

# CITY OF PHENIX CITY EMPLOYMENT APPLICATION

Human Resources Office

## APPLICANT

\*Please complete pages 1 through 4

\*Print in black or blue ink.

\*If you have a resume, please attach

\*If you need more space, attach a supplemental page

\*Immigration Reform and Control Act of 1988 requires identity and employment eligibility verification for employment.

|  |  |  |  |  |
|--|--|--|--|--|
| <b>GENERAL</b>   |  |  |  | DATE OF APPLICATION                                      |
| NAME   | (LAST)   | (FIRST)  | (MIDDLE)   | EMAIL ADDRESS  |
| PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)            |  |  | PHONE-HOME   | PHONE-WORK   |
| HAVE YOU WORKED FOR THE CITY OF PHENIX CITY BEFORE?        |  | IF YES, DATES OF EMPLOYMENT                              | DEPARTMENT   | POSITION   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |  |  |
| HAVE YOU FILED AN APPLICATION HERE BEFORE                  |  | IF YES, GIVE DATE  | ARE YOU CURRENTLY EMPLOYED?                              | MAY WE CONTACT YOU AT YOUR PLACE OF WORK?                |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DO YOU HAVE RELATIVES EMPLOYED AT THE CITY OF PHENIX CITY? |  | IF YES, GIVE NAME  | DEPARTMENT   | RELATIONSHIP   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |  |  |
| DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.?           |  | IF UNDER THE AGE OF 18 GIVE DATE OF BIRTH                |  |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   |  | MONTH  | DAY  | YEAR   |
| <b>TITLE OF POSITION FOR WHICH YOU ARE APPLYING.</b>       |  |  | <b>SALARY EXPECTED</b>                                   |  |
|  |  |  | \$   |  |
| DATE AVAILABLE   | ARE YOU SEEKING  |  | IF OTHER, PLEASE DESCRIBE                                |  |
|  | <input type="checkbox"/> FULL TIME EMPLOYMENT <input type="checkbox"/> OTHER |  |  |  |
| WILL YOU WORK HOURS OTHER THAN 8 TO 5?                     | WILL WORK WEEKENDS?  | WILL YOU ACCEPT TEMPORARY WORK?                          |  |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   | <input type="checkbox"/> YES <input type="checkbox"/> NO                     | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |

### GENERAL AREA OF OCCUPATIONAL INTEREST (CHECK ONLY ONE)

CLERICAL    SERVICE/MAINTENANCE    TECHNICAL    CRAFTS/TRADES    PROFESSIONAL/ADMINISTRATIVE    PUBLIC SAFETY

| OFFICE SKILLS                      |                                 | COMPUTER HARDWARE/PROGRAMMING LANGUAGES/SOFTWARE PRODUCTS USED | LIST SKILLED TRADES, YEARS EXPERIENCE, CERTIFICATIONS AND LICENSES: |
|------------------------------------|---------------------------------|--|---|
| WORK PROCESSING EQUIPMENT OPERATED | SOFTWARE PACKAGES USED          |  |   |
|                                    |                                 |  |   |
|                                    |                                 |  |   |
| TYPING – WPM                       | OTHER OFFICE EQUIPMENT OPERATED |  |   |
|                                    |                                 |  |   |
|                                    |                                 |  |   |

**EMPLOYMENT RECORD: (Most recent first) CURRENT EMPLOYMENT, PRIOR EMPLOYMENT, MILITARY SERVICE, OR SIGNIFICANT VOLUNTEER WORK** \*ITEMS MARKED WITH AN ASTERISK NEED NOT BE ANSWERED IF YOU ENCLOSE A RESUME

|                    |                                       |                    |          |   |                |
|--------------------|---------------------------------------|--------------------|----------|---|----------------|
| EMPLOYER           | POSITION TITLES (LIST EARLIEST FIRST) | START DATE         | END DATE |   | HOURS PER WEEK |
| STREET ADDRESS     |                                       |                    |          |   |                |
|                    |                                       |                    |          |   |                |
|                    |                                       |                    |          |   |                |
| CITY, STATE, ZIP   | LAST SUPERVISORS NAME                 | PHONE              |          | MAY WE CONTACT THIS EMPLOYER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                |
| DESCRIBE POSITION* |                                       | REASON FOR LEAVING |          |   |                |
|                    |                                       |                    |          |   |                |
|                    |                                       |                    |          |   |                |

|                    |                                       |                    |          |   |                |
|--------------------|---------------------------------------|--------------------|----------|---|----------------|
| EMPLOYER           | POSITION TITLES (LIST EARLIEST FIRST) | START DATE         | END DATE |   | HOURS PER WEEK |
| STREET ADDRESS     |                                       |                    |          |   |                |
|                    |                                       |                    |          |   |                |
|                    |                                       |                    |          |   |                |
| CITY, STATE, ZIP   | LAST SUPERVISORS NAME                 | PHONE              |          | MAY WE CONTACT THIS EMPLOYER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                |
| DESCRIBE POSITION* |                                       | REASON FOR LEAVING |          |   |                |
|                    |                                       |                    |          |   |                |
|                    |                                       |                    |          |   |                |

|                    |                                       |                    |          |   |                |
|--------------------|---------------------------------------|--------------------|----------|---|----------------|
| EMPLOYER           | POSITION TITLES (LIST EARLIEST FIRST) | START DATE         | END DATE |   | HOURS PER WEEK |
| STREET ADDRESS     |                                       |                    |          |   |                |
|                    |                                       |                    |          |   |                |
|                    |                                       |                    |          |   |                |
| CITY, STATE, ZIP   | LAST SUPERVISORS NAME                 | PHONE              |          | MAY WE CONTACT THIS EMPLOYER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                |
| DESCRIBE POSITION* |                                       | REASON FOR LEAVING |          |   |                |
|                    |                                       |                    |          |   |                |
|                    |                                       |                    |          |   |                |

|                    |                                       |                    |          |   |                |
|--------------------|---------------------------------------|--------------------|----------|---|----------------|
| EMPLOYER           | POSITION TITLES (LIST EARLIEST FIRST) | START DATE         | END DATE |   | HOURS PER WEEK |
| STREET ADDRESS     |                                       |                    |          |   |                |
|                    |                                       |                    |          |   |                |
|                    |                                       |                    |          |   |                |
| CITY, STATE, ZIP   | LAST SUPERVISORS NAME                 | PHONE              |          | MAY WE CONTACT THIS EMPLOYER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                |
| DESCRIBE POSITION* |                                       | REASON FOR LEAVING |          |   |                |
|                    |                                       |                    |          |   |                |
|                    |                                       |                    |          |   |                |

PLEASE STATE ANY OTHER INFORMATION THAT YOU FEEL WOULD BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION

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**EDUCATION & TRAINING**

CIRCLE THE HIGHEST YEAR COMPLETED      GRADE SCHOOL      HIGH SCHOOL      COLLEGE      GRADUATE  
 1 2 3 4 5 7 8      9 10 11 12      1 2 3 4      1 2 3 4

| HIGH SCHOOL LAST ATTENDED                   | NAME OF SCHOOL<br>CITY AND STATE |  | GRADUATE? |    | TYPE OF DEGREE OR DIPLOMA | GRADE AVER. (A,B,C, etc.) | MAJOR SUBJECT |
|---|----------------------------------|--|-----------|----|---------------------------|---------------------------|---------------|
|   |                                  |  | YES       | NO |                           |                           |               |
| COLLEGE UNIVERSITY OR TECHNICAL SCHOOL      | NAME OF SCHOOL<br>CITY AND STATE |  |           |    |                           |                           |               |
| COLLEGE UNIVERSITY OR TECHNICAL SCHOOL      | NAME OF SCHOOL<br>CITY AND STATE |  |           |    |                           |                           |               |
| PROFESSIONAL VOCATIONAL OR TECHNICAL SCHOOL | NAME OF SCHOOL<br>CITY AND STATE |  |           |    |                           |                           |               |

**REFERENCES**

LIST THREE PERSONS, OTHER THAN RELATIVES OR PERSONAL FRIENDS, WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR EDUCATION.

| NAME | MAILING ADDRESS | PHONE NO. (DAY) |
|------|-----------------|-----------------|
|      |                 |                 |
|      |                 |                 |
|      |                 |                 |

1. HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT BECAUSE YOUR WORK OR CONDUCT WAS NOT SATISFACTORY?  YES  NO

2. HAVE YOU EVER RESIGNED AFTER OFFICIAL NOTIFICATION THAT YOUR WORK OR CONDUCT WAS NOT SATISFACTORY?  YES  NO

3. HAVE YOU BEEN CONVICTED OF ANY CRIMINAL DRUG OFFENSE?  YES  NO  
 (CONVICTION WILL NOT NECESSARILY BAR YOU FROM CONSIDERATION FOR EMPLOYEMENT.)

4. HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE PLEASE EXPLAIN: \_\_\_\_\_

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**APPLICANTS STATEMENT**

I CERTIFY THAT ALL INFORMATION AND STATEMENTS GIVEN ON THIS APPLICATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND AGREE TO BE BOUND THEREBY. I HEREBY CONSENT TO THE DULY AUTHORIZED REPRESENTATIVES OF THE CITY OF PHENIX CITY TO CONTACT ANY OF MY FORMER EMPLOYERS, ANY OF THE EDUCATIONAL INSTITUTIONS THAT I HAVE ATTENDED, AND ANY OTHER PERSONS OR ORGANIZATIONS WHOM IT DETERMINES MIGHT HAVE INFORMATION RELEVANT TO MY APPLICATION HERE. I FURTHER CONSENT TO THOSE PERSONS OR ORGANIZATIONS DIVULGING RELEVANT INFORMATION TO THE CITY OF PHENIX CITY NOTWITHSTANDING THAT IT MIGHT OTHERWISE BE CONFIDENTIAL, SUCH AS RECORDS OF DISCIPLINARY PROCEEDINGS. I UNDERSTAND THAT ANY INFORMATION OBTAINED BY THE CITY OF PHENIX CITY IN THE COURSE OF THOSE CONTACTS WILL BE TREATED IN THE STRICTEST CONFIDENCE. I UNDERSTAND THAT BY ACCEPTING THIS APPLICATION THE CITY DOES NOT INCUR ANY LIABILITY FOR MY FUTURE EMPLOYMENT AND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE CITY TO CONTINUE TO EMPLOY ME IN THE FUTURE. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN ON THIS APPLICATION OR IN AN INTERVIEW MAY RESULT IN DISCHARGE. I UNDERSTAND AND AGREE TO ABIDE BY THE WORK RULES AND REGULATIONS OF THE CITY OF PHENIX CITY.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**ALL SUPPORTING DOCUMENTS REQUIRED FOR A SPECIFIC POSITION MUST BE SUBMITTED WITH EMPLOYMENT APPLICATION INCLUDING BUT NOT LIMITED TO DRIVER'S LICENSE, SOCIAL SECURITY CARD, PROOF OF EDUCATION, ETC. PLEASE SEE REQUIRED DOCUMENTS FOR THE POSITION FOR WHICH YOU ARE APPLYING**

*FOR PERSONNEL OFFICE USE ONLY*

| R<br>E<br>F<br>E<br>R<br>E<br>N<br>C<br>E<br><br>C<br>H<br>E<br>C<br>K | EMPLOYER | PERSON CONTACTED | RESULTS |
|--|----------|------------------|---------|
|  | 1        |                  |         |
|  | 2        |                  |         |
|  | 3        |                  |         |
|  | 4        |                  |         |
|  | 5        |                  |         |

| T<br>E<br>S<br>T<br>S<br><br>R<br>E<br>S<br>U<br>L<br>T<br>S | TESTS ADMINISTERED | RAW SCORE | RATING | ANALYSIS AND COMMENTS |
|--|--------------------|-----------|--------|-----------------------|
|  |                    |           |        |                       |
|  |                    |           |        |                       |
|  |                    |           |        |                       |
|  |                    |           |        |                       |
|  |                    |           |        |                       |

| I<br>N<br>T<br>E<br>R<br>V<br>I<br>E<br>W<br><br>R<br>E<br>S<br>U<br>L<br>T<br>S | INTERVIEWER NAME AND COMMENTS |
|--|-------------------------------|
|  |                               |
|  |                               |
|  |                               |

|                       |  |
|-----------------------|--|
| N<br>O<br>T<br>E<br>S |  |
|                       |  |

City of Phenix City Police Department  
Pre-Employment Requirements

Criminal History Investigation, Driver's History Check and Background Investigation occur prior to the following:

**\*\*\*Physical Agility Tests, Written Exam and Psychological evaluation will be scheduled the third Wednesday of every month\*\*\***

**Physical Agility Test** –Time limit of 90 seconds for Part A

**PART A**

- ✓ Scale – Run a total of 25 yards and then scale a six foot wooden fence
- ✓ Weight Drag – Run 50 feet and then drag a weight of 165 pounds for 15 feet
- ✓ Balance – Run a total of 25 yards; surmount a 6" balance beam that is 1' off the ground. Walk the beam a distance of 15 feet, jump down and run an additional 25 yards.
- ✓ Pushing – Push a Police Vehicle on a level, paved surface a distance of 15 feet.
- ✓ Climbing – Run a total of 25 yards, climb through a window approximately 24" square and then run an additional 25 yards.

**PART B**

- ✓ Running – 1.5 mile run with a maximum time of 15 minutes and 28 seconds
- ✓ Sit up – sit up laying on back with knees bent, and fingers interlocked behind head, 25 in one (1) minute.
- ✓ Push up – Push up with only the hands and feet touching the ground, the tester will maintain a straight and level back position, 22 in one (1) minute.

Immediately after successful completion of the Physical Agility Test – the applicant will take the Written Exam.

**Written Exam** - Time Limit 25 Minutes for Study packet and 1 hour 45 minutes for exam.

- ✓ Situational/Memorization Skills – ***Study guide available for purchase, information included within application packet.***
- ✓ After receiving a passing score on the Written Exam, applicants will take the on-line Psychological Evaluation

**Other Pre-employment Testing and Requirements** – The following will be scheduled as soon as possible after successful completion of the above:

- Interview Board – peer based board interview with current full time Police Department employees
- Polygraph appointment
- Interview with the Chief of Police
- Medical/Physical exam and pre-employment drug screen

**\*\*\*Please note that a failing score for any portion of the pre-employment testing, other than the Physical Agility Test, will result in the applicant having a waiting period of 1 year before they can reapply for the Police Officer**

## Application Requirements for Police Officer Applicants

### Documents Needed:

1. Social Security Card: **(A.P.O.S.T. RULE 650-X-2-.06)** Applicant must possess a valid Social Security Card, or have in possession a notification from the Social Security Office stating that a new card has been applied for and will be sent in 30 days.
2. Valid Driver's License: **(A.P.O.S.T. RULE 650-X-2-.08)** Applicant must possess a valid state driver's license from the state they currently have resided in for the past 30 days. (This includes Military Personnel who are about to E.T.S.)
3. High School Diploma: **(A.P.O.S.T. RULE 650-X-2-.03)** A.P.O.S.T will only accept High School Diplomas that are accepted by the Southern Association of Colleges and Schools. Normally, most "public" schools conform to the association's accreditation, but Human Resources can easily check by going to S.A.C.S. website and checking. Furthermore, the diploma must be a regular or advanced diploma. No technical or occupational diplomas are accepted unless official transcripts are provided showing the applicant passed exit exams. **In cases where the applicant lost their diploma, they can provide official transcripts with a letter stating the applicants name and the fact that they successfully completed all requirements for graduation.**
4. G.E.D.: **(A.P.O.S.T. RULE 650-X-2-.03)** A.P.O.S.T. will only accept the G.E.D. diploma or certificate. Scores or reporting results are unacceptable.
5. Birth Certificate: Copy is acceptable
6. DD214: **(A.P.O.S.T. RULE 650-X-2-.07)** A.P.O.S.T will only accept a DD214 Military Discharge that indicates the Separation Status as "Honorable" only. No "General Discharge under Honorable conditions" will be accepted.

## Phenix City Police Department Tattoos, Brands, and Piercings Policy – APPLICANT'S COPY TO KEEP

S. The Phenix City Police Department recognizes that tattoos/brands and body piercing are a matter of personnel choice and is allowable except when they are prejudicial to the good order and discipline of the Police Department, or of a nature that tends to bring discredit upon the Phenix City Police Department and/or otherwise do not present and acceptable appearance as an employee of the Phenix City Police Department. The following will be rules governing tattoos, brands and body piercing.

1. No employee will be allowed to have visible at anytime ANY body piercing accessory with the exception of earrings for female officers. Earrings will be in compliance with this policy. Employees are prohibited from attaching, affixing, or displaying objects, articles, jewelry or ornamentation to or through the ear, nose, tongue, or exposed body part (includes visible through the uniform).
2. Tattoos/Brands and body piercings anywhere on the body that are obscene and/or advocate sexual, racial, ethnic, or religious discrimination are prohibited in and out of uniform.
3. Tattoos/brands and body piercings that are prejudicial to the good order and discipline or of a nature that tends to bring discredit upon the Phenix City Police Department and the City of Phenix City are prohibited in and out of uniform.
4. **Tattoos/brands will be covered by a properly work uniform at all times while on duty. Tattoos/brands will not be exposed or visible above the collar bone when wearing an open collar uniform, or on the wrist or hands when wearing a Class A uniform, or on the elbow or forearms when wearing a short sleeve Class B duty uniform shirt or on the legs or ankles when wearing Physical Training attire (P.T. shorts and crew socks).**
5. Any employee who obtains an unauthorized or inappropriate tattoo, brand, or body piercing will be required to remove them at the employee's expense and subject the employee to disciplinary action including, but not limited to, dismissal.
6. Employees with existing tattoos, brands or piercings before the implementation of this policy not meeting an acceptable appearance and image of the Phenix City Police Department will be required to remove the tattoos or brands if the Chief of Police or his designee deems that the circumstances are warrantable. Failure to comply with removal is subject to disciplinary action including, but not limited to, dismissal.

# ENTRY-LEVEL POLICE OFFICER CANDIDATE STUDY GUIDE (2<sup>ND</sup> EDITION)

\$23/booklet (includes 1<sup>st</sup> Class USPS Postage)

This 66-page study guide is designed to help you, as a police officer candidate, prepare to take any of IPMA-HR's entry-level police officer tests.

The goals of this study guide are to:

- Answer frequently asked questions about the test forms. By reading through the answers to the frequently asked questions, you should gain a clear understanding of what each test assesses, the differences between the test forms, and how to get the most out of the study guide.
- Describe the five content areas assessed by the test forms, review the different types of questions you will see when taking any of the test form and present sample questions for each content area.
- Share basic test-taking tips that may help you improve your overall test performance.
- Provide one 100-question practice test and explain the answers to 25 of the practice test questions.

*Note that due to the purpose and nature of certain types of test questions, there are two content areas that appear on some of our tests that are not covered in detail in this study guide. These are: **Interests** and **Situational Judgment**.*

This study guide is available exclusively from IPMA-HR. You can order online at:

**<http://www.publicsafetycompass.com/study>**

Please allow several weeks prior to your scheduled test date to prepare with the study guide. A priority shipping option is available at checkout if necessary.



# The City of Phenix City Disclosure Statement

(PLEASE READ BEFORE SIGNING)

This City does not discriminate in hiring on any employment practice on the basis of race, color, religious creed, national origin, gender, ancestry or age, nor does the City discriminate against any employee or applicant for employment because of physical or mental disability, in regard to any position for which the employee or applicant is qualified. No question on this application is intended to secure information to be used for such discrimination. If you feel that you have been discriminated against in any prohibited manner during the selection process, please ask to speak to the Personnel Director in order for the matter to be investigated further.

Under the Americans with Disabilities Act (ADA), it is the responsibility of the applicant with a disability to request accommodation which he/she requires in order to participate in the application or examination process. The Human Resources Department reserves the right to require documentation of the need for accommodation under the ADA. In order to request accommodation in the application or testing process, contact the Human Resources Office at 334-448-2706.

This application will be given every consideration, but its receipt does not imply that you will be employed.

## Statement Agreement

I hereby acknowledge that I have read the foregoing Disclosure Statement and understand the contents. I UNDERSTAND ANY OFFER OF EMPLOYMENT IS CONDITIONED UPON SUCCESSFUL COMPLETION OF A PRE-EMPLOYMENT TEST FOR DRUG AND/OR ALCOHOL.

- A positive test result will cause my application for employment to be denied.
- If test results are positive, I may, upon written request within five (5) days from receiving the test results, obtain a confirmation test using a proven test method. A qualified physician designated by the City will interpret confirmation results.
- This test is voluntary. I may refuse to take this test or sign this form. However, refusal will result in the denial of my employment application.
- I further authorize the release of the test results to the City with the understanding the information will be used by the City for employment purposes.

I understand this application is not an offer of employment. Acceptance of my application with the City does not guarantee I will be offered a job. I also understand that if I am offered and accept a job, the City reserves and retain the right to make such changes in the terms and conditions of my employment as determined to be necessary and appropriate.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



# Alabama Background Check (ABC) Report Waiver



Pursuant to §49-9-594, Code of Alabama 1975, the Alabama Criminal Justice Information Center (ACJIC) may supply employee criminal records and may provide the procedure for obtaining the records. The purpose of this waiver is to provide my employer/prospective employer with sufficient identifying information about myself to allow my employer/prospective employer to obtain my criminal record by querying the ACJIC Alabama Background Check (ABC) system.

By signing this waiver I, \_\_\_\_\_, certify that all of the personal identifying information provided herein is accurate. I understand that by providing this information and signing this document I agree to allow my employer/prospective employer to receive a copy of my report through ACJIC.

I understand that ABC reports may contain reported felony and misdemeanor arrests, violations, and court records included in databases maintained by the State of Alabama. I further understand that ABC reports contain personal information from motor vehicle records included in records maintained by the State of Alabama. Personal information is information that identifies the individuals on whom the ABC report is conducted, including photograph, social security number, driver identification number, name, address, telephone number, and medical or disability information. Juvenile, youthful offender, sealed and/or expunged records will not appear on any ABC report.

I further understand that any information supplied on an ABC report is derived from a name-based search using only the identifiers submitted by my employer/prospective employer or this employer's authorized Third Party User based on the information provided by me on this form. ACJIC in no way guarantees that criminal history record information provided through this system is for the person named in the request. Fingerprint based searches are the most reliable way to conduct criminal record checks and the least likely to result in either a false positive or false negative search result. This is not a fingerprint based search.

I understand that this waiver may be sent to ACJIC electronically in a form prescribed by ACJIC.

I understand that the results of my ABC report may be verified by submitting fingerprints to the Alabama Department of Public Safety.

PLEASE PRINT ... \*Asterisks denote required information.

|                                       |                        |                               |             |
|---------------------------------------|------------------------|-------------------------------|-------------|
| Last Name* (required)                 | First Name* (required) | Middle Name                   | Maiden Name |
| Street Address                        |                        | City, State and Zip Code      |             |
| Sex / Gender* (required)              | Race* (required)       | Date of Birth                 |             |
| Social Security Number*               |                        | Place of Birth                |             |
| Drivers License State                 |                        | Drivers License #             |             |
| Signature* (required)                 |                        | Date of Signature* (required) |             |
| Name of Employer/Prospective Employer |                        |                               |             |
| City of Phenix City                   |                        |                               |             |

**PERSONAL INQUIRY WAIVER  
AUTHORITY FOR RELEASE OF INFORMATION**

**I RESPECTFULLY REQUEST AND AUTHORIZE YOU TO FURNISH THE CITY OF PHENIX CITY, ALABAMA AND/OR CREDIT BUREAU OF COLUMBUS, GEORGIA ANY AND ALL INFORMATION THAT YOU MAY HAVE CONCERNING ME, MY WORK RECORD, SCHOOL RECORD, MY REPUTATION, MY FINANCIAL AND CREDIT STATUS. PLEASE INCLUDE ANY RECORDS OR REPORTS INCLUDING ALL INFORMATION OF A CONFIDENTIAL OR PRIVILEGED NATURE, AND PHOTOSTATS OF SAME IF REQUESTED. THIS INFORMATION IS TO BE USED TO ASSIST THE CITY OF PHENIX CITY, ALABAMA IN DETERMINING MY QUALIFICATIONS FOR THE POSITION I AM SEEKING.**

**I RELEASE YOU, YOUR ORGANIZATION OR OTHERS FROM ANY LIABILITY OR DAMAGE WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED ABOVE. I FURTHER RELEASE THE CITY OF PHENIX CITY AND THE PERSONNEL CONDUCTING THIS INVESTIGATION FROM ALL CLAIMS RESULTING FROM OR ARISING OUT OF THE INVESTIGATION AND THE SUBSEQUENT DISSEMINATION OF THE BACKGROUND INFORMATION.**

**YOU ARE HEREBY INFORMED THAT AN INVESTIGATIVE REPORT WILL BE MADE A PART OF YOUR BACKGROUND INVESTIGATION.**

**ANY FALSIFICATION OF INFORMATION ON YOUR APPLICATION WILL AUTOMATICALLY DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT WITH THE CITY OF PHENIX CITY, ALABAMA.**

**A PHOTOSTAT OF THIS AUTHORIZATION IS TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL.**

**THE SUBMISSION OF YOUR APPLICATION DOES NOT GUARANTEE YOU EMPLOYMENT OR AN EMPLOYMENT INTERVIEW WITH THE CITY OF PHENIX CITY, ALABAMA.**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**  
(Must be signed in front of Notary)

\_\_\_\_\_  
**DATE**

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**- FOR NOTARY TO COMPLETE -**

**SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.**

**MY COMMISSION EXPIRES: \_\_\_\_\_**

**SIGNATURE OF NOTARY PUBLIC \_\_\_\_\_**

## **Phenix City Police Department Tattoos, Brands, and Piercings Policy**

S. The Phenix City Police Department recognizes that tattoos/brands and body piercing are a matter of personal choice and is allowable except when they are prejudicial to the good order and discipline of the Police Department, or of a nature that tends to bring discredit upon the Phenix City Police Department and/or otherwise do not present an acceptable appearance as an employee of the Phenix City Police Department. The following will be rules governing tattoos, brands and body piercing:

1. No employee will be allowed to have visible at anytime ANY body piercing accessory with the exception of earrings for female officers. Earrings will be in compliance with this policy. Employees are prohibited from attaching, affixing, or displaying objects, articles, jewelry or ornamentation to or through the ear, nose, tongue, or exposed body part (includes visible through the uniform).
2. Tattoos/Brands and body piercings anywhere on the body that are obscene and/or advocate sexual, racial, ethnic, or religious discrimination are prohibited in and out of uniform.
3. Tattoos/brands and body piercings that are prejudicial to the good order and discipline or of a nature that tends to bring discredit upon the Phenix City Police Department and the City of Phenix City are prohibited in and out of uniform.
4. **Tattoos/brands will be covered by a properly worn uniform at all times while on duty. Tattoos/brands will not be exposed or visible above the collar bone when wearing an open collar uniform, or on the wrist or hands when wearing a Class A uniform, or on the elbow or forearms when wearing a short sleeve Class B duty uniform shirt or on the legs or ankles when wearing Physical Training attire (P.T. shorts and crew socks).**
5. Any employee who obtains an unauthorized or inappropriate tattoo, brand, or body piercing will be required to remove them at the employee's expense and subject the employee to disciplinary action including, but not limited to, dismissal.
6. Employees with existing tattoos, brands or piercings before the implementation of this policy not meeting an acceptable appearance and image of the Phenix City Police Department will be required to remove the tattoos or brands if the Chief of Police or his designee deems that the circumstances are warranted. Failure to comply with removal is subject to disciplinary action including, but not limited to, dismissal.

### **I HAVE RECEIVED AND READ THE TATTOO POLICY**

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**HR REPRESENTATIVE**

\_\_\_\_\_  
**DATE**