

City of Muscle Shoals

2010 Avalon Avenue • Muscle Shoals, Alabama 35661
Post Office Box 2624 • Muscle Shoals, Alabama 35662-2624
(256) 383-5675 • Fax: (256) 386-9201 • www.cityofmuscleshoals.com

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Instructions: Complete all information. Please complete insert if enclosed. Be sure to sign and date the application. MUST use ink on this application.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Last Name		First Name		Middle Name	
Address	Street	City	State	Zip Code	
Telephone Number(s)			Social Security Number (Optional)		
E-Mail Address					

POSITION APPLYING FOR: _____

May we contact your present employer? ☐ Yes ☐ No

Have you filed an application or been employed here before? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) ☐ Yes ☐ No

Are you available to work? ☐ Full time ☐ Part time ☐ On Shifts

Are any of your relatives employed with the City of Muscle Shoals? ☐ Yes ☐ No

If yes, list name(s) _____

Have you been convicted of a felony? ☐ Yes ☐ No

If yes, please explain _____

Have you ever been convicted or arrested for any reason other than a minor traffic violation? ☐ Yes ☐ No

Are you on lay-off and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name of School	City and State	Year Graduated	Course of Study	Course or Degree
High School					
College					
College					
Vocational					
Other (Specify)					

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Give name, address and phone number of three references not related to you.	
Name	Address and/or Phone Numbers

Employment Experience

THIS SECTION MUST BE COMPLETED EVEN WITH RESUME ATTACHED.

List each job held. Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.

1	Current or Last Employer	Dates Employed		Work Performed
		From	To	
	Telephone Number(s)			
	Job Title	Salary (Optional)		
	Supervisor (Include first and last name)			
	Reason for Leaving			
2	Previous Employer	Dates Employed		Work Performed
		From	To	
	Telephone Number(s)			
	Job Title	Salary (Optional)		
	Supervisor (Include first and last name)			
	Reason for Leaving			
3	Previous Employer	Dates Employed		Work Performed
		From	To	
	Telephone Number(s)			
	Job Title	Salary (Optional)		
	Supervisor (Include first and last name)			
	Reason for Leaving			
4	Previous Employer	Dates Employed		Work Performed
		From	To	
	Telephone Number(s)			
	Job Title	Salary (Optional)		
	Supervisor (Include first and last name)			
	Reason for Leaving			

Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of all statements contained in this application as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Muscle Shoals.

Signature of Applicant

Date

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

FOR HUMAN RESOURCE DEPARTMENT USE ONLY - DO NOT WRITE BELOW

Initial

Complete ☐
Incomplete ☐

Scheduled Agility Test

Date: _____ Time: _____

Scheduled Interview

Date: _____ Time: _____

Additional Interview

Date: _____ Time: _____

Notes: _____

Employed ☐ Yes ☐ No

Date of Employment _____

QUESTIONNAIRE FOR COMMUNICATIONS APPLICANT
(PLEASE RETURN WITH YOUR APPLICATION)

- Do you understand that any offer of employment is conditional upon a physician's certification of your fitness for duty based upon job-related criteria?

Yes _____ No _____

- Do you understand that any offer of employment is conditional upon a successful completion of controlled substance testing?

Yes _____ No _____

- **HIGH SCHOOL DIPLOMA OR GED IS REQUIRED.**

Do you meet this requirement?

Yes _____ No _____

- **PLEASE ATTACH COPY OF YOUR DIPLOMA OR GED CERTIFICATE WITH APPLICATION.(COLLEGE DIPLOMA WILL BE ACCEPTED.) ALSO, COPY OF HIGH SCHOOL OR COLLEGE TRANSCRIPT IS ACCEPTED.**

- Is any member of your or your spouse's immediate family (defined by the Civil Service Board's Personnel Policies and Procedures as spouse, parent, child, brother, sister, grandparent, grandchild, aunt, uncle, nephew, niece) employed in the department for which you desire consideration?

Yes _____ No _____

If Yes, please name: _____

- **DO YOU UNDERSTAND THAT YOU MUST COMPLETE ALL INFORMATION ON YOUR APPLICATION AND ATTACHMENT OR IT WILL NOT BE CONSIDERED?**

Yes _____ No _____

I certify that answers given herein are true and correct to the best of my ability. I also understand, that in the event I am employed, that false or misleading information given on this form may result in my discharge.

Signature of Applicant

Date

MUSCLE SHOALS POLICE DEPARTMENT

TATTOO/BODY MODIFICATION POLICY

Employees of the Muscle Shoals Police Department must comply with department policy governing tattoos and body modification. Policy compliance may directly impact eligibility for employment; therefore, applicants considered for employment are required to review the policy and complete the form on the following page.

POLICY:

Tattoos:

- Tattoos on the hands, face, neck, and scalp are prohibited.
- Tattoos on any other body part are required to be covered. Regardless of their location, tattoos that are potentially offensive to the community, racist, sexism or sexually explicit, obscene or profane, gang or drug related or political in nature are prohibited.
- Exception: one tattoo is permitted to be visible and may remain uncovered on the arm between the wrist and two inches above the inside bend of the elbow if the maximum dimensions are less than 3"X 5" (as tested by placing a standard 3"X 5" notecard over the tattoo); and the visible tattoo must not be potentially offensive to the community, as determined by the Police Chief.
- Covering tattoos in order to meet the standard must be done using apparel approved by the department.
- Exceptions to the tattoo policy must be authorized by the Police Chief.

Body Modification and Body Piercings:

Body modifications visible while on duty are prohibited. Body modifications include, but are not limited to:

- Tongue splitting or bifurcation
- Abnormal shaping of the ears, eyes or nose
- Gauging or gradually increasing the radius of a surgically induced opening in areas such as the ear lobes or lips.
- Branding or scarification
- Body modifications shall not include those procedures medically necessitated by illness, deformity or injury, when performed by a licensed medical professional.

Tattoo Policy Questionnaire

APPLICANT: Do you have any tattoos or body modifications? ☐ YES ☐ NO

IF YOU ANSWERED **YES**, PLEASE CHECK ALL STATEMENTS THAT APPLY TO YOU AND PROVIDE NECESSARY DETAILS:

- ☐ I do not have any tattoos on my hands, face, neck or scalp.
- ☐ I have only one (1) tattoo on my arm that is between the wrist and 2" above the inside bend of the elbow which is smaller than 3"X 5" and is not potentially offensive to the community. I understand that if I am employed in the Police Department, this single tattoo can remain visible.
- ☐ I have one or more tattoos that, pursuant to the Police Department's tattoo policy, do not impact my eligibility for employment. I understand that if I am employed in the Police Department, I must cover all tattoos using approved items.
- ☐ I have one or more tattoos that may be considered offensive to the community. I am providing the following description for evaluation. This description includes the image(s) depicted by the tattoo(s), the size(s) of the tattoo(s), and the location(s) of the tattoo(s) on my body:

I, the undersigned applicant, acknowledge: 1) I have read the tattoo policy; 2) I have properly disclosed the information required; and 3) I understand that failure to answer truthfully will make me ineligible for any future employment with the City of Muscle Shoals or, if hired, could result in termination from employment.

Applicant Signature

Date

BACKGROUND REPORT DISCLOSURE STATEMENT

Please read the information on this form carefully. It describes your rights as a consumer.

City of Muscle Shoals uses Risk Mitigation Services, Inc. to conduct background investigations as part of its employment process. Such background investigations are covered by Section 603 of the federal Fair Credit Reporting Act (FCRA) and are termed "consumer reports" and/or "investigative consumer reports". Risk Mitigation Services, Inc. is a "Consumer Reporting Agency" (CRA) covered by the FCRA. City of Muscle Shoals uses the background reports provided by Risk Mitigation Services, Inc. for employment, continued employment, volunteer status, or promotion purposes. City of Muscle Shoals will procure the report from:

Risk Mitigation Services, Inc.,
PO Box 2129
Muscle Shoals, AL 35662
Tel. 866-383-1180
www.riskmitigation.us

Under Section 603 of the FCRA, a consumer report or consumer investigative report is an independent investigation of your background, which may include information regarding your "character, general reputation, personal characteristics, or mode of living." The background report that Risk Mitigation Services, Inc. provides may contain information about your driving record, civil and criminal legal and court records, criminal conviction records, education, professional or employment-related credentials, credit history, identity, locations and addresses where you have lived, Social Security number, education history, previous employment, and other public records.

The FCRA requires that if City of Muscle Shoals denies you employment, continued employment, volunteer status, or promotion as a result of information contained in a background report, you must be provided with a copy of the report, a summary of your rights under the FCRA, the name, address, and telephone number of the consumer reporting agency that furnished the report and given a reasonable opportunity to respond to disputed information contained in the report.

I hereby consent to your obtaining the above information from Risk Mitigation Services, Inc.

First Name (please print)	Middle Name	Last name
Signature		Date

Social Security Number: _____ *Date of Birth: _____

Driver's License Number: _____ DL State: _____

Daytime Telephone Number: _____

International Applicants

International Government ID: _____
ID# Country of Origin

International Address: _____
Physical Address

City/Province/Country

*Without this information, we will be unable to properly identify you in the event we find adverse information during the course of the background check.

IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION
ACKNOWLEDGMENT AND AUTHORIZATION

USA Applicants Only: I acknowledge receipt of the BACKGROUND CHECK DISCLOSURE STATEMENT and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents.

Applicants with Personal Data from Outside the USA Only: I acknowledge receipt of the DATA PRIVACY NOTICE and certify that I have read and understand the document.

I hereby freely authorize release to City of Muscle Shoals of consumer reports and/or investigative consumer reports as part of its evaluation of my application for employment, continued employment, or promotion. I also authorize disclosure to City of Muscle Shoals and/or to Risk Mitigation Services, Inc. or its agents information that City of Muscle Shoals deems pertinent to its consideration of my application for employment, continued employment, or promotion, including but not limited to my employment history, earning history, education (transcripts), motor vehicle driving licensure and record, criminal history, credit history, public records, records of administrative adjudications, by any individual, corporation or other private or public entity, including without limitation the following: employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; motor vehicle records agencies; credit bureaus, and other applicable sources. These reports may contain information regarding your use of social media, the content that you contribute to social media, and any other publicly-available information about you on the internet. Social media include, but are not limited to, social networking websites (e.g., Facebook, MySpace), professional networking websites (e.g., LinkedIn), video-sharing websites (e.g., YouTube), image-sharing websites (e.g., Flickr), blogs, wikis, virtual worlds, and personal websites.

In accordance with the host nation's laws and the laws applicable to me depending on my location regarding the release of information, I authorize the release and transmittal of information from any country to the above listed parties, their clients, and/or their agents or vendors located in any country, including countries outside the European Union that may have a different level of data protection or inadequate data protection laws as defined by the European Commission.

I understand this authorization will apply throughout my employment status to the extent permitted by law, unless revoked or canceled by sending a signed revocation letter or statement to City of Muscle Shoals. I understand to the extent allowed by law, information contained in my job application or that I have otherwise disclosed before, during, or after my employment, if any, may be used to obtain consumer reports and/or investigative consumer reports.

I understand that providing false information or omitting material information on my employment application materials or as part of the employment process is grounds for rejecting employment, or terminating employment, whenever discovered.

This Authorization form, in original, faxed, photocopied, or electronic form, will be valid for any reports that City of Muscle Shoals may request. The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

New York Applicants Only: Upon request, you will be informed whether or not a consumer report was requested by Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of ARTICLE 23-A OF THE NEW YORK CORRECTION LAW.

New York City Applicants Only: You acknowledge and authorize Company to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

Minnesota and Oklahoma Applicants Only: Please check this box, if you would like to receive a copy of a consumer report, if one is obtained by Company.

Washington State Applicants Only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Printed Name: _____

Signature: _____ Date: _____

CITY OF MUSCLE SHOALS JOB DESCRIPTION

Title: Communications Officer

Dept: Police

Job Analysis conducted: February 2005

Note: Statements included in this description are intended to be reflective of the duties and responsibilities of this job and are not to be interpreted as being all inclusive. The employee may be assigned other duties that are not specifically included.

Relationships

Reports to: Shift Supervisor

Subordinate staff: None

Other internal contacts: Other Police Department Employees; Fire Department; Utilities Department; and Municipal Court.

External Contacts: General Public; Members of Other Law Enforcement Agencies; Community Service Agencies; Ambulance Service and Wrecker Services.

Job Summary

Under the direction of the shift supervisor, the employee monitors two-way radio and telephones. Receives calls for assistance and dispatches appropriate help. Enters complaints into computer. Keeps logs of various department activities and maintains department files. Enters data into NCIC computer and updates information when appropriate.

Job Domains

(*indicates essential functions in accordance with the ADA)

A. Radio

1. *Continuously monitors two way radio and telephone; transmits all emergency messages by radio or telephone.
2. *Receives and logs complaints and enters complaints into computer.
3. *Relays complaints and requests for assistance to patrol units, ambulances and other special service vehicles; provides necessary information.
4. *Informs supervisor of all emergencies and serious complaints.
5. *Maintains contact with patrol units; ensures that officers investigating a complaint remain in contact; sends backup units if necessary.
6. *Dispatches fire and rescue units to accident scenes and disasters as required.
7. *Answers calls and provides advice to public when appropriate; refers to supervisor as needed.
8. *Receives and answers calls utilizing city fire, water, and electric departments, county sheriff's department; and Alabama State Net radio frequencies.
9. *Takes and forwards messages for police department employees.

B. Reports and Record Keeping

1. *Keeps electronic log of daily dispatch activities including use of, ambulance, and wrecker.
2. *Maintains daily report of shift activities.
3. *Keeps log of criminal histories, driver histories, and NCIC entries.
4. Copies NCIC entries and establishes a folder for dispatchers and for investigators.
5. *Purges files as required.

C. Computer Operator Duties

1. *Enters guns, warrants, wanted persons, tag numbers, drivers license, missing persons and stolen property information into the N.C.I.C. computer; clears all of the above from the computer when appropriate.
2. *Monitors computer for incoming data such as messages and information.
3. *Sends and receives administrative messages to and from various law enforcement agencies.
4. *Checks information on drivers licenses, vehicle registrations, criminal histories, stolen property, wanted or missing persons, etc.

D. Miscellaneous

1. *Monitors jail activities through intercom and surveillance cameras.
2. May be required to search female prisoners.
3. Ensures radio room is neat and in order.

4. Accepts packages delivered to department; forwards to appropriate individuals.

Knowledge, Skills and Abilities

(Any item with an asterisk can be taught on the job)

1. Ability to communicate effectively with co-workers, supervisors, general public, court personnel and city officials in person, over the telephone, and by two-way radio.
2. Writing skills to complete routine reports and forms.
3. Reading skills to understand and interpret department rules, regulations and policies as well as written reports, etc..
4. Ability to operate a personal computer to input report data.
5. Ability to comprehend information given over the phone or radio.
6. *Skills to operate radio and N.C.I.C. terminal.
7. *Knowledge of civil and criminal laws.
8. *Knowledge of computer formats for NCIC/ACJIS.
9. *Knowledge of radio codes and police terminology.
10. *Knowledge of the city, and its buildings and road system.
11. *Knowledge of department rules, regulations and policies.
12. Ability to remain calm and act quickly during emergencies.
13. Ability to work independently without close supervision.
14. *Ability to file records in correct file.

Other Characteristics

1. Possess NCIC/ACJIS computer certification or the ability to become certified within the required time period.
2. Possess a high school diploma or equivalency.
3. Emotional stability to work in stressful situations.
4. Ability to work overtime, non-standard hours, weekends, and holidays.
5. Ability to travel to attend seminars, schools and workshops.
6. Ability to report to work in clean, neat attire.
7. Ability to handle stressful and/or difficult situations in a professional, courteous manner.
8. Must carry approved communication device and be able to respond to emergency calls according to department policies.

Work Environment

The work environment involves high risks with exposure to potentially dangerous situations or unusual stress which require a range of safety and other precautions, e.g., subject to possible physical attack or mob conditions, or similar situations where conditions cannot be controlled.

Physical Demands

The work is sedentary. Typically, the employee may sit comfortably to do the work. However, there may be some walking; standing; bending; carrying light items such as papers, books, small parts; driving an automobile, etc. No special physical demands are required to perform the work.

Approval

		
Name	Title	Date