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 exp the space provided. * | plain why you would like to be an employee of the Escambia County Sheriff's Office is *********************************** |
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APPLICATION FOR EMPLOYMENT

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

Note: Applications must be written instead of typed.

| ENTER SOCI | AL SECURITY NUMBER BE | LOW |
|---|---|---|
| |]- | |
| 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 require | ed for governmental reporting o | r record keeping purposes: |
| Date of Birth (Month) (Day) (Year) | Sex (check one) 1. (|) Male 2. () Female |
| Race (check one) 1, () White 2. () Black 3. () Hispanic $^{\prime}$ | 4. () Asian or Pacific Islander 5. () America | an Indian or Alaskan Native 6. () Other |
| EDUCATION: High School Diploma or GED? () Yes () No | CIRCLE OR BRACKET THE HIGHEST 1 2 3 4 5 6 7 8 9 10 | |
| PROVIDE INFORMATION ON ALL SCHOO | LS ATTENDED. SPECIFY UNDERGRA | ADUATE OR GRADUATE WORK. |
| Name and Location of School From | Year Hours | Did You Graduate? Type of Degree Yes No and Date Major ——————————————————————————————————— |
| PROFESS License/Certificate Issued By Field/Trade/Special | SIONAL LICENSE OR CERTIFICATE alization License/Certificate No. | Issue Date Expiration Date |
| | | |
| | ERTIFICATION STATEMENT | - |
| I certify that all statements on or attached to this applic | | |
| cause me to be denied employment. I further authorize the records. If employed I agree, consistent with applicable lav | | |
| worked. | | |

Date _

Signature _

| st three reliable persons, not relatives or preser | t employer, who you know | well enough to give inform | ation about you. | |
|--|---|--|---|---|
| NAME | ADDRESS AND | PHONE NUMBER | EMPLO | OYER |
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| ve you ever been involuntarily terminated, on answered Yes to the above question, attave you ever been convicted of a misdemean ou answered Yes to the above question, list turnstances regarding such convictions. If n | ach an explanation on a sep or or felony crime? () in the space below all prior | parate sheet noting any m Yes () No or misdemeanor and felon | itigating or extenuating cir y convictions and any miti | |
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| Social Se | curity Number: | | · | | |
|---|---------------------------------|----------------------|----------------------------------|--|--|
| Current or Last Employer | Your Official Job Title | | | | |
| Address | Type of Business | | | | |
| FROM TO Total Number of Hour Month Year Months Per Week | | Ending Salary \$per | May we contact your Employer? | | |
| Number/Title of Employees You Supervised | \$per Equipment You Operated | \$per | . () ies () ivo | | |
| On a Continuing Basis Name, Title and Telephone Number | Reason for Leaving | | | | |
| of Supervisor Describe Your Duties in Detail | | | | | |
| Describe four Duties in Detail | | | | | |
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| Current or Last Employer | Your Official Job Title | | | | |
| Address | Type of Business | | | | |
| FROM TO Total Number of Hou | | Ending Salary | May we contact your | | |
| Month Year Month Year Months Per Week | | | Employer? | | |
| Number/Title of Employees You Supervised | \$per Equipment You Operated | \$per | () Yes () No | | |
| On a Continuing Basis | | | | | |
| Name, Title and Telephone Number of Supervisor | Reason for Leaving | | | | |
| Describe Your Duties in Detail | ı | | | | |
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| Current or Last Employer | Your Official Job Title | | | | |
| Address | Type of Business | Type of Business | | | |
| FROM TO Total Number of Hour Month Year Months Per Week | | Ending Salary | May we contact your Employer? | | |
| Number/Title of Employees You Supervised | \$per Equipment You Operated | \$per | () les () No | | |
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| Name, Title and Telephone Number of Supervisor | Reason for Leaving | Reason for Leaving | | | |
| Describe Your Duties in Detail | | , | | | |
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5. USING THE ABOVE FORMAT, SHOW OTHER EXPERIENCE BY USING ADDITIONAL SHEETS