



HALE COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT

1001 Main Street, Suite 18 • Greensboro, AL 36744

Telephone – (334) 624-3081

Email – admin@halecoso.com

AN EQUAL OPPORTUNITY EMPLOYER

The Hale County Sheriff's Office accepts applications for employment without regard to race, color, religion, creed, gender, national origin, disability, marital status, veteran status, or any other legally protected status.

IMPORTANT

Print clearly in black ink or type. Answer each question fully and accurately. **Incomplete applications will not be considered.** All information on your application is subject to verification. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

This application will become void 90 days after you submit it, or when the position for which you applied is filled, or when you accept other employment, whichever occurs first.

Any misrepresentations, deceit, or omissions on your application could result in automatic disqualification. All sections in this employment application are applicable to you regardless of position for employment you are applying for.

If you have any questions regarding information on this application, please contact the Chief Deputy at 334-624-3081

1. PERSONAL DATA

Last Name			First Name			Middle Name			
Social Security Number			Driver License Number			Driver License State			
Home Phone: (Include Area Code)			Cellular Phone: (Include Area Code)			E-Mail Address			
A. Present Address: _____									
House / Apartment Number / PO Box #			City		State		Zip Code		County
B. Mailing Address, if different: _____									
House / Apartment Number / PO Box #			City		State		Zip Code		County

2. POSITION APPLIED FOR

		Date of Application	Date Available to Start	List all other names/nicknames that you were known as that would enable us to check your education/experience: 1. _____ 2. _____ 3. _____

BACKGROUND INFORMATION

THIS INFORMATION IS REQUIRED TO CONDUCT BACKGROUND INVESTIGATION ONLY!

1. Date and Place of Birth:

Date of Birth City County State Country (if not the United States)

2. Are you a United States citizen? Yes No

If naturalized, please provide:

Date Place

Court Naturalization No.

3. Marital Status: Married Divorced Separated Widowed Never Married

Name of Spouse _____ Date of Birth _____ Place of Birth _____ SSN _____

Date Married _____ Place Married _____

4. Do you have or have you ever applied for a passport? Yes No Passport No. _____

5. Height: _____ Weight: _____

EDUCATION/TRAINING

1.	High School Name/Address	Dates Attended Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
		From	To			

2.	*College/University Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
		From	To	Qtr.	Sem.		

*Attach diploma or official transcript from last institution of higher education attended.

Major _____ Minor _____

3. Other Schools (Trade, Vocational, Business or Military):

Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				

4. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school:

5. Indicate any foreign languages you can Speak:

Read:

Write:

Fluent	Good	Fair

6. Indicate any law enforcement education/training:

7. Did you receive a certificate for this training? Yes No Certificate Number: _____

8. Has you're A.P.O.S.T law enforcement certificate ever been suspended, revoked, relinquished or subject to discipline or investigation? Yes No If yes, explain.

9. Describe any special abilities, interests, and hobbies including the degree of proficiency:

10. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

11. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms, computers):

12. Have you had any training/education with K-9s? Yes No If yes, provide details:

13. Would you be willing to be transferred to a K-9 unit, if necessary? Yes No
 (I understand that there is a stipend pay grade devoted to the care and maintenance of the animal.)

EMPLOYMENT HISTORY

1. List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	Dates Worked Mo./Yr.		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	From	To				
Name Address City, State, Zip Area Code & Phone No.				Full Part-Time		
Name Address City, State, Zip Area Code & Phone No.				Full Part-Time		
Name Address City, State, Zip Area Code & Phone No.				Full Part-Time		
Name Address City, State, Zip Area Code & Phone No.				Full Part-Time		
Name Address City, State, Zip Area Code & Phone No.				Full Part-Time		

ARREST HISTORY/COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? Yes No
2. Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)? Yes No
3. To your knowledge, has any member of your immediate family ever been arrested for other than traffic violations? Yes No If yes to question #1, #2 or #3, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (Include your juvenile record and records of your arrest(s) which have been sealed, if any.)

Date	Place & Department	Charge	Court & Place	Disposition

Provide details for each response to question #1, #2, or #3:

4. Have you or your spouse ever been a plaintiff or defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) Yes No If you answered yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition.

5. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? Yes No

6. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No
If yes to questions #5 or #6, please provide details.

USE OF ILLEGAL DRUGS AND DRUG ACTIVITY

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully. Your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

- | | YES | NO |
|--|-----|-----|
| 1. Have you used any illegal drug (including any narcotic or controlled substance, such as, but not limited to, cocaine, crack cocaine, hashish, narcotics (opiates, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PDP, etc.), or prescription drug within the past 10 years, or has been engaged in more than minimal experimentation in your lifetime? All relevant facts, including the frequency of use, will be evaluated to determine suitability for employment. | ___ | ___ |
| 2. Have you used marijuana/cannabis within the past three years, or over a substantial period of time? All relevant facts, including the frequency of use, will be evaluated to determine suitability for employment. | ___ | ___ |
| 3. Have you abused or illegally obtained, possessed or sold any prescription drug within the past year? All relevant facts, including the frequency of use, will be evaluated to determine suitability for employment. | ___ | ___ |
| 4. Have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving or sale of any narcotic, depressant, stimulant, hallucinogen or cannabis for your own intended profit or that of another? | ___ | ___ |

If you answered "Yes" to 1, 2 or 3 above, provide the date(s), identify the controlled substance(s) and/or prescription drug used, and the number of times each was used:

Month/Year	Month/Year	Controlled Substance/Px Drug Used	Number of Times Used
_____	to _____	_____	_____
_____	to _____	_____	_____

USE OF ALCOHOL

In the last five years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol related treatment or counseling (such as for alcohol abuse or alcoholism)? Y or N

If you answered "Yes," provide dates of treatment, name and address of Counselor or Doctor:

Month/Year	Month/Year	Controlled Substance/Px Drug Used	Number of Times Used
_____	to _____	_____	_____
_____	to _____	_____	_____

DRIVING HISTORY

1. Are you a licensed Alabama automobile operator? Yes No License No.: _____

Date of Expiration: _____ Restrictions: _____

2. Do you hold or have you ever held an operator or chauffeur license in another state? Yes No If yes, please provide state(s), name used and approximate dates license(s) was/were held.

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?

Yes No If yes, please provide complete details including why license was revoked.

4. Have you ever had automobile insurance refused, withdrawn, or revoked? Yes No If yes, please provide complete details.

MILITARY HISTORY

1. Are you registered for Selective Service? Yes No

If yes, your Selective Service Number: _____

Classification: _____ Date of Classification: _____

Address of Local Board: _____

2. Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Service: _____ Highest Rank: _____

Serial #: _____ Duty Dates: From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

3. Date and type of discharge: _____

4. Are you now or have you ever been a member of a reserve unit or the National Guard? Yes No

5. If yes state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

6. Was any type of disciplinary action taken against you in the service? Yes No If yes, please provide:

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

7. Have you ever served in the Armed Forces of a foreign country. Yes No If yes, please specify countries and dates.

BUSINESS INTERESTS & LICENSES

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? Yes No

2. Are you now issued or have you ever been issued a license to engage in a business or profession? Yes No

3. Was license ever cancelled, relinquished, suspended or revoked? Yes No
If yes to question #1, #2 or #3, please provide details including the type of license or certificate, the agency that issued the license, effective date of license and license number. tails including why license was revoked.

CREDIT DATA

1. Do you have any sources of income other than your salary or the salary of your spouse? Yes No
Specify each with an estimated annual amount.

2. Have you, your spouse, or a company controlled by you filed for bankruptcy? Yes No,
or had a legal judgment rendered against you for a debt? Yes No
Have you, or your spouse ever been subject to a tax lien? Yes No
If yes to any of these questions, please provide details.

ORGANIZATION MEMBERSHIP

1. List all clubs, societies of which you are or have been a member:

Name	City & State	Former	Present (list position held & describe activity)

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or 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 United States by unconstitutional means? Yes No

3. Have you ever made a financial or other material contribution to any organization of the type described in question #2 above? Yes No If yes to question #2 or #3, answer questions #4 and #5 also.

4. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? Yes No

5. Did you intend to promote any unlawful aims of the organization? Yes No If yes to question #2, #3, #4, or #5, explain including name of organization and location.

TRAFFIC HISTORY

1. In the past ten (10) years, have you received any traffic or parking citations? Yes No

2. Has your driver's license ever been suspended or revoked? Yes No

Date	Charging Agency	Violation	Final Disposition	Details

Explanations:

PERSONAL REFERENCES & ACQUAINTANCES

1. Personal References: Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
Yrs. Acq.		Business Address: _____
Occupation		City, State & Zip: _____
Yrs. Acq.		Business Phone: () _____
Occupation		Business Address: _____
Yrs. Acq.		City, State & Zip: _____
Occupation		Business Phone: () _____

2. Social Acquaintances: Give three (3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
Yrs. Acq.		Business Address: _____
Occupation		City, State & Zip: _____
Yrs. Acq.		Business Phone: () _____
Occupation		Business Address: _____
Yrs. Acq.		City, State & Zip: _____
Occupation		Business Phone: () _____

RELATIVES

1. All applicants must give complete information concerning their relatives. If you have been married more than once, give the requested information concerning each former husband or wife. Include step related persons.

Complete Name (No initials) and Address of All Relatives to include step related	Occupation, including name and address of firm where employed, if applicable	Date and place of Naturalization, if applicable
A. Father Name: _____ Address: _____ Date of Birth: _____	Deceased	
B. Mother Name: _____ Address: _____ Date of Birth: _____	Deceased	
C. Husband/Wife Name: _____ Address: _____ Date of Birth: _____	Deceased	
D. Children	Deceased	
1. Name: _____ Address: _____ Date of Birth: _____	Deceased	
2. Name: _____ Address: _____ Date of Birth: _____	Deceased	
3. Name: _____ Address: _____ Date of Birth: _____	Deceased	
4. Name: _____ Address: _____ Date of Birth: _____	Deceased	
5. Name: _____ Address: _____ Date of Birth: _____	Deceased	
6. Name: _____ Address: _____ Date of Birth: _____	Deceased	

RELEVANT DATA

1. Have you ever applied to or been employed by Hale County Sheriff's Office? Yes No

If you have been, please check box below - give dates and positions(s) held:

Employed - Position: _____ Employed from: _____ to _____

If you applied to the Hale County Sheriff's Office, but were not hired, please check box below:

Position Previously Applied for _____ Date: _____

2. Do you have relatives employed by Hale County Sheriff's Office? Yes No

If Yes, please list names, relationships and occupations:

I understand that this application will become void 90 days after I submit it, or when the position for which I apply is filled, or when I accept other employment, whichever comes first.

In the event of employment, I understand that any false or misleading information given in my application or interview(s) may result in my discharge.

In the event of employment, I understand that I am required to abide by all the rules and regulations of the Hale County Sheriff's Office.

I certify that all the answers given within this application are true and complete to the best of my knowledge.

Signature of Applicant

Date

REQUIRED DOCUMENTS

ATTACHED

- | | | |
|--|-----|----|
| 1. Copy of High School Diploma or General Equivalency Certificate | Yes | No |
| 2. Copy of Current Drivers License (Affix to the space provided below) | Yes | No |
| 3. Copy of DD-214 - For military service, (Member - 4 format, Copy Only) | Yes | No |
| 4. Copies of all training certifications (example: police academy, etc.) | Yes | No |
| 5. Current Color Photograph (Affix to the space provided below) | Yes | No |
| 6. Did you supply all information requested in this application? | Yes | No |

All transcripts should be received by the Hale County Sheriff's Office in a sealed envelope from the learning institution.

Attention all Applicants

Attach a photocopy of
your drivers license
in this space

Attach a
current
color
photograph
here

FOR PERSONNEL OFFICE USE ONLY

Date Returned

Accepted by

AUTHORITY TO RELEASE INFORMATION

THIS FORM MUST BE NOTARIZED!

Read the following release form carefully and enter your signature, current address, telephone number, date of birth, social security number and the date in the designated spaces.

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Hale County Sheriff s Office Greensboro, Alabama. The County needs to investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the publics interest that all relevant information concerning my personal and employment history is disclosed to Hale County.

I hereby authorized any representative of the Hale County Sheriff s Office bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Hale County Sheriffs Office, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Hale County Sheriffs Office to consider in determining my suitability for employment. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigation and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of organization, 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 direct you to release such information upon request of the duly accredited representative of the Hale County Sheriff s Office regardless of any agreement I may have made with you previously to the contrary. The organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Hale County Sheriffs Office acceptance and processing of my application for employment, I agree to hold the Hale County Sheriffs Office, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Hale County Sheriffs Office. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Hale County Sheriffs Office in conjunction with employment procedures. A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one (1) year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys fees, arising out of or by reason of complying with this request.

Print Name: _____

Signature: _____

Current Address: _____

Date of Birth: _____

Social Security Number: _____

Home Telephone: _____

Work Telephone: _____

STATE OF _____

COUNTY OF _____

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named _____, who acknowledged to me that he/she signed and delivered the above foregoing waiver on the date therein mentioned and for the purpose therein expressed.

Sworn to and subscribed before me this _____ day of _____, 20_____.

My Commission Expires:

Notary Public

**THIS PAGE IS FOR THE POSITION OF
SWORN POLICE OFFICER**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the occupation of a police officer? YES NO If No, you are to explain on a separate sheet of paper.

I understand that all appointments are probationary for a period of up to one (1) year, during which time I must demonstrate my fitness for continued employment by the Hale County Sheriffs Office. I also 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 the basis for dismissal from the Hale County Sheriff s Office and I agree to these conditions.

I also certify that I have never been convicted of the misdemeanor crime of **Domestic Violence** and that I am not prohibited from carrying a weapon or ammunition for any reason.

(Signature of Applicant)

STATE OF ALABAMA _____

COUNTY OF _____

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named _____, who, being by me first duly sworn, states upon his oath that the matters and things set forth in the above and foregoing application for employment are true and correct as therein stated.

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, 20_____.

My Commission Expires:

Notary Public

CONFIDENTIAL EMPLOYEE HISTORY

**THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL
AND WILL NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION.**

1. Applicant's Current Address:

Address			
City ()	County	State	Zip Code
Telephone Number			

2. Applicant's Social Security Number: _____ - _____ - _____

3. Spouse's Name and Address (if different):

Name			
Address			
City	County	State	Zip Code

4. Children's Names and Ages:

Name	Date of Birth	Address (if different than applicants)

5. Former Spouse(s) Name and Address:

Address			
City ()	County	State	Zip Code
Telephone Number			

6. Are you now able to participate in defensive tactics, firearms or physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the position for which you applied?
Yes No

7. This position may require physical agility test, if such a test or examination is required, would you be able to take this test or examination? Yes No

8. Please provide name and address of next of kin or other person to be contacted in case of an emergency:

Address			
City ()	County	State	Zip Code
Telephone Number			

9. Please provide the name and address of your personal or family physician to be contacted in case of an emergency:

Address			
City ()	County	State	Zip Code
Telephone Number			

APPLICANTS CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Sheriff's Office and that it and the information received in response to the background examination are public records.

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test and that I may be required to take drug tests during the term of my employment or appointment with the Sheriff's Office.

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment or appointment may be contingent upon the results of medical tests that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the Sheriff's Office.

I further authorize the Sheriff's Office or agent of the Sheriff's Office, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law.

I further agree to execute any authorization as may be required by the Health Insurance Portability Accountability Act of 1996 (HIPAA) for health care providers to release the necessary medical information to process my application for employment.

I understand and agree that any employment or appointment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, that the Sheriff or his Chief Deputy has the absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Sheriff's Office and I release all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office.

I agree to conform to the rules, regulations and orders of the Sheriff's Office and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me.

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability? Yes No
If yes, provide your version or explain fully any such incident.

Signature of the Applicant

Date

BACKGROUND INVESTIGATION WAIVER
Authority for Release of Information

TO: Concerned Person or
Authorized Representative of
Any Organization, Institution
or Repository of Records

APPLICANTS NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFO: _____

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, education institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and 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. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

Applicants Signature

Date

Applicants Address

AFFIDAVIT

STATE OF ALABAMA, COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, _____. My commission expires on _____.

Notary Public

Personally Known - or - Produced Identification

Type of Identification Produced: _____