



## OPD Reserve Officers Corps Application

Date: \_\_\_\_\_

Name:

\_\_\_\_\_

Street Address:

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_ Cell phone: (    ) \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

POSITION(s) Applied For: **Reserve Police Officer** \_\_\_\_\_

On what days are you available for work? \_\_\_\_\_

Are presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you legally eligible to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of an offense other than a minor traffic violation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever plead guilty or no contest to any offense other than a minor traffic violation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any charges of any type pending at this time?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

\_\_\_\_\_  
*Criminal convictions are not an absolute bar to employment but will be considered in relation to specific job requirements.*

**OPELIKA POLICE DEPARTMENT  
APPLICATION RESERVE OFFICER CORPS  
EMPLOYMENT RECORD:**

**#1 Present or Most Recent Employer:**

Employer Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Number Street City State Zip Code  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Last Pay Rate: \$ \_\_\_\_\_ Per \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ to: \_\_\_\_\_

Was your employment: \_\_\_\_\_ Full Time \_\_\_\_\_ Part-time (avg. hours per week: \_\_\_\_\_)

Describe your duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**#2 Previous:**

Employer Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Number Street City State Zip Code  
Supervisor's Name: Title: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Last Pay Rate: \$ \_\_\_\_\_ Per \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ to: \_\_\_\_\_

Was your employment: \_\_\_\_\_ Full Time \_\_\_\_\_ Part-time (avg. hours per week: \_\_\_\_\_)

Describe your duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**#3 Previous:**

Employer Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Number Street City State Zip Code  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Last Pay Rate: \$ \_\_\_\_\_ Per \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ to: \_\_\_\_\_

Was your employment: \_\_\_\_\_ Full Time \_\_\_\_\_ Part-time (avg. hours per week: \_\_\_\_\_)

Describe your duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact the employers listed above? \_\_\_\_\_ Yes \_\_\_\_\_ No

If NO, indicate the employers you do not wish us to contact: \_\_\_\_\_

**OPELIKA POLICE DEPARTMENT  
APPLICATION RESERVE OFFICER CORPS  
EDUCATION:**

Name of High School: \_\_\_\_\_  
City State

Did you graduate: \_\_\_\_\_ Yes \_\_\_\_\_ No

Mark which diploma: \_\_\_\_\_ Advanced \_\_\_\_\_ General \_\_\_\_\_ Certificate of Completion

Have you completed the requirements for a General Education Diploma (G.E.D.)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, state where received: \_\_\_\_\_

Name of College: \_\_\_\_\_  
City State

Years Completed: 1 2 3 4 5 6 did you graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Name of Graduate School: \_\_\_\_\_  
City State

Did you graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No

Area of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

Vocational Technical School: \_\_\_\_\_

Years Completed: 1 2 3 4 5 6 did you graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No

Area of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

Other Formal Education: \_\_\_\_\_

Years Completed: 1 2 3 4 5 6 City State  
did you graduate: \_\_\_\_\_ Yes \_\_\_\_\_ No

Area of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

**SPECIALIZED TRAINING / SKILLS:**

Typing: \_\_\_\_\_ /wpm Shorthand: \_\_\_\_\_ / wpm

Can you operate: \_\_\_\_\_ Calculator \_\_\_\_\_ Dictaphone \_\_\_\_\_ Multi-line Telephone System?  
\_\_\_\_\_ Copier \_\_\_\_\_ Word Processor \_\_\_\_\_ Data Entry Terminal

List any other training, skills or aptitudes which you feel are related to the type of employment you are seeking with the City: \_\_\_\_\_  
\_\_\_\_\_

Do you have a valid Driver's License: \_\_\_\_\_ Yes \_\_\_\_\_ No

License Number: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_

Have you ever been employed by the City of Opelika: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state: Supervisor's Name: \_\_\_\_\_ Department: \_\_\_\_\_

Your position: From: \_\_\_\_\_ to: \_\_\_\_\_

Reason for termination: \_\_\_\_\_

**OPELIKA POLICE DEPARTMENT  
APPLICATION RESERVE OFFICER CORPS  
MILITARY SERVICE**

Have you served in the U. S. Military Service: \_\_\_\_\_ Yes \_\_\_\_\_ No

Dates of active service: From: \_\_\_\_\_ to: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Type of Duty: \_\_\_\_\_

Describe any special training or skills acquired in the Services: \_\_\_\_\_  
\_\_\_\_\_

List memberships in any professional organizations which you feel would enhance your application:  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S STATEMENT**

Read Carefully:

The information contained in this application is correct and accurate to the best of my knowledge. I understand that being accepted into the OPD Reserve Corps is subject to: verification of applicable lawful age, legal right to remain permanently in the United States and have no felony convictions, or misdemeanor convictions involving force, violence or moral turpitude; and I will furnish and submit such lawful proof, documents and permits as may be necessary to verify the same, I hereby agree to submit to medical examination based on the essential functions of the job after a conditional job offer has been made. I authorize: (A): Investigation of the information contained in this application, of other matters concerning my past employment, credit, educational records, or other activities, (B) The issuance of credit and consumer reports or other statements which may be furnished or obtained concerning the same. I hereby release from any and all liability and responsibility all persons, companies and corporations supplying such information and the City of Opelika in obtaining the same. I agree to use such personal protection equipment and devices as may be required by the City and to comply with safety rules and requirements. I understand that any misleading or incorrect statements may render this application void and in the event of my acceptance into the OPD Reserve Corps would be cause for immediate dismissal.

I have carefully read the above and fully understand the same.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OR EMPLOYMENT INFORMATION**

Applicant:

This will authorize all previous employers of mine to provide the City of Opelika with any information that the City of Opelika may request. I hereby authorize each previous employer of mine to give to the City of Opelika any information in my personnel file that the City may request, including, but not limited to disciplinary actions, attendance records, reports relative to training and education, and any other information available concerning my previous employment. The City of Opelika may obtain an investigative report that includes information obtained through personal interviews with supervisors and business associates with any previous employer of mine. The personal interviews may seek information about my past job performance reliability, character, personal characteristics, and general reputation. I understand that if I am chosen to serve in the Reserve Officers Corps, the Opelika Police Department may terminate my employment during the probationary period with or without cause. I understand that no promise of employment for a particular length of time has been made to me. I further understand that no manager, supervisor, employer or other city representative has the authority to promise employment for a particular length of time or to make any other promise or representations about my future employment with the City.

I have read and understand the application and all information contained herein.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*This application becomes inactive after six months, unless renewed in person or in writing\*\*\***