

APPLICATION FOR EMPLOYMENT

Haywood County Sheriff's Office
100 South Dupree Avenue
Brownsville, TN 38012
731-772-6158

NOTICE: This application must be submitted in ink in the applicant's own handwriting. You may submit an employment résumé to supplement your application; however, all questions contained in this application must be answered, if applicable. If not, indicate NA (not applicable). Applications which are incomplete or illegible will not be considered. If space provided is insufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond to questions. Applicants must not misrepresent or omit material facts, since the statements made herein will be used to determine qualifications for employment. Any false or misleading information provided may be grounds for being denied employment now or for termination of employment later. The Haywood County Sheriff's Office is an Equal Opportunity Employer. Please notify us in advance if you require special disability accommodations to participate in the employment process.

Employees of the Haywood County Sheriff's Office must be at least (21) years of age and be a high school graduate or possess equivalence. There are additional requirements for certified law enforcement positions which are regulated by the Tennessee Peace Officer Standards and Training (POST) Commission and for corrections positions certified by the Tennessee Corrections Institute (TCI). Therefore, these applicants must meet the following pre-employment requirements:

1. Be at least (21) years of age for position of Deputy and (18) years of age for Correctional Officer.
2. Be a citizen of the United States.
3. Be a graduate of an accredited high school or possess a General Education Development (GED) diploma.
4. Possess a valid Tennessee driver's license.
5. Not have been convicted of, or plead guilty to, or entered a plea of nolo contendere to any felony charge, or to any violation of any federal or state laws or city ordinances relating to force, violence, theft, dishonesty, gambling, liquor, or controlled substances. (may be waived by the POST commission or TCI) No waiver will be granted for felony convictions or a narcotics violation that could result in a felony charge.
6. Must not have been convicted of any misdemeanor crime of domestic violence as defined by the Tennessee Code Annotated.
7. Not have been released or discharged under any other than honorable discharge from any of the armed forces of the United States. (may be waived by the POST commission or TCI)
8. Successfully complete the required Civil Service written and oral examination, along with a background and security investigation, a drug screen, and a polygraph examination, as required.
9. Must be able to pass a physical examination by a physician licensed to practice in the State of Tennessee.
10. Must be able to be certified by a Tennessee Licensed Health Care Provider qualified in the psychiatric or psychological field as being free from any disorder, as set forth in the current edition of the ***Diagnostic and Statistical Manual of Mental Disorders (DSM), Third Edition***, that would, in the professional judgment of the examiner, impair the subject's ability to perform any essential function of the job.
11. Must successfully complete an approved basic law enforcement training program as set forth in the requirements of the Tennessee Peace Officer Standards and Training Commission within six months of employment or an approved Tennessee Corrections Institute basic training course within one year of employment.
12. Be available for various shifts of duty.

I understand and accept these requirements. Furthermore, I understand that this application will remain on file for a period of one year, at which time it will be destroyed. I also understand that it is my responsibility to notify the department should any of the information in this application change.

Signature

Date

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POSITION APPLIED FOR:	DATE
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1. PERSONAL INFORMATION

ARE YOU A UNITED STATES CITIZEN?	YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU AT LEAST 21 YEARS OF AGE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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NAME	LAST	FIRST	MIDDLE			
MAIDEN NAME AND/OR ALIAS/NICKNAMES USED						
SOCIAL SECURITY NUMBER		DATE OF BIRTH		CITY AND STATE OF BIRTH		
DRIVER'S LICENSE NUMBER & STATE		SEX	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
ADDRESS	PO BOX WILL NOT BE ACCEPTED			CITY	STATE	ZIP
MAILING ADDRESS						
HOME PHONE		WORK PHONE			CELL PHONE	
CURRENT MARITAL STATUS		MARRIED	SINGLE	WIDOWED	DIVORCED	SEPARATED

FULL NAME OF SPOUSE		SPOUSE'S DATE OF BIRTH	
CITY AND STATE OF MARRIAGE		DATE MARRIED	SPOUSES'S EMPLOYER

FORMER SPOUSE(S) IF DIVORCED OR SEPARATED		
NAME	ADDRESS	DATE OF BIRTH

CHILDREN LIST ALL ADULT AND MINOR CHILDREN		
NAME	ADDRESS	DATE OF BIRTH

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2. EDUCATION

NAME OF SCHOOL	LOCATION	DATES ATTENDED		DEGREE, DIPLOMA, OR CREDITS EARNED
		FROM	TO	
HIGH SCHOOL				
COLLEGE				
OTHER				
OTHER				
OTHER				

LIST ANY SCHOLARSHIPS, LICENSES, CERTIFICATIONS, MEMBERSHIPS, OR OTHER INFORMATION YOU BELIEVE SHOULD BE CONSIDERED IN EVALUATING YOUR QUALIFICATIONS.

3. MILITARY

3A. Male applicants - Are you registered for Selective Service? YES No

3B. Have you ever served or are you now serving in the military services of the United States? YES NO

BRANCH	DUTY STATUS <small>(ACTIVE, RESERVE, OR GUARD)</small>	DATES OF SERVICE		HIGHEST RANK ATTAINED
		FROM	TO	

3C. If you served in the military, did you receive an honorable discharge? YES NO

If NO, list the type of discharge you did receive and the circumstances.

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4. RESIDENCES

LIST THE ADDRESS WHERE YOU NOW LIVE AND ALL ADDRESSES OF THE PLACES WHERE YOU HAVE LIVED FOR THE PAST **(10) TEN YEARS**. ALL PERIODS OF TIME MUST BE ACCOUNTED FOR IN YOUR LIST. NO PO BOXES WILL BE ACCEPTED.

DATES RESIDED	FROM	TO	ADDRESS	CITY	STATE	ZIP
		PRESENT				
NAME OF PERSON WHO LIVES NEAR YOU			ADDRESS	CITY	STATE	ZIP

DATES RESIDED	FROM	TO	ADDRESS	CITY	STATE	ZIP
NAME OF PERSON WHO LIVED NEAR YOU			ADDRESS	CITY	STATE	ZIP

DATES RESIDED	FROM	TO	ADDRESS	CITY	STATE	ZIP
NAME OF PERSON WHO LIVED NEAR YOU			ADDRESS	CITY	STATE	ZIP

DATES RESIDED	FROM	TO	ADDRESS	CITY	STATE	ZIP
NAME OF PERSON WHO LIVED NEAR YOU			ADDRESS	CITY	STATE	ZIP

HAVE YOU EVER BEEN EVICTED, FORECLOSED, SET OUT, OR OTHERWISE FORCED TO LEAVE YOUR RESIDENCE? IF YES, EXPLAIN.

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5. EMPLOYMENT HISTORY CONTINUED

DATE EMPLOYED FROM TO		EMPLOYER NAME			TYPE OF BUSINESS		PHONE
		ADDRESS			CITY	STATE	ZIP
STARTING ANNUAL SALARY		LAST ANNUAL SALARY		TITLE OR RANK OF POSITION			
AVERAGE NUMBER OF HOURS WORKED PER WEEK		NAME OF YOUR IMMEDIATE SUPERVISOR					
REASON FOR LEAVING							
DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES							
LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF (2) TWO PEOPLE WHO WORKED WITH YOU.							
NAME				ADDRESS			TELEPHONE
NAME				ADDRESS			TELEPHONE

DATE EMPLOYED FROM TO		EMPLOYER NAME			TYPE OF BUSINESS		PHONE
		ADDRESS			CITY	STATE	ZIP
STARTING ANNUAL SALARY		LAST ANNUAL SALARY		TITLE OR RANK OF POSITION			
AVERAGE NUMBER OF HOURS WORKED PER WEEK		NAME OF YOUR IMMEDIATE SUPERVISOR					
REASON FOR LEAVING							
DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES							
LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF (2) TWO PEOPLE WHO WORKED WITH YOU.							
NAME				ADDRESS			TELEPHONE
NAME				ADDRESS			TELEPHONE

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5. EMPLOYMENT HISTORY

LIST ALL PLACES OF EMPLOYMENT, BEGINNING WITH YOUR PRESENT EMPLOYMENT, AND ALL PRIOR EMPLOYMENT FOR THE PAST **(10) TEN YEARS**. ALL PERIODS OF TIME MUST BE ACCOUNTED FOR INCLUDING PERIODS OF UNEMPLOYMENT. SELF-EMPLOYMENT IS CONSIDERED EMPLOYMENT AND MUST BE LISTED AND THE NAMES OF TWO PEOPLE WHO CAN VERIFY YOUR SELF-EMPLOYMENT MUST BE FURNISHED.

DATE EMPLOYED FROM TO		EMPLOYER NAME	TYPE OF BUSINESS		PHONE
		ADDRESS	CITY	STATE	ZIP
STARTING ANNUAL SALARY		LAST ANNUAL SALARY		TITLE OR RANK OF POSITION	
AVERAGE NUMBER OF HOURS WORKED PER WEEK		NAME OF YOUR IMMEDIATE SUPERVISOR			
REASON FOR LEAVING				MAY WE CONTACT YOUR EMPLOYER	YES <input type="checkbox"/> NO <input type="checkbox"/>
DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES					
LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF (2) TWO PEOPLE WHO WORKED WITH YOU.					
NAME		ADDRESS		TELEPHONE	
NAME		ADDRESS		TELEPHONE	

DATE EMPLOYED FROM TO		EMPLOYER NAME	TYPE OF BUSINESS		PHONE
		ADDRESS	CITY	STATE	ZIP
STARTING ANNUAL SALARY		LAST ANNUAL SALARY		TITLE OR RANK OF POSITION	
AVERAGE NUMBER OF HOURS WORKED PER WEEK		NAME OF YOUR IMMEDIATE SUPERVISOR			
REASON FOR LEAVING				MAY WE CONTACT YOUR EMPLOYER	YES <input type="checkbox"/> NO <input type="checkbox"/>
DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES					
LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF (2) TWO PEOPLE WHO WORKED WITH YOU.					
NAME		ADDRESS		TELEPHONE	
NAME		ADDRESS		TELEPHONE	

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6. Have you ever been fired, dismissed, or asked to resign from any place of employment? YES NO
Have you ever left a place of employment after learning you were about to be fired or dismissed? YES NO
If the answer to either or both questions is YES, explain fully below.

7. Have you had problems at your place of employment because of "bill collectors" calling or contacting your supervisor or employer? YES NO If YES, explain when, where, and why.

8. Have you ever declared, or are you about to declare bankruptcy or have you had your salary or wages attached to satisfy an outstanding debt? YES NO If YES, give dates, locations, and circumstances.

9. Do you have any outstanding debts which are more than 90 days delinquent or overdue in payment?
YES NO If YES, list all such debts and give name of person(s) or business(es) you owe, telephone number(s), amount of money now delinquent or overdue, and why the debt is not current.

10. Are you now or have you ever been delinquent in payment of alimony or child support? YES NO
If YES, please provide date, location, and circumstances.

11. Have you ever sued anyone or have you ever been sued in a court of law? YES NO
If YES, give date(s), location(s), name of court, and circumstances.

12. Have you ever had an Order of Protection against you? YES NO If YES, please explain.

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13. Have you ever been given a polygraph (lie detector) examination? YES NO
If YES, give date(s), location(s), and reason for the examination.

14. Have you ever been arrested, detained, held for questioning, or told that you were a suspect in any crime?
YES NO
If YES, give date(s), location(s), name(s) of law enforcement agencies, and the circumstances of the matter(s).

15. Have you ever been involved with law enforcement officers as a result of alcohol consumption? YES NO
If YES, give date(s), location(s), and circumstances of the involvement and final action taken.

16. Have you ever appeared in a court of any jurisdiction in which you were charged with a criminal offense? This includes offenses such as illegal possession of drugs or alcohol, criminal assault, child abuse, spousal abuse, theft, any firearms violations, or any other criminal offenses (do not include minor traffic offenses). YES NO
If YES, give date(s), location(s), and circumstances.

17. Have you ever been sentenced in any court to a period of confinement after entering a plea of guilty to any offense or after having been found guilty by a jury, even if the sentence was suspended, you were placed on probation, you were assigned community service, or you were given anger management? YES NO
If YES, give date(s), name of court(s), and offense charged.

18. Have you ever been convicted or plead guilty to a charge, and then qualified for diversion or had the charges expunged? YES NO
If YES, give date(s), name of court(s), and offense charged.

19. How would you describe your health? Excellent Good Fair Poor

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20. Do you have any existing medical conditions which would prevent you from carrying out the duties of the position for which you have applied? YES NO

If YES, explain.

21. Have you ever consulted with or been treated by a mental health counselor, a psychologist, or a psychiatrist? YES NO Have you ever been confined or treated in any mental health facility? YES NO

If YES, give date(s), location(s), and name(s) of health professions involved in treatment.

22. Do you consume alcoholic beverages in any form? YES NO If YES, give the type of alcoholic beverage(s) and the average amount you consume on a daily or weekly basis.

23. Have you ever been treated for an alcohol drinking problem? YES NO If YES, give date(s), and location(s) of treatment centers and the name(s) of the health professions providing treatment.

24. Are you now taking any prescription medications? YES NO If YES, give name of medication(s), the condition(s) being treated, and the prescribing physician(s).

25. Have you ever used, possessed, or sold any illegal or controlled drugs such as marijuana, cocaine, crack, LSD, amphetamine, heroin, or similar drugs? YES NO If YES, give date(s), location(s), and circumstances of the matter.

26. Have you ever undergone a drug screen for any reason? YES NO If YES, give date(s), location(s), and reason for drug screen.

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27. Do you have any debts which are linked with gambling, alcohol, or drugs? YES NO If YES, give details

28. Do you own or do you have any financial interest in or have any association with any business involving the sale or dispensing of alcoholic beverages, gambling equipment or operations, or the sale of firearms?
YES NO If YES, give name of business, address, and your interest or association.

29. Has any of your family members (spouse, children, parents, siblings) ever been charged with or convicted of any criminal offense involving child abuse, spousal abuse, theft, robbery, assault, homicide, drugs, alcohol, or firearms?
YES NO If YES, give relationship to you, name of family member(s), date(s), type of offense either charged or convicted of and the final results.

30. Do you know of anything in your personal or professional life, which you have not revealed in this application, which might reflect upon your suitability to perform the duties of the position applied for or on your eligibility for employment in general with the Haywood County Sheriff's Office? YES NO If YES, please explain.

31. Are you physically able to the following?

- | | | |
|--|------------------------------|-----------------------------|
| A. Fire a handgun, shotgun, and rifle? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| B. Drive a car? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| C. Run (1) one mile? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| D. Do push-ups? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| E. Do sit-ups? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| F. Do flexibility exercises? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

32. What are your feelings about the use of deadly force if it became necessary in the performance of your official duties?

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33. CHARACTER REFERENCES

List the names, addresses, and telephone numbers of four (4) people, other than relatives or former employers/coworkers and the number of years they have known you.

NAME	ADDRESS & TELEPHONE	ASSOCIATION	YEARS KNOWN

34. ORGANIZATION MEMBERSHIP

List below any club, society, fraternity, or organization of which you have been or are currently a member.

NAME OF ORGANIZATION	CITY & STATE	MEMBER STATUS (FORMER OR PRESENT)	LIST POSITION & EXTENT OF ACTIVITY

35. RELATIVES EMPLOYED BY THE GOVERNMENT

List the complete names of any close relatives (including in-laws) who are employed by the Federal, State, or Local Government.

COMPLETE NAME	RELATION	AGENCY BY WHICH EMPLOYED	LOCATION

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36. FRIENDS / ACQUAINTANCES EMPLOYED BY LAW ENFORCEMENT AGENCY

List the name, agency, and length of acquaintance of friends / acquaintances employed by any law enforcement agency.

COMPLETE NAME	EMPLOYING AGENCY	TIME KNOWN

To the best of my knowledge and belief, I certify that the information I am providing in this application is true and correct. I understand that any false or misleading information which I have given may be grounds for denying my employment now or terminating my employment later. In connection with my background and security investigation, I hereby authorize and grant permission to the Haywood County Sheriff's Office, and its representatives, to conduct any investigation necessary.

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

AUTHORIZATION FOR RELEASE OF INFORMATION

(Carefully read this authorization to release information about you)

By my signature below, I hereby authorize any investigator or other authorized person of the Haywood County (TN) Sheriff's Office, to conduct a background investigation concerning my application for employment with the Haywood County Sheriff's Office. Authorized investigative personnel may obtain any information relating to my activities from individuals, schools, real estate agents, residential managers, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic records, residential history, achievements, performance evaluations, attendance and disciplinary records, family history, employment history, criminal history, arrest records, court records, financial and credit information. The employment history may include any and all disciplinary records, termination records, internal affairs complaints, and any other records involving my employment whether the said records are public, private, or confidential in nature.

I further authorize the custodians of records and other sources of information pertaining to me to release such information upon request of any accredited and authorized investigator or investigating agency upon proper presentation of a copy of this signed document and the presentation of current and authorized credentials of the investigating agency and/or its representative.

I understand that the information released by records custodians and other sources of information, is to be used only for the purposes intended and will not be further disclosed to any other agency or individual not authorized to receive it. I further 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 Haywood County Sheriff's Office. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

This signed authorization, and all copies thereof, are as valid as the original release signed by me and shall remain valid for further investigative purposes for a period of five (5) years from the date signed or until the termination of my employment, whichever occurs first.

Signature (Signed in ink)

Date of Birth

Print Full Name

Social Security Number

Current Street Address

City, State, and Zip Code

Home & Cellular Telephone Number

Date Signed
