

8. Have you ever made application for employment with any police agency?

YES ___ NO ___ If yes, list departments and dates of application:

9. List your addresses for the past 10 years, beginning with your present address:

| Dates | | Address of Residence | City | State |
|-------|------|----------------------|------|-------|
| To | From | | | |
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10. Give names and addresses of three reliable persons, other than relatives or past employers, who know you well enough to furnish information about you.

| Name | Address | Phone |
|------|---------|-------|
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11. Do you now, or have you ever used or experimented with any narcotic or barbiturates which were not medically prescribed for you? YES ___ NO ___

12. Do you now, or have you ever used alcohol habitually? YES ___ NO ___

13. Do you possess a valid driver's license for the State of Alabama? YES ___ NO ___

Was your license ever revoked or suspended? YES ___ NO ___ If yes, explain:

Have you ever held a driver's license in another state? YES ___ NO ___

If yes, was it ever suspended or revoked? YES ___ NO ___

14. Have you ever been arrested for violation of any law, ordinance, police or military regulation, including traffic violations? (NOTE: The existence of an arrest record is NOT automatic bar to acceptance; the appointing authority will consider each record in the context of law enforcement employment and the applicant's ability to establish credibility in such employment.)

YES ___ NO ___ If yes, explain:

| Type of Charge or Citation | Police Dept | Date | Disposition |
|----------------------------|-------------|------|-------------|
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PLEASE READ CAREFULLY BEFORE SIGNING:

I HEREBY CERTIFY THAT I HAVE NEVER BEEN A MEMBER OF ANY ORGANIZATION OR GROUP WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES OF AMERICA BY UNCONSTITUTIONAL MEANS. I FURTHER CERTIFY THAT ALL ANSWERS TO THE QUESTIONS HEREIN ARE TRUE AND I UNDERSTAND THAT ANY MISSTATEMENT OF MATERIAL FACTS CONTAINED IN THIS APPLICATION WILL CAUSE FORFEITURE UPON MY PART OF ALL RIGHTS TO PARTICIPATION IN THE JEFFERSON COUNTY SHERIFF'S DEPARTMENT RESERVE PROGRAM. I UNDERSTAND THAT THIS APPLICATION AND ALL PAPERS IN CONNECTION WITH THIS PROGRAM SHALL BE CONFIDENTIAL RECORDS OF THE SHERIFF'S DEPARTMENT.

DATE SIGNED _____ SIGNATURE _____