

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.

GENERAL				DATE OF APPLICATION
NAME (LAST)	(FIRST)	(MIDDLE)	EMAIL ADDRESS	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)			PHONE	PHONE-ALT
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				
TITLE OF POSITION FOR WHICH YOU ARE APPLYING.			SALARY EXPECTED	
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				

OFFICE SKILLS		COMPUTER HARDWARE/PROGRAMMING LANGUAGES/SOFTWARE PRODUCTS USED	LIST SKILLED TRADES, YEARS EXPERIENCE, CERTIFICATIONS AND LICENCES
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? <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? <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? <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? <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

EDUCATION & TRAINING

MARK 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 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 CITY AND STATE						
COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	NAME OF SCHOOL CITY AND STATE						
PROFESSIONAL VOCATIONAL OR TECHNICAL SCHOOL	NAME OF SCHOOL CITY AND STATE						

WORK RELATED REFERENCES

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: _____

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.

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

DISCLOSURE STATEMENT

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.

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

Last 4 digits of Social Security Number

Signature of Applicant

Date

Witness Signature (anyone over the age of 18)

Date

City of Phenix City Police Department
Pre-Employment Requirements

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

If candidate has an Associates Degree or higher from an accredited institution they will proceed to the Physical Agility test. Candidate without an Associate's degree or higher must pass the Basic Abilities Test at an approved testing center.

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.

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
- Psychological evaluation
- 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 or its regional equivalent. Normally, most "public" schools conform to the associations' accreditation, but Human Resources can easily verify accreditation. 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.
4. GED: **(A.P.O.S.T. RULE 650-X-2-.03)** A.P.O.S.T. will only accept the GED diploma or certificate. Scores or reporting results are unacceptable.
5. In addition to possession of a valid high school diploma or General Education Development (GED) certificate, the BAT is required of all applicants, excepting those applicants who have been previously APOSTC certified and who are required to complete the Refresher training for reinstatement of their certification, or those applicants possessing an earned Associate's Degree or higher Degree from a College or University accredited by the Southern Association of Colleges and Schools (SACS), or its regional equivalent.
6. Birth Certificate: Copy is acceptable
7. 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

I. Tattoos, Brands and Piercings etc...

The Phenix City Police Department recognizes that tattoos/brands and body piercing are a matter of personnel choice and are 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;

A. General Provisions

1. Definitions

- a) Tattoo- A picture design, or any marking made on the skin by permanently staining it with indelible dye, ink or any chemical coloring. This includes pictures, designs, or markings visible under both normal light conditions and the so-called invisible tattoos only visible under ultraviolet light or other specialized lighting conditions.
- b) Brand- A picture, design, or other marking that is intentionally burned into the skin as a means of permanently creating a scar or marking of the skin.
- c) Body Markings- Are pictures, designs, or other markings as a result of using means other than burning to permanently scar or mark the skin.
- d) Cosmetic Tattooing - Tattoos placed on the skin to correct or minimize a medical condition, an injury, or the result of a disease. In addition, cosmetic tattoos, not as a result of a medical condition, including markings applied for permanent facial makeup, (for example, eyebrow or eyeliner)
- e) Dental/Other Ornamentation - The use of gold, platinum, or other veneers or caps for purpose of ornamentation are prohibited. Teeth, whether natural, capped, or veneer will not be decorated with designs, jewels, initials, etc. The use of other ornamentation such as unnatural colored contacts, decorative eye covering, excessive false fingernails, scarring or branding on the neck, face, scalp, or any other area exposed in a regular duty uniform are prohibited.
- f) Extremist tattoos/Brands - Are those affiliated with, depicting, or symbolizing extremist philosophies, organizations, or activities; those which advocate racial, gender, or ethnicity, religion, or national origin; or advocate violence or other unlawful means of depriving individual's rights under the US Constitution or federal and state law.
- g) Gang Related Tattoos - Are those that advocate, depict, symbolize, glorify, or honor any street gang/group or a criminal gang/group at any level.
- h) Racist Tattoos/Brands - Are those that advocate philosophy that degrades or demeans a person based on race, ethnicity, or national origin.
- i) Indecent Tattoos/Brands/Body markings - Are those that are grossly offensive to modesty, decency or propriety; shock the moral sense because of their vulgar, filthy, or disgusting nature, or tendency to insight lustful thought; or tend reasonably to corrupt morals or incite libidinous thoughts.
- j) Mutilations - Examples include split or forked tongue, foreign objects inserted under or through the skin to create a pattern or design, enlarged or stretched out holes in the ears (other than allowable normal piercings).
- k) Sexist/Brand/Body Markings - Those that advocate a philosophy that degrades or demeans a person based on gender, but that may not meet the same definition of indecent tattoos.

2. No employee in a sworn position on active duty will be allowed to have visible at anytime ANY body piercing accessory while on duty. Earrings for female civilian employees are acceptable. 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) in violation of this policy.

3. Tattoos/Brands/Ornamentations

- a. Authorized:

With the exception of the markings defined in this policy, Tattoos/Brands are prohibited on the head, neck, and will not be visible above the open collar or below the wrist. Tattoos are prohibited on the hands, except for one ring finger on one hand. Ring tattoos will be limited to a single band or symbol below the knuckle closest to the palm. A tattoo visible in a class B uniform will be no larger than your open hand. (i.e. full sleeve tattoos are considered excessive and prohibited). A single band tattoo on the arm will be allowed but no wider than 2 inches in width.

- b. Unauthorized:

Tattoos/brands/body markings on the face, tongue, lips and scalp are unauthorized while wearing an open collar uniform.



- c. Prohibited/Restrictions:

The following tattoos/brandings/markings are prohibited:

- i. Any marking associated with or that advocate gangs, extremists, hate groups or supremacist organizations.
- ii. Markings that advocate race, religious, ethnic or sexual discrimination
- iii. Pornographic or markings offensive to modesty, decency, or that are designed to be vulgar, disgusting and/or shock the public.
- iv. Markings designed to attack or embarrass city officials or city organizations
- v. Cosmetic tattoos or markings that clearly do not have a natural appearance, include extreme coloring, or appear offensive in nature
- vi. Excessive tattoos or markings that will distract from the professional appearance when visible in a class B Uniform.
- vii. Prohibited tattoos/markings will not be covered up with bandages, make-up or any commercially sold product designed for such a purpose.

Note: Employees who intentionally violate the prohibitions listed above will be subject to termination. Mutilations/dental and other ornamentations are prohibited while in uniform.

d. Exception:

Cosmetic tattooing is authorized when directed by licensed, qualified medical personnel. When not medically directed, cosmetic tattooing is permitted for women if done to apply permanent facial makeup (i.e. eyebrows, eye liner); the cosmetic tattooing must have a natural appearance and be conservative, moderate, within reasonable limits, not excessive or extreme, not distinctly contrast with their complexion, and in good taste.

Waivers may be requested for existing body mutilation, tattoos, branding, or scarring from the Chief of Police. The Chief of Police will forward their recommendations concerning acceptance or rejection of all tattoos, branding, scarring, ornamentations, and/or mutilations to the Director of Human Resources for resolution.

e. Protocols:

Initial accessions must disclose any tattoos/brands and their personal significance for appropriate departmental staff review to determine eligibility when questionable for employment or appointment. Complete removal/alteration of unauthorized content and/or excessive tattoos/brands/body markings is otherwise required prior to being accepted for employment. The following exposed tattoos and/or brands will not be allowed:

- Any deemed offensive by the Administrative Staff
- Any, regardless of size or type, which has indecent, sexist, lewd or offensive indelible marks or figures visible on any exposed part of the body while wearing the prescribed duty uniform.
- Any, regardless of size or type, on the face, head, or neck or anywhere visible above the neckline of a properly worn class-A, or collared shirt.
- Any, regardless of size which are deemed or considered extremist, racist or gang related.

All candidates for employment with such prohibited or unauthorized tattoos/ brands/body markings will not be allowed to start or continue the hiring process until such are removed.

Employees may not cover up tattoos/brands/body markings with bandages or make-up in order to comply with policy.

Employees who have or receive unauthorized content tattoos, brands or body markings are required to initiate removal/alteration at the expense of the employee.

Members who fail to remove/alter unauthorized tattoos/brands/body markings in a timely manner, or who choose not to comply with appropriate department standards, will be subject to a variety of appropriate quality force actions, including but not limited to reassignment, ineligibility for schools and assignments, reprimand and dismissal. The expense of removal does not change the member's affirmative responsibility for complying with this policy.

As of 9 September 2019, no presently employed personnel will be allowed to receive any additional tattoos/brands/body markings which would be considered in violation of this policy. Any additional tattoos obtained by presently employed personnel must be disclosed to administrative staff.

- B. 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.
- C. 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.

DISCLOSURE OF ALL EXISTING TATTOOS INCLUDING WHAT TATTOO/BRAND/MARKING IS, WHERE TATTOO/BRAND/MARKING IS LOCATED ON BODY AND MEANING OR PERSONAL SIGNIFICANCE OF TATTOO/BRAND/MARKING

I HAVE RECEIVED AND READ THE TATTOO POLICY

APPLICANT SIGNATURE

DATE

HR REPRESENTATIVE

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

- FOR NOTARY TO COMPLETE -

SWORN TO AND SUBSCRIBED BEFORE ME THIS ____ DAY OF _____, 20____.

MY COMMISSION EXPIRES: _____

SIGNATURE OF NOTARY PUBLIC _____