

PERRY COUNTY SHERIFF'S OFFICE

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

POSITION APPLYING FOR:

Deputy Sheriff

Correctional Officer

Reserve / Part-time

INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. 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

Applicant's Name: _____

Date: _____

PERSONAL HISTORY

Full Name:

Last Name First Middle

Phone Number

Home Cellular

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).

Name	Circumstance	Dates from (mo./yr.)	Dates to (mo./yr.)

Are you a United States citizen? Yes No

If naturalized, please provide: Date Place Naturalization No.

Date and Place of Birth:

Date of Birth City State Country (if not the United States)

Height: Weight:

Social Security Number:

Driver License Number / State:

Marital Status: Married Divorced Separated Widowed Never Married

RESIDENCES

Actual places of residence for past 5 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.)		Street Address	City	County	State
To	From				

Additional Information (if necessary):

EDUCATION/TRAINING

High School Name/Address	Dates Attended Mo./Yr.	Did You Graduate	Type of Diploma

College/University Name/Address	Dates Attended Mo./Yr.	Did You Graduate	Type of Diploma

Other Schools (Trade, Vocational, Business, Military)

Name/Address	Dates Attended Mo./Yr.	Did You Graduate	Type of Diploma

List any law enforcement training / experience:

Did you receive a certificate for this training? Yes No (attach copies to application)

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

Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

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, speed detection equipment, firearms, computers):

EMPLOYMENT HISTORY

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.

Employer / Company Name	Dates Worked From / To	Title / Position	Name of Supervisor	Reason for Leaving
Name Address Phone #				
Name Address Phone #				
Name Address Phone #				
Name Address Phone #				

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

Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? ☐Yes ☐ No If yes to question, please provide details.

Have you ever 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 service.

MILITARY SERVICE

Are you registered for Selective Service ☐Yes ☐No

Have you ever served in the Armed Forces of the United States? ☐Yes ☐ No

☐ Active Duty ☐ Reserve ☐ National Guard

Branch of Service: _____ Highest Rank: _____

Unit	Duty Dates:
_____	From: _____ To: _____
_____	From: _____ To: _____
_____	From: _____ To: _____

Date and type of discharge:

Was any type of disciplinary action taken against you in the service? ☐Yes ☐No

If yes, please provide Nature of Offense:

Action Taken:

Additional information regarding your military service you believe would be helpful:

ARREST HISTORY/COURT DATA

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

Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)?

☐ Yes ☐ No

To your knowledge, has any member of your immediate family ever been arrested for other than traffic violations? ☐ Yes ☐ No

If Yes to any above questions explain and give disposition:

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 yes, give date, place or court, names of involved parties, nature of action, and final disposition.

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 If yes, explain:

Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)?

☐ Yes ☐ No If yes, please provide details.

DRIVING HISTORY

Do you have a Tennessee driver's license? ☐Yes ☐No

License No.: _____ Expiration Date: _____ Restrictions: _____

Do you hold or have you ever held an driver's license or CDL in another state? ☐Yes ☐No
If yes, please provide state(s), name used and approximate dates license(s) was/were held.

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?
☐Yes ☐No If yes, provide details including why license was suspended or revoked.

Have you ever had automobile insurance refused, withdrawn, or revoked? ☐Yes ☐No
If yes, provide complete details.

ORGANIZATION MEMBERSHIP

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

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

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

Have you ever made a financial or other material contribution to any organization of the type described in the question above? ☐Yes ☐No

If yes to questions above, explain:

PERSONAL REFERENCES & ACQUAINTANCES

Give three (3) references (not relatives, former or present employers, fellow employees, or schoolteachers) 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.

Full Name		Address (Street, City, State Zip) & Phone #
# Yrs known	Occupation	
Full Name		Address (Street, City, State Zip) & Phone #
# Yrs known	Occupation	
Full Name		Address (Street, City, State Zip) & Phone #
# Yrs known	Occupation	

Social Acquaintances: Give three (3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

Full Name		Address (Street, City, State Zip) & Phone #
# Yrs known	Occupation	
Full Name		Address (Street, City, State Zip) & Phone #
# Yrs known	Occupation	
Full Name		Address (Street, City, State Zip) & Phone #
# Yrs known	Occupation	

ALCOHOL / DRUG HISTORY

Do you consume intoxicating liquors? ☐ Yes ☐ No
☐ Beer ☐ Wine ☐ Liquor ☐ Other

Indicate the frequency you consume these beverages
☐ Daily ☐ Weekly ☐ Monthly ☐ Special Occasions

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

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:

Drug: _____ How taken: _____

Last time illegally experimented with or used: _____

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:

Drug: _____

Circumstances: _____

Number of times illegally obtained/possessed/supplied/sold: _____

First time illegally obtained/possessed/supplied/sold: _____

Last time illegally obtained/possessed/supplied/sold: _____

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.

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 further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. 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 drug 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 and 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 of the information listed on this application.

Printed Name of Applicant

Signature of Applicant

Date

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 Information: _____

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:

Perry County Sheriff's Office, 582 Bethel Road, Linden, Tennessee 37096

Printed Name of Applicant

Signature of Applicant

Date

Applicant's address