

HOUSTON COUNTY SHERIFF'S OFFICE RESERVE UNIT

Membership Application

DIRECTIONS

1. Type or print your responses in black ink.
2. If you need additional space, attach separate sheets of paper.
3. Do not leave any spaces blank. If a question does not apply, so indicate with the letters "N/A."
4. Provide complete detailed responses for all questions.
5. Mail completed application to: HCSO Reserve Unit, 144 N. Oates St., Dothan, AL 36303.

Although members of the HCSO Reserve Unit are not paid employees of the Houston County Sheriff, the Unit is an equal opportunity organization. The Unit does not discriminate on the basis of race, color, sex, religion, national origin, handicap, or age if over 23.

I. PERSONAL INFORMATION

1. Name in Full (First, Middle, Last, Suffix)

2. List all other names you have used including nicknames. If female, furnish your maiden name. If you have used a surname, other than your true name, give the time period and the circumstances under which you used this name. If you legally changed your name, give the date, place, and court in which this occurred.

3. Preferred Mailing Address (Street or Post Office Box, City, State, Zip Code)

4. Home Telephone Number

5. Work Telephone Number

6. Cellular Telephone Number

7. Other Telephone Number

8. E-Mail Address

9. Driver's License State/Number

10. Birth Date

11. Birthplace (City, State)

12. Age

13. Sex

14. Social Security Number

15. Marital Status

_____ Never Married

_____ Engaged

_____ Married

_____ Separated

_____ Legally Separated

_____ Divorced

_____ Widowed

_____ Cohabiting

a. Give spouse's name(s) and marriage date(s) and place(s) (City, State).

b. Give the date(s), place(s) (City, State), and reason for all separations, divorces, or annulments.

16 Citizenship

Country of current citizenship: _____ Citizenship acquired by: Birth Naturalization

II. RESIDENCES

List all places where you have lived and account for all time periods for the past ten years. Begin with your most recent place of residence and work backward. Be sure to indicate the actual physical location of your residence. Do not use a post office box as an address, and do not list a permanent address when you were actually living at school. For residences during military service, you may simply list your base or ship/home port. Note: If you need additional space, attach an additional sheet of paper.

Month/Year – Month/Year	Street Address	Apt. #	City (County)	State	Zip Code
1. _____ to Present _____	_____	_____	_____	_____	_____
Month/Year – Month/Year	Street Address	Apt. #	City (County)	State	Zip Code
2. _____	_____	_____	_____	_____	_____
Month/Year – Month/Year	Street Address	Apt. #	City (County)	State	Zip Code
3. _____	_____	_____	_____	_____	_____
Month/Year – Month/Year	Street Address	Apt. #	City (County)	State	Zip Code
4. _____	_____	_____	_____	_____	_____
Month/Year – Month/Year	Street Address	Apt. #	City (County)	State	Zip Code
5. _____	_____	_____	_____	_____	_____

III. EDUCATION

1. High School

Name of High School from which you graduated	Address (City, State)	From Month/Year	To Month/Year
_____	_____	_____	_____

2. College or University

Names of all Colleges Attended	Subject Major	Subject Minor	From Month/Year	To Month/Year	Degree Received	GPA
a. _____	_____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____	_____

3. Specialized Schools

Name of School	Study or Specialization	Certificate/ Degree Received	From Month/Year	To Month/Year
_____	_____	_____	_____	_____

4. Was any disciplinary action taken against you while you were in school or were you dismissed or suspended from school for academic reasons? Yes No If yes, provide the name of the school, the action, and the date of action below.

School	Action	Date
_____	_____	_____

IV. EMPLOYMENT

List your employment activities for the past ten years. You should list all full-time and part-time work, self-employment, other paid work, and all periods of unemployment. If you need additional space, attach another sheet.

1. Month/Year to Month/Year	Employer	Your Position			
Address of Employment	City	State	Zip Code	Telephone Number	
Immediate Supervisor	Reason for Leaving	Work Description			

2. Month/Year to Month/Year	Employer	Your Position			
Address of Employment	City	State	Zip Code	Telephone Number	
Immediate Supervisor	Reason for Leaving	Work Description			

3. Month/Year to Month/Year	Employer	Your Position			
Address of Employment	City	State	Zip Code	Telephone Number	
Immediate Supervisor	Reason for Leaving	Work Description			

4. Month/Year to Month/Year	Employer	Your Position			
Address of Employment	City	State	Zip Code	Telephone Number	
Immediate Supervisor	Reason for Leaving	Work Description			

5. Has any of the following ever happened to you? Yes No If Yes, begin with the most recent occurrence and go backward, providing the date fired, quit, or left, and other information requested. Attach additional sheets as necessary.

- Use the following codes and explain the reason your employment ended:
- 1 - Fired from a job
 - 2 - Quit a job after being told you'd be fired
 - 3 - Left a job by mutual agreement following allegations of misconduct
 - 4 - Left a job by mutual agreement following allegations of unsatisfactory job performance
 - 5 - Left a job for other reasons under unfavorable circumstances

Month/Year	Code	Specify Reason	Employer's Name and Address	City (County)	State	Zip Code
a.						
b.						
c.						

V. MILITARY RECORD

1. Have you served on active duty in the United States Armed Forces? Yes No If yes, attach a copy of each DD-214 received and proceed to question 2. If no, proceed to Part VI.

2. Branch of Military Service:

3. Dates of active duty (Month, Date, Year)

From _____ To _____

From _____ To _____

From _____ To _____

From _____ To _____

4. Military Serial Number or SSAN:

5. Are you a member of the Reserve? Yes No

Ready Standby

Branch of Service: _____

6. Was any disciplinary action taken against you while you were in the service? Yes No If applicable, be sure to include non-judicial punishment and Article 15's. If yes, provide details:

7. Have you ever served in the National Guard? Yes No If yes, provide dates, unit location, and name of Commanding Officer:

VI. REFERENCES/SOCIAL ACQUAINTANCES

List four people who know you well and live in the State of Alabama. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last ten years. Do not list your spouse, former spouse, or other relatives, and try not to list anyone who is listed elsewhere on this form.

1. Name

Home Address (Street, City, State, Zip)

Home Telephone Number

Work Address (Street, City, State, Zip)

Work Telephone Number

DOB or Approximate Age

Years Acquainted

Occupation

2. Name

Home Address (Street, City, State, Zip)

Home Telephone Number

Work Address (Street, City, State, Zip)

Work Telephone Number

DOB or Approximate Age

Years Acquainted

Occupation

3. Name

Home Address (Street, City, State, Zip)		Home Telephone Number
Work Address (Street, City, State, Zip)		Work Telephone Number
DOB or Approximate Age	Years Acquainted	Occupation

4. Name

Home Address (Street, City, State, Zip)		Home Telephone Number
Work Address (Street, City, State, Zip)		Work Telephone Number
DOB or Approximate Age	Years Acquainted	Occupation

VII. ASSOCIATION RECORD

1. Have you been an officer or a member of or contributed to an organization that is dedicated to the violent overthrow of the United States Government and that engages in illegal activities with the specific intent to further that end?

Yes No If yes, provide details:

2. Have you engaged in acts or activities designed to overthrow the United States Government by force?

Yes No If yes, provide details:

3. Have you ever been an officer, member, or participant in, or contributed to, any street gang, motorcycle gang, racial supremacist or separatist group, cult, or militia? Yes No If yes, provide details:

VIII. COURT RECORD

1. Have you been a party to a civil court action? Yes No If yes, provide the requested information below:

Month/Year	Nature of Action	Result of Action	Names of Parties (identify plaintiff and defendant) the court and address (city, county, state, zip code)
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a. _____

b. _____

2. Have you ever been arrested or charged with any violation including traffic, but excluding parking tickets?

Yes No If yes, list all such matters even if not formally charged or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral. Attach additional sheets as necessary.

Date	Place and Department	Charge	Court and Place	Disposition	Details
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a. _____

b. _____

c. _____

3. Have you ever been the subject of a restraining order or a protection order? Yes No If yes, provide the following:

Date	Court and Place	Names of Parties	Details
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4. Have you ever been accused of racial, sexual or religious harassment or discrimination in any form, regardless of whether a lawsuit or formal complaint was filed? Yes No If yes, provide the following:

Date	Place	Names of Parties	Details
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IX. FINANCIAL STATUS

1. Have you ever been over 120 days delinquent on any debt(s) or had any debt placed for collection? Yes No

2. Are you currently delinquent on any debts? Yes No

3. Have you ever filed a petition under any chapter of the bankruptcy code (to include Chapter 13)? Yes No

4. Have you ever had your wages garnished or had any property repossessed for any reason? Yes No

5. Have you ever had a lien placed against your property for failing to pay taxes or other debts? Yes No

6. Have you ever had any judgments filed against you? Yes No

If you answered "Yes" to items 1-6, provide the information requested below:

Month/Year	Action Taken	Amount	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	City	Zip Code
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7. _____

8. _____

9. Are you current on all federal, state and local tax debts? (Include individual and employer tax debts that apply to you.)

Yes No If no, provide details.

X. SPECIAL QUALIFICATIONS AND SKILLS

1. Do you have foreign language abilities? Yes No If yes, indicate your foreign language proficiency by rating each category of ability as "slight," "good" or "fluent."

Name of Language	Speak	Understand	Read	Write
a. _____				
b. _____				

- 2. a. Are you a licensed automobile driver? Yes No
- b. Are you a licensed motorcycle driver? Yes No
- c. Do you possess a Commercial Driver's License? Yes No

If yes to a., b., or c., indicate the following:

State: _____ Expiration Date: _____ License Number: _____
State: _____ Expiration Date: _____ License Number: _____

3. Do you have any special skills for which certification or licensing is required? (Nurse, Emergency Medical Technician, Attorney, C.P.A., Pilot, Doctor, Land Surveyor, Engineer, etc.)

XI. FRIENDS OR ACQUAINTANCES EMPLOYED BY THE HOUSTON COUNTY SHERIFF'S OFFICE

Full Name	Position	Length of Acquaintance
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

XII. PHYSICAL DATA

1. Height Without Shoes

2. Weight Without Clothes

XIII. MINIMUM REQUIREMENTS

- 1. Do you have a high school diploma or GED? Yes No
- 2. If you are not already APOST-certified, are you willing to attend this training at your own expense? Yes No
- 3. Are you willing to attend all monthly meetings, unless properly excused for good cause? Yes No
- 4. Are you willing to work a minimum of twenty hours during the National Peanut Festival? Yes No
- 5. Are you willing to work patrol operations at least eight hours per month? Yes No
- 6. Are you willing to attend all mandatory training classes? Yes No
- 7. Are you willing to abide by the Procedural General Orders of the Houston County Sheriff's Office? Yes No
- 8. Are you willing to furnish your own weapon and equipment at an estimated cost of \$1,000.00? Yes No
- 9. Are you willing to maintain the minimum physical agility standards at all times during your membership? Yes No

VERIFICATION

"I certify that I am 23 years of age or older, of good moral character and reputation, and have never been convicted of a felony or of a misdemeanor involving force, violence or moral turpitude. I consent to a fingerprint and background search.

I understand that I may be required to submit to a pre-acceptance polygraph examination to assist the HCSO Reserve Unit in determining my qualifications and suitability for membership.

I understand that all appointments are probationary for a period of one year beyond the basic training period, during which time I must demonstrate my fitness for continued membership in the HCSO Reserve Unit. If I am dismissed from the Unit at any time, I will not be entitled to a refund or reimbursement for any equipment I have purchased or expenses I have incurred. I understand that the Unit is under no obligation to admit me to full membership. The Unit may sever its connection with me at any time, and it is not required to give me a reason for rejection of my application, or for termination of my membership.

I understand that willfully withholding information or making false statements on this application will be grounds for dismissal from the Unit and constitutes a felony under § 13A-9-3(a)(3) of the Code of Alabama (1975). I agree to these conditions and hereby swear that all of my statements on this application are true and complete to the best of my knowledge."

Printed Name

Signature (as usually written, without nicknames)

Date

ATTACHMENTS

Attach copies of the following records:

- 1. Your current driver's license.
- 2. Your high school diploma or GED.
- 3. Your DD-214, if you have served in the military.
- 4. Your APOST certification, if already certified.