

Sumner County Sheriff's Office

117 W. Smith Street
Gallatin, Tennessee 37066

EMPLOYMENT APPLICATION

OUR ABILITY TO CONSIDER YOU DEPENDS LARGELY UPON THE COMPLETENESS WITH WHICH YOU FURNISH THIS INFORMATION

Date Received _____

| | | | | | |
|---|----------|-------------------------------|-------------|----------------|---------------------|
| NAME IN FULL (PRINT) LAST | | | FIRST | MIDDLE | SOCIAL SECURITY NO. |
| MAIDEN OR OTHER NAMES | | | | | |
| PRESENT ADDRESS - STREET | | CITY | STATE | ZIP | PHONE NO. |
| PERMANENT ADDRESS - STREET | | CITY | STATE | ZIP | PHONE NO. |
| WHO SHOULD BE NOTIFIED IN CASE OF EMERGENCY NAME | | | ADDRESS | | PHONE NO. |
| HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY LAW VIOLATION OTHER THAN TRAFFIC VIOLATIONS? | | | | | |
| DATE | PLACE | CHARGE | DISPOSITION | | |
| | | | | | |
| U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/> | | LIST PAST STATES OF RESIDENCE | | | |
| POSITION DESIRED | | | | | SALARY |
| WHO INTRODUCED YOU TO THE SHERIFF'S OFFICE? | | | | | |
| LIST MEMBERS OF YOUR FAMILY | | | | | |
| NAME | RELATION | FULL ADDRESS | | | OCCUPATION |
| | | | | | |
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| | | | | | |
| LIST RELATIVES EMPLOYED BY SUMNER COUNTY | | | | | |
| NAME | RELATION | LOCATION / DEPARTMENT | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY OR ANY ASSOCIATED COMPANY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| NAME OF COMPANY | | DATE STARTED | | DATE SEPARATED | |
| REASON FOR SEPARATION | | | | | |

EDUCATION

| NAME OF SCHOOL | CITY / STATE | FROM | TO | COURSE | GRADUATE? |
|----------------------|--------------|------|----|--------|-----------|
| GRAMMAR | | | | | |
| HIGH SCHOOL | | | | | |
| TRADE OR PREPARATORY | | | | | |
| COLLEGE | | | | | |

PRESENT STUDIES: POST GRADUATE VOCATIONAL NIGHT SCHOOL LECTURES CORRESPONDENCE OTHER COURSES

NAME OF SCHOOL _____ SUBJECTS _____

MILITARY SERVICE RECORD

| BRANCH SERVICE | FROM DATE | TO DATE | KIND OF DISCHARGE RECEIVED |
|----------------|-----------|---------|----------------------------|
| | | | |

| SERVICE NUMBER | RANK WHEN DISCHARGED | MEMBER WHAT VETERANS' ORGANIZATION? |
|----------------|----------------------|-------------------------------------|
| | | |

EXPLAIN ANY SPECIAL MILITARY SCHOOLING RECEIVED THAT WOULD ASSIST YOU TO FULFILL THIS POSITION

SUBJECTS

THREE REFERENCES, OTHER THAN FORMER EMPLOYERS OR RELATIVES

| NAME | FULL ADDRESS | OCCUPATION | PHONE NUMBER | YEARS KNOWN |
|------|--------------|------------|--------------|-------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

ARE YOU EMPLOYED AT PRESENT? YES NO MAY WE WRITE YOUR EMPLOYER? YES NO

| DRIVER'S LICENSE | NUMBER | DATE EXPIRES |
|------------------|--------|--------------|
| | | |
| | CLASS | STATE |
| | | |

FOR OFFICE USE ONLY

RECORD CHECK BY: _____ DATE: _____

BACKGROUND CHECK BY: _____ DATE: _____

INTERVIEWED BY: _____ DATE: _____

PREVIOUS EMPLOYMENT

| | | | |
|--|---------------------|-----------------|---------------|
| EMPLOYER--LAST OR PRESENT | ADDRESS /CITY/STATE | DATE START | DATE FINISH |
| KIND OF BUSINESS | PHONE NUMBER | SALARY START | SALARY FINISH |
| POSITION AND DUTIES: MACHINES OPERATED | | | |
| REASON FOR LEAVING | | LAST SUPERVISOR | |
| EMPLOYER--NEXT PREVIOUS | ADDRESS/CITY/STATE | DATE START | DATE FINISH |
| KIND OF BUSINESS | PHONE NUMBER | SALARY START | SALARY FINISH |
| POSITION AND DUTIES: MACHINES OPERATED | | | |
| REASON FOR LEAVING | | LAST SUPERVISOR | |
| EMPLOYER--NEXT PREVIOUS | ADDRESS/CITY/STATE | DATE START | DATE FINISH |
| KIND OF BUSINESS | PHONE NUMBER | SALARY START | SALARY FINISH |
| POSITION AND DUTIES: MACHINES OPERATED | | | |
| REASON FOR LEAVING | | LAST SUPERVISOR | |
| EMPLOYER--NEXT PREVIOUS | ADDRESS/CITY/STATE | DATE START | DATE FINISH |
| KIND OF BUSINESS | PHONE NUMBER | SALARY START | SALARY FINISH |
| POSITION AND DUTIES: MACHINES OPERATED | | | |
| REASON FOR LEAVING | | LAST SUPERVISOR | |

APPLICANT READ CAREFULLY

EXAMINATION - Certain applicants may be required to pass a physical and/or psychological examination before acceptance.

TERMINATION - By filing this application, applicant agrees that, if employed by the **Sumner County Sheriff's Office**, such employment shall terminate at will by said Office, with or without cause, provided no other legislation to the contrary exists.

CERTIFICATION - I certify that the foregoing answers are true to the best of my knowledge and belief, and I authorize the **Sumner County Sheriff's Office** to investigate any of the information. I realize any misrepresentation of facts may be cause for dismissal. I have read or have had read to me the foregoing conditions of employment.

DRUG TEST REQUIREMENT

APPLICANTS SELECTED FOR EMPLOYMENT MUST SUCCESSFULLY UNDERGO A URINALYSIS SCREENING FOR DRUG USE BEFORE BEGINNING WORK.

NOTICE: THE SUMNER COUNTY SHERIFF'S OFFICE COMPLIES WITH T.C.A. § 39-17-1801 REGARDING THE "NO SMOKING" POLICY.

SIGNATURE OF APPLICANT

DATE

SUMNER COUNTY SHERIFF'S OFFICE

**AUTHORIZATION TO PROVIDE INFORMATION
FOR PROSPECTIVE EMPLOYMENT**

To determine my suitability for employment, I authorize the Sumner County Sheriff's Office to accomplish whatever background investigation it deems appropriate. I understand that this may include contacting any individual or organization with whom I have had contact. I authorize all parties to furnish the Sumner County Sheriff's Office with any information they may have. I release all parties, including the Sumner County Sheriff, the Sumner County Sheriff's Office and any employees or agents thereof, from any and all liability for any and all damages whatsoever incurred in furnishing this information.

I further agree that all reproduced copies of this statement are as valid as the original.

DATE

APPLICANT'S SIGNATURE