

CITY OF PHENIX CITY

EMPLOYMENT APPLICATION

Human Resources Office

Referred By: _____

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
<input type="checkbox"/> YES <input type="checkbox"/> NO		POSITION		
HAVE YOU FILED AN APPLICATION HERE BEFORE		IF YES, GIVE DATE		ARE YOU CURRENTLY EMPLOYED?
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		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		
DO YOU HAVE RELATIVES EMPLOYED AT THE CITY OF PHENIX CITY?		IF YES, GIVE NAME		DEPARTMENT
<input type="checkbox"/> YES <input type="checkbox"/> NO		RELATIONSHIP		
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 HELFUL TO US IN CONSIDERING YOUR APPLICATION

EDUCATION & TRAINING

MARK THE HIGHEST
YEAR COMPLETED

GRADE SCHOOL
1 2 3 4 5 7 8

HIGH SCHOOL
9 10 11 12

COLLEGE
1 2 3 4

GRADUATE
1 2 3 4

HIGH SCHOOL LAST ATTENDED	NAME OF SCHOOL		GRADUATE?		TYPE OF DEGREE OR DIPLOMA	GRADE AVER. (A,B,C, etc.)	MAJOR SUBJECT
	CITY AND STATE		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 EMPLOYMENT.)

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

Phenix City Fire Rescue
Pre-Employment Requirements

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

CPAT ORIENTATION –Requirements for passing CPAT will be discussed and dates of practice sessions and testing will be reviewed

CPAT - Every effort will be made to allot at least 6 weeks from the CPAT Orientation Date to the actual testing date for preparation, candidate must have attended CPAT Orientation to take CPAT

Written Exam - Time Limit 2 hours

Study guide available for purchase, information to be distributed at CPAT orientation

- ✓ 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 Fire Department employees
- Polygraph appointment
- Interview with the Fire Chief
- Medical/Physical exam and pre-employment drug screen if offering employment

*****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 Firefighter position.*****

STANDARD OPERATING GUIDELINE

APPLICANT'S COPY TO KEEP

SUBJECT: TATTOO/BRAND AND BODY PIERCING POLICY

1.0 Purpose

- 1.1 The Phenix City Fire/Rescue Services 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 fire service, or of a nature that tends to bring discredit upon the Phenix City Fire/Rescue Services and/or otherwise do not present an acceptable appearance as to the City of Phenix City Fire /Rescue Services employee.

2.0 Scope

All members are responsible for complying with the provisions of this guideline.

3.0 Responsibility

- 3.1 The Fire Chief or his or her designee will use these guidelines in determining an appropriate Fire Department image and the acceptability of tattoos, brands or body piercing displayed by members in uniform.

4.0 Prohibited Tattoo/Brands and Body Piercing

- 4.1 **Unauthorized:** Tattoos/brands anywhere on the body that are obscene and/or advocate sexual, racial, ethnic, or religious discrimination are prohibited in and out of uniform. Tattoos/brands that are prejudicial to the good order and discipline or of a nature that tends to bring discredit upon the PCFRS and the City of Phenix City are prohibited in and out of uniform.

- 4.2 **Inappropriate:** **Tattoos/brands will not be exposed or visible on the hands, wrists, forearms, elbows, upper arms or above the collar bone when wearing an open collar uniform, or Fire department T-shirt. Tattoos/brands will not be exposed or visible on the legs or ankles when wearing P.T. shorts and crew socks.**

- 4.3 **Body Piercing:** Members 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).

TATTOO/BRAND AND BODY PIERCING POLICY

5.0 Removing tattoos/brands

- 5.1 Any member obtaining unauthorized or inappropriate tattoos, brands, or body piercing will be required to remove them at their own expense. Using uniform items to cover such tattoos, brands or body piercing is not an option.
- 5.2 Fire department members failing to remove unauthorized or inappropriate tattoos, brands, or body piercing in a timely manner will be subject to discipline including, but not limited to, dismissal.

6.0 Guidelines

- 6.1 Members shall not be allowed to display any tattoos, brands, or body piercing that would distract from an appropriate professional image when in uniform.
- 6.2 Phenix City Fire/Rescue Services personnel with existing tattoos or brands before the implementation of this policy not meeting an acceptable fire department appearance and image will be required to remove the tattoos or brands if the Fire Chief or his or her designee deems that the circumstances are warranted.
- 6.3 Any Phenix City Fire/Rescue member who chooses not to comply with appropriate Fire Department personnel standards 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

STANDARD OPERATING GUIDELINE

SUBJECT: TATTOO/BRAND AND BODY PIERCING POLICY

4.0 Purpose

- 4.1 The Phenix City Fire/Rescue Services 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 fire service, or of a nature that tends to bring discredit upon the Phenix City Fire/Rescue Services and/or otherwise do not present an acceptable appearance as to the City of Phenix City Fire /Rescue Services employee.

5.0 Scope

All members are responsible for complying with the provisions of this guideline.

6.0 Responsibility

- 3.1 The Fire Chief or his or her designee will use these guidelines in determining an appropriate Fire Department image and the acceptability of tattoos, brands or body piercing displayed by members in uniform.

4.0 Prohibited Tattoo/Brands and Body Piercing

- 4.1 **Unauthorized:** Tattoos/brands anywhere on the body that are obscene and/or advocate sexual, racial, ethnic, or religious discrimination are prohibited in and out of uniform. Tattoos/brands that are prejudicial to the good order and discipline or of a nature that tends to bring discredit upon the PCFRS and the City of Phenix City are prohibited in and out of uniform.
- 4.2 **Inappropriate:** Tattoos/brands will not be exposed or visible on the hands, wrists, forearms, elbows, upper arms or above the collar bone when wearing an open collar uniform, or Fire department T-shirt. Tattoos/brands will not be exposed or visible on the legs or ankles when wearing P.T. shorts and crew socks.
- 4.3 **Body Piercing:** Members 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).

TATTOO/BRAND AND BODY PIERCING POLICY

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- 6.3 Any Phenix City Fire/Rescue member who chooses not to comply with appropriate Fire Department personnel standards is subject to disciplinary action including, but not limited to, dismissal.

APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION



PERSONAL INFORMATION

Full Name (First, Middle, Last, Suffix): _____ Sex/Gender: ☐ Male ☐ Female

Aliases/Nickname: _____

Applicant Current Address: _____

City: _____ State: _____ Zip Code: _____ SSN: _____

Date of Birth: _____ (MM/DD/YYYY) Driver's License Number: _____ Issuing State: _____

Race: ☐ White ☐ Black ☐ Asian ☐ Indian ☐ Other (please specify) _____

Home Phone: () _____ Mobile Phone: () _____ Work Phone: () _____

WORK INFORMATION

Employer Name: _____ Employer Phone: () _____

Contractor Name: _____ Contractor Phone: () _____

State Agency: _____ Agency Phone: () _____

Work Email Address: _____

Job Role/Classification: _____ Supervisor Name: _____

Included with my Release are the following items:

- ☐ Completed Application signed by applicant and **two witnesses** OR notarized.
- ☐ The required copy of my valid photo identification.
- ☐ A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required.
- ☐ **If applying for state employment/licensure/certification, reference that agency's fee requirements for a background check.**
- ☐ **PERSONAL REQUESTS ONLY:** The required \$25.00 administrative fee (must be in the form of a money order or Cashier's check made payable to the ALEA, Criminal Records and Identification Unit).

AFFIDAVIT FOR RELEASE INFORMATION

I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to:

Name & Address of Requesting Agency or Authorized Agent*

I, the above referenced individual, hereby request to release any and all criminal history record information (CHRI) maintained by both the Alabama Law Enforcement Agency, the Federal Bureau of Investigation, and any information relating to my past record and character whether it be financial, academic, military, employment, judicial, or personal reference. I hereby release all parties contributing such information from any charges or liability whatsoever because of furnishing said information. By signing below and submitting this application, I hereby verify that the information listed in my application and in the attached documentation is correct. I also acknowledge that I understand that, in accordance with Section 41-9-601 of the Code of Alabama 1975, that any person who willfully requests, obtains or seeks to obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to communicate criminal offender record information to any agency or person without authorization, may be guilty of a felony, and shall be fined not less than \$5,000 nor more than \$10,000 or imprisoned in the state penitentiary for not more than five years or both. §41-9-601, Code of Ala. (1975). Furthermore, as set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 I have the right to challenge or appeal any portion of my state and/or federal CHRI that I believe to be inaccurate (see "Appendix A" for contact information).

Applicant Signature _____

Date _____

Name of Witness _____ Name of Witness _____

Address of Witness _____ Address of Witness _____

City, State and Zip _____ City, State and Zip _____

Sworn to and subscribed before me this ____ day of _____, 20__.

Notary Signature _____ My Commission Expires _____, 20__.

FOR ALEA OFFICIAL USE ONLY: TCN: _____ SID: AL _____

Received By (Initials): _____/Date: ____/____/____ Processed By (initials): _____/Date: ____/____/____

Walk-in/Hand Delivered _____ Mailed _____ Status: _____ Initials: _____ Date: ____/____/____

Billed: _____ Paid: _____ No Charge: _____

Check#: _____

Background Check Qty: ____ Total: \$ _____

Certified Letter Qty: ____ Total: \$ _____

APPLICATION TO CHALLENGE

Alabama Criminal History Record Information

**Appendix A**

An individual may Challenge or Appeal any portion of his or her own Criminal History Record Information (CHRI) maintained by the ALEA Criminal Records and Identification Unit that he or she believes to be **inaccurate**. To submit a challenge regarding criminal history record information (CHRI) provided by the Alabama Law Enforcement Agency, Criminal Records and Identification Unit. Please complete the steps described below and mail this form and all supporting documentation to:

ALEA Criminal Records and Identification Unit – P.O. Box 1511 – Montgomery, AL 36102-1511 – ATTN: Record Challenge.

Failure to properly complete the form or provide the appropriate documentation, may cause a delay in processing your request.

I, _____, wish to challenge my Alabama CHRI provided to me by the Alabama Law Enforcement Agency Criminal Records and Identification Unit on ____/____/____.

- I understand that I must return this challenge form, along with the documentation required below, to the ALEA Criminal Records and Identification Unit no later than one year in order to challenge this information under this request. I further agree and understand that I must submit a new Request to Review or Challenge my criminal history record information in accordance with the procedure established by the Alabama Justice Information (AJI) Commission should I wish to challenge my Alabama criminal history after that date.
- I understand that I must provide below or ATTACH IN WRITING TO THIS FORM the following information regarding EACH arrest and/or disposition I am challenging before my challenge can be reviewed or processed by the ALEA Criminal Records and Identification Unit. I also understand that I should attach copies of the official documentation from the arresting agency or court (if applicable) to support each arrest or disposition being challenged.
- I understand that my challenge will be reviewed by an ALEA Criminal Records and Identification Unit official, along with the documentation provided. I also understand that my challenge may also be sent to the originating criminal justice agency with custody over the challenged information for their review, and that this process may take several weeks or longer to complete.

Please list the SPECIFIC charge, date, and Arresting Agency/Court for each arrest or disposition being challenged:		
DATE	AGENCY	ARREST CHARGE/DISPOSITION CHALLENGED
1.		
2.		
3.		
4.		
5.		

Please also provide the following details:

A. The details related to why each specific arrest or disposition listed above is inaccurate:

B. The information believed to be correct information for each arrest or disposition being challenged:

C. The agency and/or court where I obtained what I believe to be the correct supporting information (if applicable) from is:

Signature: _____ **Date:** _____

Applicant Instructions

For completing the ALEA Application to Review Alabama Criminal History Record Information or to Challenge Alabama Criminal History Record Information



Appendix B

In order for your request to review, challenge or appeal your Alabama Criminal History Record Information to be processed by the Alabama Law Enforcement Agency (ALEA), **you must complete the ALEA Application to Review (SBI Form 46) or to Challenge Alabama Criminal History Record Information (SBI Form 46 Appendix A) in accordance with the following instructions:**

1. **Your application must include ONE COPY of at least one of the following forms of your own valid photo identification:**
 - a. A valid unexpired United States state-issued photo driver license or photo ID (non-driver) card;
 - b. A valid unexpired United States Citizenship and Immigration Service Document, which may include either:
 - i. Certificate of Naturalization N-550
 - ii. Replacement Certificate of Naturalization N-570
 - iii. Special Certificate of Naturalization N-578
 - iv. Certificate of Citizenship N-560
 - v. Replacement Certificate of Citizenship N-561
 - vi. Certificate of Citizenship (Posthumous) N-645, N-645A
 - c. A valid unexpired United States Passport; or
 - d. A valid unexpired Foreign Passport which meets the following requirements:
 - i. A foreign passport must contain a Valid United States Visa or I-94 to be used as a primary proof of identification; or
 - ii. A foreign passport, not issued in English, must be translated and accompanied by a Certificate of Accurate Translation. Passports are not acceptable if un-translated into English and/or expired.
2. **Your application must include the required \$25.00 administrative fee in the form of only a cashier's check or a money order** made payable to the "Criminal Records & Identification Unit" (*sorry – personal and/or business checks are not accepted*); and
3. **Your application must include a classifiable set of your own fingerprints, taken by an authorized law enforcement agency** with an FBI-issued Originating Agency Number (ORI).
 - a. The fingerprints accompanying your application should be provided to ALEA on an official FBI-approved "Applicant" fingerprint card or a FBI-approved AFIS printout of an official "Applicant" fingerprint card (i.e., FBI blue card). This ensures positive identification and insures that the proper criminal record is reviewed.
 - b. Details for the fingerprinting agency may be found in APPENDIX C.
4. **Your completed request and all of the required documentation should be mailed to:**

Alabama Law Enforcement Agency
Criminal Records and Identification Unit
ATTN: Background Checks
P.O. Box 1511
Montgomery, Alabama 36102-1511
5. **If your application is to CHALLENGE any part of your CHRI maintained by ALEA, the application must include, at a minimum:**
 - a. A copy of the Alabama Criminal History Record being challenged;
 - b. The charge and DATE of each specific arrest or disposition being challenged;
 - c. The Name of the ARRESTING AGENCY OR COURT for each arrest or disposition being challenged;
 - d. A listing of each specific arrest or disposition being challenged;
 - e. The details related to why each specific arrest is inaccurate;
 - f. What the applicant believes to be the correct information for each arrest or disposition being challenged;
 - g. Where the applicant obtained what he/she believes to be the correct supporting information (if applicable); and
 - h. Official documentation from the arresting agency or court (if applicable) to support each arrest or disposition being challenged.
6. **Your completed request and all of the required documentation should be mailed to:**

Alabama Law Enforcement Agency
Criminal Records and Identification Unit
ATTN: Record Challenge
P.O. Box 1511
Montgomery, Alabama 36102-1511

Please allow a minimum of 4-5 weeks from the date the application is received by ALEA for ALEA to process your request for review. Requests to Challenge CHRI information do NOT fall under this timeframe, as they require additional research, contact and verification with the arresting agencies, etc. If you have any questions concerning this procedure, you may contact ALEA by calling 334-517-2450 or 1-866-740-4762.

Instructions for Law Enforcement Official

Taking the applicant's fingerprints on FBI "Applicant" Fingerprint Card

FD-258 (Rev 12-10-07)



Appendix C

In accordance with Alabama law and the procedures established in Section 265-X-2 of the *Alabama Administrative Code*, individual citizens may request and may be provided with classifiable sets of their own fingerprints to accompany a request for his/her own Alabama Criminal History Record Information (CHRI) from the Alabama Law Enforcement Agency (ALEA).

1. One of the requirements for an individual to request their own criminal history record information is that the individual to provide ALEA with a classifiable set of his or her own fingerprints (taken by an authorized law enforcement agency with an FBI-issued ORI) with his or her application to Review or Challenge his or her own Alabama criminal history. This ensures positive identification and insures that the proper criminal record is reviewed and/or challenged.

1. The individual you are fingerprinting should provide proper identification to your agency upon request.

2. The individual's fingerprints should be taken by law enforcement on an FBI "Applicant" Fingerprint Card (i.e. blue card). Please ensure that your agency's name and ORI, AND your name and telephone number, are included on the completed fingerprint card. A sample of the FBI "Applicant" Fingerprint Card FD-258 (Rev 12-10-07) for your reference purposes is provided below.

3. Please return the completed fingerprint card to the applicant, as it is the APPLICANT's responsibility to mail the completed CHRI Release Form (SBI Form 46), along with his/her own fingerprint card and the other required documents. See SBI Form 46 Appendix B for mailing instructions.

4. If you have any questions, please call ALEA at 334-517-2450 or 1-866-740-4762. To request blank FBI APPLICANT cards, your law enforcement agency may contact the FBI Customer Service Group, CJIS Division Biometric Section at (304) 625-5590 or by e-mail at identity@ic.fbi.gov.



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 _____