

**MADISON COUNTY SHERIFF'S  
RESERVE COMPONENT**

**As of Nov 2020**

**Minimum Requirements**

1. Must be 21 years of age. A copy of Birth Certificate is required.
2. Reside within Madison County preferred.
3. Must provide a copy of High School Diploma or GED certificate. If applicable, a copy of any College degrees is also required.
4. Must be employed, retired with income or a student with verifiable means of income.
5. Must be in good physical condition with no heart or respiratory ailments or no physical restriction of movement.
6. Vision must be correctable to 20/20
7. If prior military, must have received an Honorable Discharge and provide a copy of your DD Form 214.
8. If a current active duty military member, must provide a memo of approval from the chain of command for participation in this program.
9. Must have a copy of a valid Alabama driver's license and Social Security Card. If active duty military must have a copy of current driver's license from applicable state and copy of Social Security Card.
10. Must have a phone.
11. Must submit to a background investigation
12. If applicant has an arrest record, a review of such record will be conducted on an incident by incident basis to determine acceptability.
13. Applicant cannot be employed by or be a non-compensated member of a law enforcement agency, public safety agency, private investigation organization, or any other organization that would present a conflict of interest.
14. Must be willing to work in the following department divisions as needed; Patrol, Corrections, Vice-Narcotics, or Civil.
15. Must be a USA legal resident and if not active duty military, a legal resident of the State of Alabama.
16. Members are subject to a drug screen evaluation at any time.
17. A copy of your State Certification is also required.

**Minimum Participation Requirements**

- a. Two shifts on patrol each month. 24 patrols minimum per calendar year.
- b. Attend monthly reserve meeting.
- c. Participate in special details as requested by reserve leadership.
- d. Report for duty fifteen minutes prior to beginning of scheduled assignment.
- e. Maintain a current Alabama issued pistol permit.
- f. Successfully complete the annual weapons qualification.
- g. Attend any other mandatory training as directed by the MCSO to maintain proficiency.

APPLICATION FOR MEMBERSHIP  
**MADISON COUNTY**  
**SHERIFF'S RESERVE COMPONENT**

Courthouse  
100 Northside Square  
Huntsville, Al. 35801

NOTE: This application will be held on file for one year

Date \_\_\_\_\_

**Name**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Contact Information**

Daytime Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Current Address**

Apt No. \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

**Identification/Description**

Age \_\_\_\_\_

Date of birth \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Hair Color \_\_\_\_\_

Eye Color \_\_\_\_\_

SSN \_\_\_\_\_

**Marital / Family Status**

Married \_\_\_\_ Spouse's Name \_\_\_\_\_

Number of Dependents \_\_\_\_\_

**EMERGENCY Contact Information**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Driver's License (if none so state)**

State \_\_\_\_\_ Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

**Other Names** by which you have been known

\_\_\_\_\_

\_\_\_\_\_

**Citizenship**

Are you a US citizen? \_\_\_\_\_

School	Name & Address	Last Year Completed	Graduate?	Degree / Major
Elementary and Middle				NA
High School				
College				
Other				

**Military Service** Were you a member of the US Armed Forces? \_\_\_\_\_  
Branch \_\_\_\_\_ Dates of Service \_\_\_\_\_  
Rank at Separation \_\_\_\_\_ Type Discharge \_\_\_\_\_

**General Information**

Have you ever worked for the Madison County Sheriff's Office? \_\_\_\_\_

Do you have relatives employed by Madison County? \_\_\_\_\_ If yes, complete below

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Department \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Department \_\_\_\_\_

Have you ever been discharged from another job? \_\_\_\_\_ A "yes" response will not necessarily ban you from membership. If yes, explain:

Have you ever been convicted of a crime or any traffic offense(s) or do you have the charges currently pending against you? \_\_\_\_\_ A "yes" response will not necessarily ban you from membership. If yes, explain:

Have you ever had a work-related injury? \_\_\_\_\_ A "yes" response will not necessarily ban you from membership. If yes, explain:

List any additional skills, experience or qualifications not listed elsewhere on this application. Include volunteer work that you have done that might be relevant to application for membership:

When will you be available to begin training for membership? \_\_\_\_\_

List any additional skills or qualifications, including volunteer work that is relevant or use as Continuation space for information requested on pages 1 & 2:

**Health Certification and Consent to Physicals, Blood and Urinalysis**

I certify that I have no physical limitations which will prevent me effectively performing the membership for which I am applying. If required for my position, I consent to an initial exam, periodic physical exams, and blood/urine analysis at County expense. I understand that this analysis may test for controlled substances:

Signature \_\_\_\_\_

**References**

List four persons other than former employees, supervisors or relatives who are familiar with your qualifications and background. References do not have to be local.

Name & Occupation	Address	Telephone

Unless otherwise specified herein, I authorize all persons listed as references and all former employees to release information to the MADISON COUNTY SHERIFF'S OFFICE relative to my education, training, qualifications, work history and general fitness for membership.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Applicant's Certification and Agreement  
(please read carefully before signing)

I hereby certify that the facts set forth in the above membership application are true and complete to the best of my knowledge. I understand that, if accepted, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history, financial and credit record and police record through any investigative agencies or bureaus of your choice.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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**For Department Use Only**

INTERVIEWER	DATE	MEETS MINIMUM QUALIFICATIONS	
		YES	NO
SPONSORED BY			
COMMENTS			
Date to Begin Training			

## Work Experience

Give your employment history below, beginning with your present employment and working back. All fields should be completed fully.

- | Employer / Company                        | Employment Dates / Information       |
|-------------------------------------------|--------------------------------------|
| Name _____                                | To: _____                            |
| Street _____                              | From: _____                          |
| City _____                                | Exact Title / Position _____         |
| Zip _____                                 | Supervisor Yes or No _____           |
| Supervisor's Name _____                   | Number of Employees Supervised _____ |
| Supervisor's Phone No. _____              |                                      |
| Description of duties & responsibilities. |                                      |

- | Employer / Company                        | Employment Dates / Information       |
|-------------------------------------------|--------------------------------------|
| Name _____                                | To: _____                            |
| Street _____                              | From: _____                          |
| City _____                                | Exact Title / Position _____         |
| Zip _____                                 | Supervisor Yes or No _____           |
| Supervisor's Name _____                   | Number of Employees Supervised _____ |
| Supervisor's Phone No. _____              |                                      |
| Description of duties & responsibilities. |                                      |

Reason for leaving:

- | Employer / Company                        | Employment Dates / Information       |
|-------------------------------------------|--------------------------------------|
| Name _____                                | To: _____                            |
| Street _____                              | From: _____                          |
| City _____                                | Exact Title / Position _____         |
| Zip _____                                 | Supervisor Yes or No _____           |
| Supervisor's Name _____                   | Number of Employees Supervised _____ |
| Supervisor's Phone No. _____              |                                      |
| Description of duties & responsibilities. |                                      |

Reason for leaving:

- Reason for leaving:

- Reason for leaving:

- Reason for leaving:



## Madison County Sheriff's Office Certification and Penalty

I hereby declare that all statements and information provided to the Madison County Sheriff's Office in this personal history statement, as well as any other statements and information provided for my pre-employment background investigation or any other phase of my pre-employment screening, are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact, willful omission or material fact, or willful deception, will be cause for disqualification and rejection as a candidate for employment, without appeal. I further understand that these aforementioned misstatements, omissions, or deceptions are also grounds for termination after employment, without notice and without right of appeal.

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Signature of Applicant

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Date

Subscribed and Sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public in and for the said County of \_\_\_\_\_. State of \_\_\_\_\_

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Notary Public

# MADISON COUNTY AL. SHERIFF'S OFFICE

## APPLICANT RELEASE FORM

Last Name Name	First Name	Middle	Sex	Race	Date of Birth
Place of Birth	City	County	State	Country	

This release, when presented by a duly authorized representative of the Madison County AL Sheriff's Office, Office of Employment Standards, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Madison County AL Sheriff's Office, Office of Employment Standards: Employment; Educational; Medical; Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit; Polygraph Examinations; and the UNDELETED copy of the separation document and medical records of the national Personnel Records and Military Personnel Records Center.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Madison County AL Sheriff's Office. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the Madison County AL Sheriff's Office, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the Madison County AL Sheriff's Office. I understand that all materials pertaining to this background investigation become the property of the Madison County AL Sheriff's Office, and the Office of Employment Standards and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source(s) of information will not be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

### MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

State of \_\_\_\_\_;

County/City of \_\_\_\_\_;

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires \_\_\_\_\_, (Signature of Notary)\_\_\_\_\_.

Signature \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_