

LINCOLN COUNTY SHERIFF'S DEPARTMENT

LAW ENFORCEMENT EMPLOYMENT APPLICATION FORM

The Sheriff's Office is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

NOTICE: The following additional documents must be attached to this application:

- 1. A copy of birth certificate
2. A copy of high school diploma or approved G.E.D.
3. A copy of military discharge(s).

DATE: _____

POSITION APPLYING FOR:

Correctional Officer

INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

I understand that the submission of this application for sponsorship to a law enforcement academy does not constitute an application for employment or appointment with the sponsor-law enforcement agency. Moreover, I understand this law enforcement agency is under no obligation to sponsor me as a candidate for any law enforcement training program.

PERSONAL HISTORY

1. Full Name:

Last Name First Middle Abbv.

2. Other: List all other names you have used including circumstances and time periods you used them. (For example: maiden name, former name(s), alias(es), or nickname(s)).

Table with 4 columns: Name, Circumstance, Dates From Mo./Yr., Dates To Mo./Yr.

BACKGROUND INFORMATION

THIS INFORMATION IS REQUIRED TO CONDUCT BACKGROUND INVESTIGATION ONLY!

1. Date and Place of Birth:

Date of Birth	City	County	State	Country (if not the United States)
Are you a United States citizen? Yes___ No___				
If naturalized, please provide:				
Date			Place	

2.

rt

Naturalization No.

3. Marital Status: Married___ Divorced___ Separated___ Widowed___ Never Married___
4. Do you have or have you ever applied for a passport? Yes___ No___ Passport No. _____
5. Height: _____ Weight: _____

EDUCATION/TRAINING

1.

High School Name/Address	Dates Attended Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	To			

2.

*College/University Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

*Attach diploma or official transcript from last institution of higher education attended.

Major _____ Minor _____

3. Other Schools (Trade, Vocational, Business or Military):

Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				

4. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school:

5. Indicate any foreign languages you can Speak:

	Fluent	Good	Fair
Read:			
Write:			

6. Indicate any law enforcement education/training:

7. Describe any special abilities, interests, and hobbies including the degree of proficiency:

8. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, firearms, computers):

EMPLOYMENT HISTORY

1. List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	Dates Worked		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	Mo./Yr.					
	From	To				
Name						
Address						
City, State, Zip						
Area Code & Phone No.				Full__ Part-time__		
Name						
Address						
City, State, Zip						
Area Code & Phone No.				Full__ Part-time__		
Name						
Address						
City, State, Zip						
Area Code & Phone No.				Full__ Part-time__		
Name						
Address						
City, State, Zip						
Area Code & Phone No.				Full__ Part-time__		
Name						
Address						
City, State, Zip						
Area Code & Phone No.				Full__ Part-time__		

2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? Yes__ No__
3. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes__ No__? If yes to question #2 or #3, please provide details.

4. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? Yes__ No__? If yes, please provide name of agency and date of application or service.

5. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? Yes__ No__ If yes, please provide name and address of business, corporation or organization and describe your relationship or position.

RESIDENCES

1. Actual places of residence for past 10 years – list chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Dates Mo./Yr.		Apt. No.	Street Address	City	County	State
From	To					

ARREST HISTORY/COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? Yes ___ No ___
2. Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)? Yes ___ No ___
3. To your knowledge, has any member of your immediate family ever been arrested for other than traffic violations? Yes ___ No ___ (Include your juvenile record and records of your arrest(s) which have been sealed, if any.)

Provide details for each response to question #1, #2, or #3:

4. Have you or your spouse ever been a plaintiff or defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) Yes ___ No ___ If you answered yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition.

5. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? Yes ___ No ___
6. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes ___ No ___ If yes to questions #5 or #6, please provide details.

DRIVING HISTORY

1. Are you a licensed Tennessee automobile operator or chauffeur? Yes__ No__ License No.: _____

Date of Expiration: _____ Restrictions: _____

2. Do you hold or have you ever held an operator or chauffeur license in another state? Yes__ No__ If yes, please provide state(s), name used, and approximate dates license(s) was/were held.

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes__ No__ If yes, please provide complete details including why license was revoked.

4. Have you ever had automobile insurance refused, withdrawn, or revoked? Yes__ No__ If yes, please provide complete details.

MILITARY HISTORY

1. Are you registered for Selective Service? Yes__ No__

If yes, your Selective Service Number: _____

Classification: _____ Date of Classification: _____

Have you ever served on active duty in the Armed Forces of the United States? Yes__ No__

Branch of Service: _____ Highest Rank: _____

Serial #: _____ Duty Dates: From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

3. Date and type of discharge: _____

4. Are you now or have you ever been a member of a reserve unit or the National Guard? Yes__ No__

5. If yes state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

6. Was any type of disciplinary action taken against you in the service? Yes__ No__ If yes, please provide:

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

7. Have you ever served in the Armed Forces of a foreign country? Yes__ No__ If yes, please specify countries and dates.

ORGANIZATION MEMBERSHIP

1. List all clubs, societies of which you are or have been a member:

Name	City & State	Former	Present (list position held & describe activity)

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? Yes__ No__
3. Have you ever made a financial or other material contribution to any organization of the type described in question #2 above? Yes__ No__ If yes to question #2 or #3, answer questions #4 and #5 also.
4. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? Yes__ No__
5. Did you intend to promote any unlawful aims of the organization? Yes__ No__ If yes to question #2, #3, #4, or #5, explain including name of organization and location.

PERSONAL REFERENCES & ACQUAINTANCES

1. Personal References: Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete Name		Home Address: City, State & Zip:
(Last, First, Middle)		Home Phone: ()
Yrs. Acq.	Occupation	Business Address: City, State & Zip: Business Phone: ()
Complete Name		Home Address: City, State & Zip:
(Last, First, Middle)		Home Phone: ()
Yrs. Acq.	Occupation	Business Address: City, State & Zip: Business Phone: ()
Complete Name		Home Address: City, State & Zip:
(Last, First, Middle)		Home Phone: ()
Yrs. Acq.	Occupation	Business Address: City, State & Zip: Business Phone: ()

EMPLOYEE HISTORY

**THE INFORMATION CONTAINED HEREIN MAY BE CONFIDENTIAL
AND NOT AVAILABLE FOR PUBLIC INSPECTION.**

1. Applicant's Current Address:

Address

City County State Zip Code

()
Telephone Number E-Mail

2. Applicant's Social Security Number: _____ - _____ - _____

3. Spouse's Name and Address (if different):

Name

Address

City County State Zip Code

4. Children's Names and Ages:

Name	Date of Birth	Address (if different than applicants)

5. Former Spouse(s) Name and Address:

Name

Address

City County State Zip Code

6. Are you now able to participate in defensive tactics, firearms or physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the position for which you applied? Yes__ No__
7. This position may require a physical agility test, if such a test or examination is required, would you be able to take this test or examination? Yes__ No__
8. Please provide name and address of next of kin or other person to be contacted in case of an emergency:

Name _____

Address _____ City _____ State _____ Zip Code _____

() _____

Home Phone _____ Business Phone _____

9. Please provide the name and address of your personal or family physician to be contacted in case of an emergency:

Name _____

Address _____ City _____ State _____ Zip Code _____

() _____

Business Phone _____

DRUG HISTORY

The information contained herein MAY BE a confidential medical record under the Americans with Disabilities Act if the applicant is a rehabilitated drug or alcohol abuser or under section 119.071(4)(b) whether the medical information, if disclosed, would identify the applicant.

1. Do you currently use any narcotic or controlled substance, such as cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature, or have you used such a narcotic or controlled substance within the last year? Yes__ No__
2. Have you ever illegally experimented with or used any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature? Yes__ No__ If yes, please complete the following:
 - a. Drug: _____
 - b. How taken: _____
 - c. Last time illegally experimented with or used: _____
3. Do you now or have you ever illegally obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature? Yes__ No__ If yes, please complete the following:
 - a. Drug: _____

- b. Circumstances: _____
 - c. Number of times illegally obtained/possessed/supplied/sold: _____
 - d. First time illegally obtained/possessed/supplied/sold: _____
 - e. Last time illegally obtained/possessed/supplied/sold: _____
4. Do you now or have you within the last year, abused or illegally obtained, possessed or sold any prescription drug?
 Yes__ No__ If yes, provide details, including drug, date, and circumstances.

5. Do you claim to be a rehabilitated alcohol, narcotics or drug user of any of the controlled substances as set forth above?
 Yes__ No__ If yes, provide details.

I understand that the "Applicants Certification" applies in all respects to the responses provided in this "Confidential Employee History" and "Drug History."

 Signature of the applicant as usually written Date

Witnessed by:

APPLICANT'S CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Sheriff's Office and that it and the information received in response to the background examination are public records.

I further understand and agree that my employment or appointment will be contingent upon the results of a complete physical and psychological test and that I may be required to take drug tests during the term of my employment or appointment with the Sheriff's Office.

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the Sheriff's Office.

I further authorize the Sheriff's Office or agent of the Sheriff's Office, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law. I further agree to execute any authorization as may be required by the Health Insurance Portability Accountability Act of 1996 (HIPAA) for health care providers to release the necessary medical information to process my application for employment.

I understand and agree that any employment or appointment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, that the Sheriff has the absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Sheriff's Office and I release all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office.

I agree to conform to the rules, regulations and orders of the Sheriff's Office and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me.

I understand an investigation will be conducted on all the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability? Yes__ No__
If yes, provide your version or explain fully any such incident.

Signature of the applicant as usually written

Date

DOCUMENTS TO BE ATTACHED TO APPLICATION

1. Attach a certified copy of birth certificate.
2. Attach a certified copy of high school diploma or approved G.E.D.
3. Attach a copy of military discharge(s).

OTHER REQUIREMENTS

When ordered by the Sheriff's Office, applicant will be fingerprinted and shall submit to a complete physical examination and electrocardiogram, if desired.

REMARKS

INFORMATION REGARDING THE HIRING PROCESS

Before the job is offered the following conditions must be met;

1. Psychological test must be performed, and a positive reply is received from Doctor. (We make the appointment for the test)
2. Physical must be done and a positive reply is received. (We make the appointment for the physical)
3. A minimum of 24 hours must be conducted in the Corrections setting. This will be a volunteer work!

When these conditions are met and all are a positive reply then a job may be offered!

BACKGROUND INVESTIGATION WAIVER
Authority for Release of Information

TO: Concerned person or Authorized Representative of Any Organization, Institution or Repository of Records

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFO:

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, education institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

Applicant's Signature

Date

Applicant's Address

AFFIDAVIT

STATE OF TENNESSEE, COUNTY OF LINCOLN

Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this ___ day of _____, ____ .My commission

expires on _____, ____ .

Notary Public

Personally Known__ – or – Produced Identification__

Type of Identification Produced: _____