

**APPLICATION
MOUNTED PATROL
Lauderdale County, Alabama, USA**

Please answer all questions in ink in your own handwriting. All information will be held in confidence. This application will be a part of your permanent record if you are considered for service. *Thank you.*

SECTION 1

FULL NAME: _____ PHONE: _____
ADDRESS: _____ CITY: _____
SOCIAL SECURITY #: _____ - _____ - _____ DRIVERS LICENSE #: _____
Male: ___ Female: ___ Height: _____ Weight: _____ Eyes: _____ Hair: _____
Date of Birth: ____/____/____ Age: _____ Place of Birth: _____
How long have you lived in Lauderdale County? _____
Highest grade completed in School: _____ Do you have a Degree: Yes: ___ No: ___
Type of Degree: _____
Special Training: _____
If you are Married, please list Spouse's Name: _____
I am applying for a position as: _____ Volunteer rider _____ Ground Crew

SECTION 2

EMPLOYER: _____ WORK PHONE: _____
OCCUPATION: _____ LENGTH OF EMPLOYMENT: _____
MAY WE CALL PRESENT EMPLOYER? Yes: ___ No: ___
HAVE YOU SERVED IN THE ARMED FORCES? Yes: ___ No: ___
BRANCH: _____ DATE OF DISCHARGE: _____
DO YOU HAVE A DISABILITY RATING FROM THE SERVICE OR ANY OTHER SOURCE? Yes: ___ No: ___

SECTION 3

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes: ___ No: ___

If so, please explain: _____

SECTION 4

CHARACTER REFERENCES (NO RELATIVES)

1. Name: _____ Phone: _____
Address: _____ Employer: _____
2. Name: _____ Phone: _____
Address: _____ Employer: _____
3. Name: _____ Phone: _____
Address: _____ Employer: _____

Send application form to: LCMP1710@gmail.com