# APPLICATION FOR EMPLOYMENT
# CITY OF OXFORD
## OXFORD CIVIL SERVICE BOARD

P.O. Box 3383 / 600 STANLEY MERRILL DRIVE
OXFORD, ALABAMA 36203
OFFICE #256-831-3730 FAX #256-241-3338

**PLEASE PRINT AND COMPLETE ALL SPACES IN INK

**DO NOT WRITE IN THIS SPACE**

INSTRUCTIONS: Applications must be received by the Civil Service Board or post marked on or before the closing date indicated on the announcement. A separate application is required for each examination.

**OFFICE USE ONLY**

| RECEIVED | EXAM DATE | CERTIFIED |
|---|---|---|
| | | |
| **A.E.P.** | **TEST** | **GRADE** |
| | | |

1. POSITION APPLYING FOR:

**CORRECTIONS OFFICER**

2. YOUR FULL NAME:

3. PHYSICAL ADDRESS:

4. EMAIL ADDRESS:

4. CITY STATE ZIPCODE

5. PHONE NUMBER

6.

How long have you lived at your current address? _____ Driver's License # _____

Are you a Veteran? YES _____ NO _____ What branch? _____

Are you legally authorized to work in the U.S. and the State of Alabama? YES_____ NO_____

7.

Have you ever been convicted of any offense other than a minor traffic violation?

YES ☐ NO ☐

Conviction is not necessarily disqualifying. Give the facts and dates of your conviction(s) in space 8.

8. Use this space to explain any items in Spaces 1-7.

**YOU ARE REQUIRED TO COMPLETE APPLICATION, FRONT AND BACK, WHETHER YOU SUBMIT A RESUME OR NOT.

9. EDUCATION

A. Did you graduate from high school?

| YES | NO |
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| YOUR NAME AS LISTED ON YOUR HIGH SCHOOL DIPLOMA |
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B. If you have a high school equivalency certificate, give the location the certificate was granted.

| CITY, STATE | FACILITY |
|---|---|
| | |

C. Give last high school, grade school, or trade school you attended.

| NAME OF SCHOOL | LOCATION | FOCUS | HONORS RECEIVED |
|---|---|---|---|
| | | | |
| | | | |

D. List any colleges, business schools, or technical school you attended.

| NAME OF SCHOOL | LOCATION | COURSE OR MAJOR | DEGREE OR CERTIFICATE RECEIVED |
|---|---|---|---|
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E. Other **TRAINING/SKILLS** (special courses, work training programs, armed forces training). Give name and location where training was given, certificate (if any), subject of training, and other details related to the job for which you are applying. Copies of certificates may be attached to application. TELL US WHAT YOUR TALENTS ARE HERE:

NOTE: Aliens must show an Alien Registration Receipt Card (Form 1-151), or Form 1-94 endorsed to permit employment

10. EXPERIENCE: Start with your present or last job and work back listing all paid or unpaid, full or part-time work, military service performed during the last 10 years. Use additional sheets of paper if you need more space. Work performed more than 10 years ago may be given if it applies to the job you seek.

May we contact your present employer? YES ☐ NO ☐ If no, list reasons why?

| Starting Date Month Year | Ending Date Month Year | Name and address of present or last employer |
|---|---|---|
| Salary | Hours Per Week | Name, Title, and Phone Number of your Immediate Supervisor |

Reasons for leaving:

Your present or last job title: _____
Your Duties:

| Starting Date Month Year | Ending Date Month Year | Name and address of present or last employer |
|---|---|---|
| Salary | Hours Per Week | Name, Title, and Phone Number of your Immediate Supervisor |

Reasons for leaving:

Your present or last job title: _____
Your Duties:

| Starting Date Month Year | Ending Date Month Year | Name and address of present or last employer |
|---|---|---|
| Salary | Hours Per Week | Name, Title, and Phone Number of your Immediate Supervisor |

Reasons for leaving:

Your present or last job title: _____
Your Duties:

**REFERENCES:** LIST THREE PERSONS WHO ARE NOT RELATED TO YOU AND WHO WOULD HAVE KNOWLEDGE OF YOUR QUALIFICATIONS FOR THE POSITION. DO NOT REPEAT NAMES OF SUPERVISORS LISTED UNDER EXPERIENCE.

NAME BUSINESS/OCCUPATION PHONE

CERTIFICATION: I certify that all statements made on or in connection with this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that incomplete, false, or inaccurate information may result in the rejection of this application and that false information may result in my dismissal if employed.

DATE SIGNATURE OF APPLICANT

**THE CITY OF OXFORD IS AN EQUAL OPPORTUNITY EMPLOYER**

The City of Oxford is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

**OXFORD POLICE DEPARTMENT**
**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the Oxford Police Department, or any other law enforcement agency designated by the Oxford Police Department, to investigate my present and past record or character, and to ascertain any and all information which may concern my record and character, whether the same is of record or not. This authorization includes but is not limited to, information, records, statements, and opinions pertaining to my employment, pre-employment, military, financial, credit, selective service, arrest, conviction, driving, or educational histories, including, but not limited to, academic achievement, attendance, athletic performance, disciplinary records, background reports, and polygraph examination results, computerized voice stress analyzer examinations, efficiency ratings, any and all internal affairs investigations, complaints or grievances filed by or against me, information of a confidential or privileged nature, and the recollection of attorneys-at-law. I further understand that statements will be solicited from past and present employers, acquaintances, spouses, etc., and that I waive any cause(s) of action against such interviewees based on the content of their statements. Additionally, notwithstanding the waiver of any cause( s) of action against interviewees, I understand that I can seek relief from any allegedly false or malicious statements by seeking an administrative appeal through the Oxford Civil Service Board. I further authorize the Oxford Police Department, or any other law enforcement agency designated by the Oxford Police Department, to examine and obtain copies and abstracts of records and documents.

The disclosure of this information will be used to assist the Oxford Police Department in determining my suitability for employment. However, if unable to obtain the requested information, the Oxford Police Department will not be able to complete a thorough background investigation and may be unable to determine my suitability for employment.

Upon presentation of this release or a copy of it, I hereby direct and authorize you to fully and completely disclose and release such information and to release copies and abstracts to any officer or authorized representative of the Oxford Police Department or other law enforcement agency designated by the Oxford Police Department to conduct my background investigation.

The authorization, or copy of it, when presented through the U. S. Mail in conjunction with an official request or in person by an officer or authorized representative of the Oxford Police Department or other designated law enforcement agency, is valid for two calendar years (730 days) from the date I indicated below. This release is executed with full knowledge and understanding that the information is for the official use of the Oxford Alabama Police Department.

I hereby release all persons, organizations, corporations, or entities from any and all charges and 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.

Printed name: _____

Signature: _____

Date: _____

Other names used: _____

Address: _____

Social Security Number: _____

(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary.
The Social Security number will be used for identification purposes to insure that proper records are obtained.)

# City of Oxford ALABAMA POLICE DEPARTMENT
# APPLICANT AFFIDAVIT OF ALABAMA P.O.S.T. 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 Oxford Police Department eligibility 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 (A.P.O.S.T.) at (334)-242-4045. The City will verify the information contained on this form through A.P.O.S.T. prior to employment consideration. Any discrepancies between the applicant's records and the A.P.O.S.T. records must be resolved by the applicant and A.P.O.S.T. prior to the addition of the applicant's name to any police department's Eligible Candidates List. Records and grades maintained by A.P.O.S.T. will be considered official and final. Inaccuracies or incorrect information provided by the applicant on this form will result in automatic disqualification form consideration for employment and removal of the applicant's name from any police department Eligible Candidates List.

## APPLICANT INFORMATION

Name: _____

Date of Birth: _____

Social Security Number: _____

Alabama P.O.S.T. Certification Number: _____

Academy Session Number: _____

Dates of Academy Attendance: _____

Basic Academy Overall Course Average Grade: _____%

Current Employer: _____

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 this information required on this document will automatically disqualify me from consideration for a position with the Oxford Police Department and will result in the removal of my name from all Oxford Police Department Eligible Candidates List. I further agree that a copy of the separate "AUTHORITY TO RELEASE INFORMATION" form I have signed shall authorize A.P.O.S.T. to release any and all information in their records pertaining to me.

Applicant Signature _____ Date _____

# CITY OF OXFORD
# OXFORD CIVIL SERVICE BOARD

## Drug Free Workplace Policy

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**As you consider employment with the City of Oxford, it is our duty to inform you of the personnel practices and the Drug-Free Workplace Policy the City of Oxford has established. Section 1.5 of the City of Oxford Employee Handbook states as follows:**

1.5 In compliance with the Drug-Free Workplace Act of 1988 (PL 100-690 Title V, Subtitle D), the City absolutely prohibits the use, consumption, sale, purchase, transfer, possession, manufacture, or distribution of any controlled substance by any Municipal employee during working hours, while on Municipal Property, while representing the City, or while at an assigned workplace. In addition, City employees are strictly prohibited from being under the influence of alcohol or any controlled substance during working hours, while on municipal property, while representing the City or while at an assigned workplace. Legally prescribed medications are not covered under this policy and are permitted to the extent that their use does not adversely affect the employee's work ability, job performance, or the safety of others in the workplace. No employee shall operate any municipal vehicle or equipment under the influence of prescribed medication that would in any way impair their ability to operate the vehicle or equipment in a safe manner or where such operation is not recommended by the prescribing physician or by a prescription labeling.

The City established this program to inform employees about the dangers of drug abuse in the workplace, the City's policy of maintaining a drug-free workplace, available drug counseling, rehabilitation, and the penalties that may be imposed upon employees for the violation of drug abuse. In addition, the City of Oxford may take disciplinary action against an employee if reasonable suspicion has been met as stated in the Reasonable Suspicion Checklist.

**Before employment is granted by the City of Oxford, every potential applicant must be drug tested. The Department Supervisor will set up all necessary appointments for drug screening.**

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|---|---|
| **Signature of Applicant** **Date** | **Signature of Parent** **Date** |
| | **If you are under eighteen, please have your parent or legal guardian sign this form along with your signature.** |