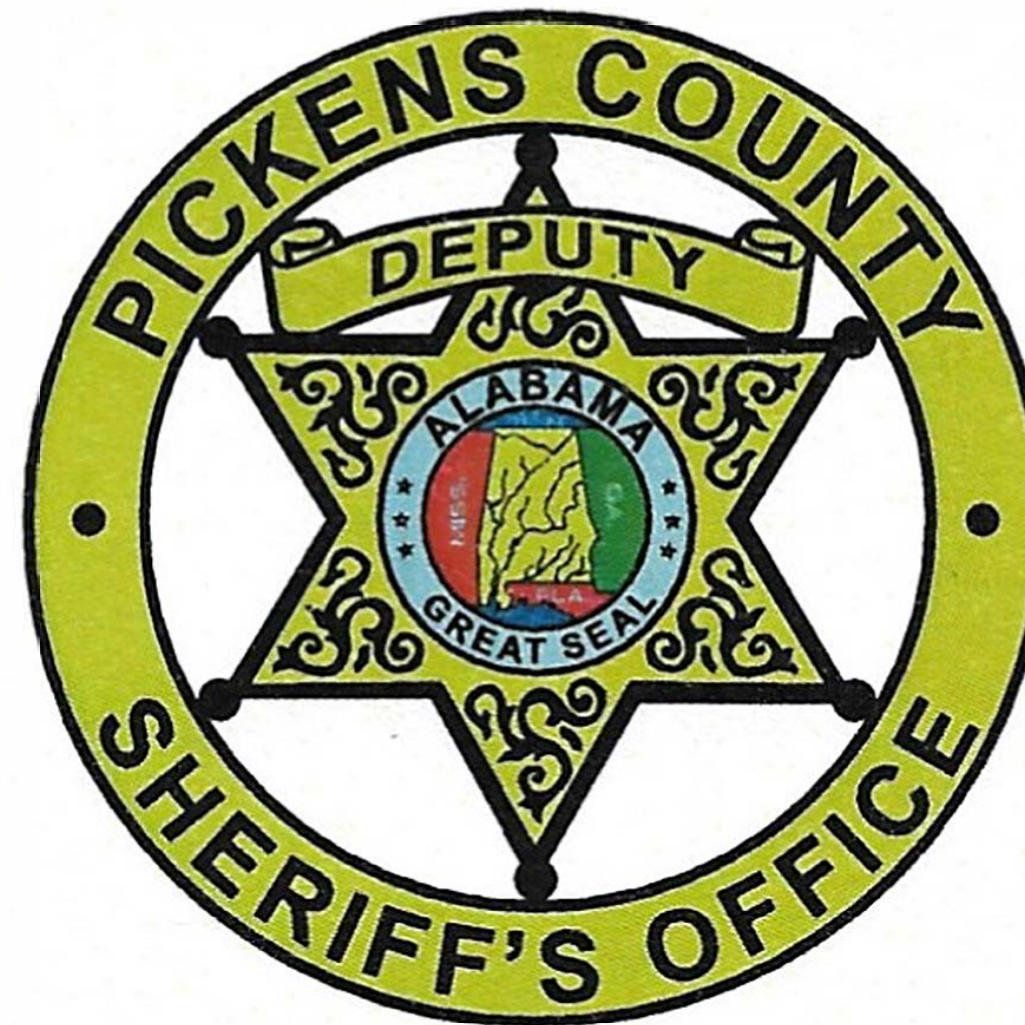


PICKENS COUNTY SHERIFF'S OFFICE

Todd Hall
Sheriff



NAME OF APPLICANT

POSITION APPLIED FOR

FILL OUT THIS APPLICATION COMPLETELY AND ACCURATELY. ALL STATEMENTS IN THIS APPLICATION ARE SUBJECT TO VERIFICATION. ANY APPLICANT INTENTIONALLY GIVING FALSE INFORMATION WILL BE SUBJECT TO DISQUALIFICATION.

IF A QUESTION DOES NOT APPLY TO YOU, WRITE N/A (NOT APPLICABLE). IF THE SPACE PROVIDED IS INADEQUATE, PLEASE DOCUMENT THE ADDITIONAL INFORMATION ON A SEPARATE SHEET OF PAPER (8-1/2 X 11) AND INDICATE THE QUESTION YOU ARE RESPONDING TO. MORE THAN ONE ANSWER MAY BE PUT ON A SHEET.

PLEASE FILL OUT APPLICATION BY PRINTING LEGIBLY IN BLACK OR BLUE INK.
APPLICATIONS MAY BE EMAILED TO OFFICE@PCSOALORG OR DROPPED OFF AT THE SHERIFF'S OFFICE.



PICKENS COUNTY SHERIFF'S OFFICE

Todd Hall, Sheriff
PO Box 226
Carrollton, AL 35447
(205) 367-2000



Date _____
SSN _____
Contact Number _____
Sex _____
Race _____
DOB _____

Please fill this application out in full.

1. What is your Full name _____
2. What is your age? _____
3. Present Home Address? _____
4. Have you ever used any narcotic drug, barbiturates, amphetamines, marijuana, or any hallucinogenic drugs? _____ (if yes, please explain what, and when.)

5. Do you ever drink alcoholic beverages? _____ (if yes, how many drinks do you consume a week)? _____
6. Are you married, single, or divorced? _____
7. Where did you attend high school ? _____
8. Did you graduate? _____
9. Did you attend college? _____
10. Did you graduate college? _____
11. Have you ever served in a military organization of the United States? _____
(if yes, which branch of service, and what years)?

12. Have you ever been arrested? _____ (if yes, please explain, the police agency, the final disposition, the date, the charge.)

13. List all employments, including part time employment.

Employer _____

How long were you employed? _____

Position held? _____

Employer's phone number? _____

Reason for leaving? _____

_____.

Employer _____

How long were you employed? _____

Position held? _____

Employer's phone number? _____

Reason for leaving? _____

_____.

Employer _____

How long were you employed? _____

Position held? _____

Employer's phone number? _____

Reason for leaving? _____

_____.

14. Has your drivers license ever been revoked or suspended? _____
(if yes, please explain why)

_____.

15. If yes to No. 14, was your license ever restored? _____

16. Please list 3 references.

Name _____

Contact number _____

Relation to you? _____

Years known? _____

Name _____
Contact number _____
Relation to you? _____
Years known? _____

Name _____
Contact number _____
Relation to you? _____
Years known? _____

Signature of applicant _____