED

( ) Copy of DD-214 (if applicable)

( ) Copy of your Credit Report

Non-APOST certified applicants (only for Police Officer)

( ) Copy of College Diploma, **or**

( ) Copy of ACT Workkeys APOST Basic Abilities Test

( ) Copy of Current CPR Certification

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PERSONAL HISTORY

Name in Full (Last, First, Middle)

List all other names you have used including nicknames: if female, furnish your maiden name. If you have used any surnames other than your true name, during what period and under what circumstances were these names used?

Date of Birth

Place of Birth

Age

Sex

Social Security Number

Marital Status:

☐ Single ☐ Married ☐ Divorced ☐ Widowed

Spouse's Full Name:

Citizenship (Country)

Driver License Number and State

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RESIDENCES

Current Address

City | State | Zip

POST OFFICE BOXES ARE NOT ACCEPTABLE ADDRESSES

ACTUAL PLACES OF RESIDENCE FOR THE PAST TEN YEARS

Any applicant who has been out of high school for more than ten years must include addresses while at school and in the military. For college on-campus residences, give dorm name, city and state. If residences in military service cannot be shown as street addresses, indicate complete military unit designation and location by city, state, and country.

FROM MM/YYYY	TO MM/YYYY	STREET ADDRESS	CITY, STATE, COUNTRY

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EDUCATION

High School Name

Address

Years Attended

Year Graduated

Do you have a GED? Yes ☐ No ☐
If Yes, Year Obtained

COLLEGE OR UNIVERSITY

Name of College	Street Address City, State, Zip

Major	Minor	From YYYY/ To YYYY	Degree Received	GPA

Were you ever dismissed from a school, or was any disciplinary action ever taken against you during your scholastic career? If Yes, list the school, date, and action.
Yes ☐ No ☐

School	Date	Action

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EMPLOYMENT HISTORY

List last position first, and subsequent positions in reverse chronological order.

Name and Address of Employer

Dates Employed From To

Phone Number

Full Time ☐ Part Time ☐

Pay Rate

Per

Title of Your Position

Immediate Supervisor Name

Description of Work

Reason for Leaving

Were You Disciplined for Any Reason or Asked to Resign? No ☐ Yes ☐

If Yes, Describe the Circumstances

Duplicate This Page to Add Subsequent Employment Records

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Name and Address of Employer

Dates Employed

Phone Number

Full Time ☐ Part Time ☐

Pay Rate

Per

Title of Your Position

Immediate Supervisor Name

Description of Work

Reason for Leaving

Were You Disciplined for Any Reason or Asked to Resign? No ☐ Yes ☐

If Yes, Describe the Circumstances

Duplicate This Page to Add Subsequent Employment Records

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Name and Address of Employer

Dates Employed

Phone Number

Full Time ☐ Part Time ☐

Pay Rate

Per

Title of Your Position

Immediate Supervisor Name

Description of Work

Reason for Leaving

Were You Disciplined for Any Reason or Asked to Resign? No ☐ Yes ☐

If Yes, Describe the Circumstances

Duplicate This Page to Add Subsequent Employment Records

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MILITARY RECORD

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

Yes ☐ No ☐

If Yes, Branch of Military Service

Type of Separation

Character of Service

Dates of Service

From To

Last Duty Assignment and Major Command

Separation Code

If You Are a Member of a National Guard or Reserve Unit, List Drilling Unit and Location

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REFERENCES AND SOCIAL AQUAINTANCES

List references and social acquaintances (not relatives or present employers, fellow employees, or schoolteachers) who are responsible adults of reputable standing in their community, such as property owners, business professionals such as your physician, who have known you during the past five years. If retired, give their former occupation.

Complete Name
Home Address
Business Address
Home Phone
Business Phone
Occupation
Years Acquainted

Complete Name
Home Address
Business Address
Home Phone
Business Phone
Occupation
Years Acquainted

Complete Name
Home Address
Business Address
Home Phone
Business Phone
Occupation
Years Acquainted

Complete Name
Home Address
Business Address
Home Phone
Business Phone
Occupation
Years Acquainted

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FINANCIAL STATUS

Do you have any sources of income other than your salary or that of your spouse?

Yes ☐ No ☐

If yes, specify each with the amount.

Have you ever been in or petitioned for bankruptcy?

Yes ☐ No ☐

If yes, list the court and date.

Have you ever been served or involved in a civil action for garnishment of wages or property?

Yes ☐ No ☐

If yes, list the court and date.

Have you ever been a plaintiff (unrelated to law enforcement employment) or defendant in a court action? Yes ☐ No ☐

If yes, list the date, place, court, names of involved parties, nature of the action, and final disposition.

Have you ever been charged with a felony or misdemeanor crime?

Yes ☐ No ☐

If yes, list the charges, date, location, agency involved, and disposition.

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FRIENDS OR RELATIVES EMPLOYED BY THE CITY OF HELENA

List the names and departments of anyone you know employed by the City of Helena.

Complete Name	Department	Relationship

PERSONAL DECLARATIONS

Do you use intoxicants, including alcohol? Yes ☐ No ☐

If yes, to what extent?

Do you use, or have you ever used drugs such as marijuana, THC, hashish, cocaine, LSD, amphetamines, heroine, or drugs of a similar nature? Yes ☐ No ☐

If you answered yes, complete the following questions.

Drug used	
How taken	
Circumstances	
How many times used	
First time used	
Last time used	

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List the names of any Federal, State, County, or Local law enforcement agencies to which you have applied for employment, and the dates.

Agency	Date Applied	Agency	Date Applied

Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, subversive, or which has adopted or shows a policy of advocating or approving the commission of acts of 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 U. S. by unconstitutional means?

Yes ☐ No ☐

If yes, explain.

An investigation will be conducted of all information listed in this application. Are you aware of any information about yourself or any person with whom you are or have been closely associated with that might reflect unfavorably on your reputation, morals, character, ability, or loyalty?

Yes ☐ No ☐

If yes, explain.

Do you understand that all prospective Helena Police Department employees will be required to submit to a urinalysis for drug abuse prior to employment?

Yes ☐ No ☐

Have you previously submitted an application for employment with the Helena Police Department?

Yes ☐ No ☐

If yes, give the date. ☐

Earliest date available for employment ☐

How much notice do you need? ☐

I understand that appointment to a support position does not assure me of being offered a Police Officer appointment in the future even if I meet the basic requirements for this position.

Yes ☐ No ☐

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I understand that I may be requested to take a Polygraph and or psychological examination during the processing of my application and, if hired, after employment to assist in determining my suitability for employment or to resolve issues directly related to my employment.

I understand that all appointments are probationary for a period of one year during which I must demonstrate my fitness for committed employment by the Helena Police Department.

I also understand that in many parts of the Police Department, it is necessary to establish regular evening and midnight shifts of which I must be completely available for such assignments. I further understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be basis for dismissal from the Helena Police Department. I agree to these conditions and l hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

Signature of Applicant	Date

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City of Helena, A Municipal Corporation

Pre-Employment Substance Abuse Testing

Consent and Release Form

I do hereby certify that I have been given notice of the City of Helena's pre-employment substance testing policy, that I have been provided with access to a copy of the City of Helena's Alabama Drug Free Workplace policy statement, and that I have read or waived my right to read it. I hereby freely and voluntarily consent to submit to urinalysis and/or other screening or tests as shall be determined by the City of Helena in the selection process of final applicants for employment for the purpose of determining the presence and content of any or all of the following substances:

Amphetamines, Cannabinoids, Cocaine, Phencyclidine, Opiates, Methadone, Methaqualone, Barbiturates, Benzodiazepines, and or Propoxyphene.

I agree that the employer representative, collection site, physician, or clinic may collect these specimens for screening or testing and screen them or forward them to a testing laboratory designed by the City of Helena for analysis. I further agree to and hereby authorize the release of the results of said tests to the City of Helena and to the City of Helena's Medical Review Officer and its agents as provided in the policy statement. I further agree to release and hold harmless the City of Helena and its agents individually and collectively, including each person or business entity involved in the sample request, collecting, screening, testing, evaluation, and reporting; and for any decisions, adverse or otherwise, made concerning my application for employment based on the screening or test results.

I understand that a negative screen or test is a pre-condition of employment with the City of Helena and that the refusal to submit to screening or testing, or a positive screen or test result will result in the rejection of my application, or the rescinding of a conditional offer of employment, as described in the City of Helena's Alabama Drug Free Workplace Policy Statement. I also understand that it is not the purpose of this screen or test to identify any disability I may have and that pre-employment screening activities are conducted in compliance with ADA requirements. I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant Printed Name	Social Security Number
Applicant Signature	Date
Witness Printed Name	Witness Signature

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City of Helena

Police Department

Applicant Affidavit of Alabama POST Certification

And

Basic Law Enforcement Overall Course Average Grade

Notice to Applicant: The information requested on this form is required in order to process your request to be placed on the City of Helena Police Department Eligible Candidates List. All information requested must be provided or this request will not be processed. Providing the requested information regarding an applicant's Basic Academy Overall Course Average Grade is the responsibility of the applicant. If there is some doubt regarding this grade, the applicant should contact the Alabama Peace Officers' Standards and Training Commission (APOSTC) at (334) 242-4045. The City will verify the information contained on this form through APOSTC prior to employment consideration. Any discrepancies between the applicant's records and the APOSTC records must be resolved by the applicant and APOSTC prior to the addition of the applicant's name to any police department eligible candidates list. Records and grades maintained by APOSTC will be considered official and final. Inaccuracies or incorrect information provided by the applicant on this form may result in automatic disqualification from consideration for employment and removal of the applicant's name from any police department eligible candidate list.

Applicant Information

Name	
Date of Birth	
Social Security Number	
APOSTC Certification Number	
Law Enforcement Academy Attended	
Academy Session Number	
Dates of Academy Attendance	
Basic Academy Overall Course Average Grade	

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I, _____ , by signature hereby affixed, do affirm the accuracy of the information I have provided on this document and further recognize that any mis-statement, mis-representation, or inaccuracy of the information required on this document will automatically disqualify me from consideration for a position with the Helena Police Department and will result in the removal of my name from all Police Department Eligible Candidates Lists. I further agree that a copy of the separate "Authority to Release Information" form I have signed shall authorize APOSTC to release and all information in their records pertaining to me.

Applicant Signature _____

Date _____

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AUTHORITY TO RELEASE INFORMATION

To whom it may concern,

I hereby authorize any police officer or other authorized representative of the Helena Police Department bearing this release, or copy thereof, within three years of its date to obtain any information in your files pertaining to my employment, military, credit, or educational records including but not limited to academic, achievement, attendance, athletic, personal history, disciplinary records, medical records, and credit records. I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Helena Police Department. Consent is granted for the Helena Police Department to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, 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. I am furnishing my Social Security Number on a voluntary basis with the understanding such is not required by State statute or regulation. I have been advised the Helena Police Department will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name	
Signature	
Date	
Social Security Number	
Date of Birth	
Phone Number	