

**APPLICATION FOR EMPLOYMENT**

Escambia County Sheriff's Office  
316 Court Street  
Brewton, AL 36426

Please attach a recent photograph of yourself to this application. OR A COPY OF YOUR DRIVERS LICENSE.

All sworn deputies hired by the Sheriff of Escambia County must be certified by the Alabama Peace Officers Standards and Training Commission (APOST). All employees who are hired uncertified must become APOST certified within six months of being hired. Sworn personnel will remain on probationary status for six months after graduating from the police academy or one year from employment date, whichever is greater. Uncertified sworn applicants must complete a physical agility test prior to being offered a job.

All employees will remain on probationary status for a period of one year and are subject to being released from duty without cause by the Sheriff.

A medical screening (physical) and drug test will be conducted during your probationary period.

\*\*\*\*\*Briefly explain why you would like to be an employee of the Escambia County Sheriff's Office in the space provided. \*\*\*\*\*

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**Note: Applications must be written instead of typed.**

**ENTER SOCIAL SECURITY NUMBER BELOW**

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**POSITION:**

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

First Middle Last

Address \_\_\_\_\_

House or Apartment Number Street

City State County Zip Code

Telephone Number: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

**The following information is required for governmental reporting or record keeping purposes:**

Date of Birth \_\_\_\_\_ Sex (check one) 1. ( ) Male 2. ( ) Female

(Month) (Day) (Year)

Race (check one) 1, ( ) White 2. ( ) Black 3. ( ) Hispanic 4. ( ) Asian or Pacific Islander 5. ( ) American Indian or Alaskan Native 6. ( ) Other

**EDUCATION:**

**CIRCLE OR BRACKET THE HIGHEST GRADE OF SCHOOL COMPLETED**

High School Diploma or GED? ( ) Yes ( ) No 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

**PROVIDE INFORMATION ON ALL SCHOOLS ATTENDED. SPECIFY UNDERGRADUATE OR GRADUATE WORK.**

Name and Location of School	Dates of Attendance		Credit Hours		Did You Graduate?		Type of Degree and Date	Major
	From	To	Sem	Qtr.	Yes	No		
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

**PROFESSIONAL LICENSE OR CERTIFICATE**

License/Certificate Issued By \_\_\_\_\_ Field/Trade/Specialization \_\_\_\_\_ License/Certificate No. \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

**LIST COURSES (AND HOURS) WHICH ARE PARTICULARLY RELATED TO THE POSITION (attach additional sheets, if needed)**

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\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION STATEMENT**

I certify that all statements on or attached to this application are true and correct to the best of my knowledge. I know any false statements may cause me to be denied employment. I further authorize the release of all relevant prior employment, military service, academic/school and criminal records. If employed I agree, consistent with applicable laws, to receive compensatory time off in lieu of overtime compensation for overtime hours worked.

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

List three reliable persons, not relatives or present employer, who you know well enough to give information about you.		
NAME	ADDRESS AND PHONE NUMBER	EMPLOYER

Have you ever been involuntarily terminated, discharged, forced or asked to resign from any job? ( ) Yes ( ) No  
 If you answered Yes to the above question, attach an explanation on a separate sheet noting any mitigating or extenuating circumstances.  
 Have you ever been convicted of a misdemeanor or felony crime? ( ) Yes ( ) No  
 If you answered Yes to the above question, list in the space below all prior misdemeanor and felony convictions and any mitigating or extenuating circumstances regarding such convictions. If necessary, you may use a separate sheet or sheets and attach to application.

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**NOTE: A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO CONSIDERATION FOR EMPLOYMENT, EXCEPT THAT A FELONY CONVICTION WILL BAR EMPLOYMENT IN A LAW ENFORCEMENT JOB; THE DISCLOSURE OF A MISDEMEANOR CONVICTION WILL NOT AUTOMATICALLY RESULT IN DISQUALIFICATION. CRIMINAL HISTORIES WILL BE SUBMITTED TO THE NATIONAL CRIME INFORMATION CENTER (NCIC) FOR VERIFICATION. FAILURE TO DISCLOSE A CONVICTION MAY BE CONSIDERED GROUNDS FOR DISQUALIFICATION. FOR THESE REASONS, APPLICANTS SHOULD BE CAREFUL TO DISCLOSE ALL CRIMINAL CONVICTIONS.**

**WORK HISTORY**

**THIS SECTION MUST BE COMPLETED REGARDLESS OF WHETHER OR NOT A RESUME' IS ATTACHED**

Begin with your PRESENT or most recent employment. List in REVERSE ORDER periods of employment. **Each time you changed jobs or your title changed should be listed as a separate period.** Describe in detail your duties. (Attach additional sheets if needed.)

Current or Last Employer				Your Official Job Title		
Address				Type of Business		
FROM	TO	Total	Number of Hours	Beginning Salary	Ending Salary	May we contact your
Month	Year	Months	Per Week	\$_____per_____	\$_____per_____	( ) Yes ( ) No
Number/Title of Employees You Supervised On a Continuing Basis				Equipment You Operated		
Name, Title and Telephone Number of Supervisor				Reason for Leaving		
Describe Your Duties in Detail						

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current or Last Employer				Your Official Job Title		
Address				Type of Business		
FROM	TO	Total	Number of Hours	Beginning Salary	Ending Salary	May we contact your
Month	Year	Months	Per Week	\$_____per_____	\$_____per_____	( ) Yes ( ) No
Number/Title of Employees You Supervised On a Continuing Basis				Equipment You Operated		
Name, Title and Telephone Number of Supervisor				Reason for Leaving		
Describe Your Duties in Detail						

Current or Last Employer				Your Official Job Title		
Address				Type of Business		
FROM	TO	Total	Number of Hours	Beginning Salary	Ending Salary	May we contact your
Month	Year	Months	Per Week	\$_____per_____	\$_____per_____	( ) Yes ( ) No
Number/Title of Employees You Supervised On a Continuing Basis				Equipment You Operated		
Name, Title and Telephone Number of Supervisor				Reason for Leaving		
Describe Your Duties in Detail						

Current or Last Employer				Your Official Job Title		
Address				Type of Business		
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Month	Year	Months	Per Week	\$_____per_____	\$_____per_____	( ) Yes ( ) No
Number/Title of Employees You Supervised On a Continuing Basis				Equipment You Operated		
Name, Title and Telephone Number of Supervisor				Reason for Leaving		
Describe Your Duties in Detail						

5. USING THE ABOVE FORMAT, SHOW OTHER EXPERIENCE BY USING ADDITIONAL SHEETS