



Anderson County Sheriff's Department

The Robert Jolly Office Building

**101 South Main Street, Suite 400
Clinton, Tennessee 37716**

NOTICE: INCOMPLETE INFORMATION WILL RESULT IN THE DELAY OF THE PROCESSING OF YOUR APPLICATION

INSTRUCTIONAL INFORMATION SHEET

This sheet has been prepared for your aid in executing the application for employment. If there are questions, which are not applicable to you, please indicate this fact with the notation "N/A" in the appropriate area.

If additional space is needed for any section or question on the application, or if you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond to the questions.

PURPOSE AND USE

The principal purpose of employment application forms is to collect information needed to determine qualifications and suitability of applicants for employment. Your completed application may be used to examine, rate and/or assess your qualifications.

EFFECTS OF NON-DISCLOSURE

Because the employment application forms request both optional (other skills, training, social security number, etc.) and mandatory (qualifications and biographical, etc.) data, it is in your best interest to answer all questions. Omission of an item means you may not receive full consideration for a position in which this information is needed. A false answer to a question in the employment application will be grounds for not employing you, or for dismissing you after you begin work. All statements are subject to investigation, including a check of your fingerprints, police records, credit records, and former employers. All information you give will be considered in reviewing your statement.

THE FOLLOWING MUST BE FILED WITH YOUR APPLICATION!!!

- 1.) A copy of your Birth Certificate**
- 2.) A copy of your high school diploma, proof of GED or High School Equivalency Test in lieu of Diploma**
- 3.) DD-214 if you have served in the military**
- 4.) A copy of your drivers license**

**Applications will NOT be accepted without all of the above information attached!!!
Do not attach resume or documents other than the listed items above!!!**



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AMERICAN DISABILITIES ACT – NOTICE TO APPLICANTS

Applicants are considered for all positions without discrimination on the basis of race, sex, color, religion, national origin, disability or veteran status in employment opportunities or benefits.

This Application is but one part of the hiring and employment process. Other parts may include an interview, an employment examination or test, and a demonstration of an ability to perform the essential functions of the job. If you need an accommodation in order to complete any part of the hiring and employment process, including this application please call the following number:

- (865) 457-6262 – Lt. Kenny Sharp

Minimum Requirements For Positions With The Anderson County Sheriff's Department

(A) Applicants for positions in the Sheriff's Department shall meet the following minimum requirements:

- 1) Be at least twenty-one (21) years of age and bondable (required only for employees in law enforcement). Other employees must be at least eighteen (18) years of age.
- 2) Be a citizen of the United States
- 3) Be a high school graduate or its equivalent (GED)
- 4) Cannot have been convicted of a felony or of a misdemeanor
- 5) Cannot have been released or discharged from the Armed Services except by honorable discharge.
- 6) Must have fingerprints on file with the Tennessee Bureau of Investigation. This is arranged for candidates, as the Anderson County Sheriff's Department for employment purposes must fingerprint every candidate. Fingerprints from any other agency are not accepted.
- 7) Must have or be eligible for a valid Tennessee Driver's License. For those employees normally required to operate motor vehicles.
- 8) Must be free of all latent or apparent mental disorders as verified by a qualified professional selected by the Anderson County Sheriff's Department as to any position in Law Enforcement, Corrections, or Civilian classifications.
- 9) Must have passed the departmental physical examination by a licensed physician
- 10) Have a good moral character as determined by background investigation
- 11) Must achieve the minimum score as set by the Civil Service Board on any required examination
- 12) **All applications MUST be completed in blue or black ink (PLEASE PRINT)**



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DATE APPLIED: _____				PLEASE PRINT IN BLUE OR BLACK INK				
POSITION(S) DESIRED: 1) _____				2) _____				
3) _____								
PERSONAL HISTORY AND RESIDENT INFORMATION								
NAME IN FULL (PRINT) LAST		FIRST		MIDDLE		SOCIAL SECURITY NUMBER		
CURRENT ADDRESS-STREET			CITY		STATE	ZIPCODE	HOME NUMBER	
LIST ALL OTHER NAMES YOU HAVE USED INCLUDING NICKNAMES; IF FEMALE, FURNISH MAIDEN NAME. IF YOU HAVE EVER USED ANY SURNAMES OTHER THAN YOUR TRUE NAME, DURING WHAT PERIOD AND UNDER WHAT CIRCUMSTANCES WERE THESE NAMES USED? IF YOU HAVE EVER LEGALLY CHANGED YOUR NAME GIVE DATE AND COURT.						WORK NUMBER		
						PLACE OF BIRTH		
PRESENT CITIZENSHIP (COUNTRY)			CITIZENSHIP ACQUIRED BY			DATE OF BIRTH		
						MO	DAY	
						YEAR		
DATE AND PLACE NATURALIZED				NATURALIZATION CERTIFICATE NUMBER				
IN THE EVENT THIS INFORMATION BECOMES INVALID, PLEASE GIVE THE NAME AND PHONE NUMBER OF A RELATIVE THROUGH WHOM YOU MAY BE REACHED, OR SOMEONE WHO COULD FURNISH YOUR CURRENT ADDRESS AND PHONE NUMBER.								
NAME		RELATIONSHIP			PHONE NUMBER			
SELECTIVE SERVICE (Male Applicants Only)								
DATE REGISTERED		REGISTRATION NUMBER						
MILITARY SERVICE RECORD								
HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>			BRANCH OF MILITARY SERVICE		DATES OF ACTIVE DUTY			
					FROM	TO		
TYPE OF DISCHARGE		BASIS		IF YOUR DD214 IS NOT HONORABLE, i.e. UNCHARACTERIZED, UNDER HONORABLE CONDITIONS, MEDICAL, PLEASE EXPLAIN:				
SERIAL NUMBER	MEMBER OF RESERVE? YES <input type="checkbox"/> NO <input type="checkbox"/>							
	READY <input type="checkbox"/> STANDBY <input type="checkbox"/>							
BRANCH OF SERVICE		WAS ANY TYPE OF DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE SERVICE? (INCLUDE NONJUDICIAL PUNISHMENT(S), IF APPLICABLE) IF YES, PLEASE EXPLAIN:					YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE YOU OR HAVE YOU BEEN A MEMBER OF THE NATIONAL GUARD YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YOU ATTEND DRILLS, MEETINGS, OR CAMPS GIVE THE NAME OF THE UNIT AND ITS LOCATION						
PERSONAL DECLARATIONS								
DO YOU USE OR HAVE YOU EVER-USED INTOXICANTS? YES <input type="checkbox"/> NO <input type="checkbox"/>								
DO YOU USE OR HAVE YOU EVER USED SUCH ITEMS AS MARIJUANA, HASISH, COCAIN, LSD, AMPHETAMINES, HEROIN, OR DRUGS OF A SIMILAR NATURE? YES <input type="checkbox"/> NO <input type="checkbox"/>								
EMERGENCY CONTACT								
NAME OF PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY			ADDRESS		CITY	STATE	ZIPCODE	
RELATIONSHIP TO APPLICANT		HOME PHONE NUMBER		WORK PHONE NUMBER		OTHER METHOD OF CONTACT		

EDUCATION

NAME	ADDRESS	Years Attended	COURSE OF STUDY	GRADUATE? OR GED DATE
HIGH SCHOOL/ISSUER OF GED				
COLLEGE OR UNIVERSITY	LOCATION	FROM	MAJOR	G.P.A.
	DEGREE RECEIVED	TO	MINOR	

SPECIALIZED TRAINING SCHOOLS (INCLUDE NAME, ADDRESS, WHEN ATTENDED, AND AREAS OF STUDY)

COURT RECORD

HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH ANY VIOLATION OF LOCAL, STATE OR FEDERAL LAW OR ORDINANCE, INCLUDING TRAFFIC TICKETS AND VIOLATIONS?
 YES NO

IF YOU ANSWERED YES TO THE ABOVE QUESTION, YOU MUST LIST THOSE BELOW PROVIDING ALL INFORMATION REQUESTED. IF YOU HAVE BEEN CONVICTED OF, PLED GUILTY TO OR ENTERED A PLEA OF NOLO CONTENDRE TO ANY FELONY CHARGE YOU ARE NOT ELIGIBLE FOR EMPLOYMENT WITH THE ANDERSON COUNTY SHERIFF'S DEPARTMENT AND SHOULD NOT PROCEED WITH THIS APPLICATION. IF YOU HAVE BEEN CONVICTED OF, PLED GUILTY TO OR ENTERED A PLEA OF NOLO CONTENDRE TO ANY MISDEMEANOR RELATING TO FORCE, VIOLENCE, THEFT, DISHONESTY, GAMBLING, LIQUOR (INCLUDING DRIVING WHILE INTOXICATED), OR CONTROLLED SUBSTANCES WITHIN THE LAST TEN (10) YEARS YOU ARE NOT ELIGIBLE FOR EMPLOYMENT. HOWEVER, IF THE MISDEMEANOR CONVICTION OR PLEA OCCURRED MORE THAN TEN (10) YEARS AGO AND THE CHARGE WAS A SINGLE INCIDENT, YOU MAY, AT YOUR REQUEST, APPEAR BEFORE THE MERIT COUNCIL TO REQUEST A WAIVER. PLEASE BE AWARE THAT YOU MUST LIST ALL CHARGES OR ARRESTS NO MATTER HOW LONG AGO THEY OCCURRED OF IF THEY WERE DISMISSED. THESE CHARGES WILL SHOW UP WHEN YOUR CRIMINAL HISTORY IS CHECKED. IF YOU DO NOT LIST THEM AND THEY SHOW UP ON THE HISTORY CHECK, YOU HAVE SUBMITTED A FALSE APPLICATION AND WILL BE ELIMINATED FROM ANY CONSIDERATION FOR EMPLOYMENT.

NAME USED	DATE OCCURRED	PLACE/CITY/COUNTY/STATE	CHARGE	DISPOSITION	DETAILS

HAVE YOU EVER BEEN A PLAINTIFF OR DEFENDANT IN A COURT ACTION? YES NO

IF YOU ANSWERED YES, PLEASE GIVE DATE PLACE COURT, NAMES OR PARTIES INVOLVED, NATURE OF ACTION, AND FINAL DISPOSITION:

EMPLOYMENT RECORD

NOTE: LIST LAST POSITION FIRST. INCLUDE CHRONOLOGICAL HISTORY OF EMPLOYMENT STARTING WITH CURRENT OR MOST RECENT POSITION. ACCOUNT FOR ALL PERIODS INCLUDING CASUAL EMPLOYMENT AND ALL PERIODS OF UNEMPLOYMENT. BE SURE TO INCLUDE MILITARY EXPERIENCE, IF APPLICABLE. IF ADDITIONAL SPACE IS NEEDED FOR EMPLOYMENT HISTORY, ATTACH ADDITIONAL SHEETS OF THE SAME SIZE AS THIS APPLICATION. ALL REFERENCE CHECKS ARE CONDUCTED THROUGH THE U.S. POSTAL SERVICE. ALL APPLICATIONS WITH INCOMPLETE MAILING ADDRESSES WILL NOT BE ACCEPTED.

NAME OF EMPLOYER	PHONE NUMBER
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ADDRESS	CITY	STATE	ZIPCODE
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NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER	REASON FOR LEAVING
---	--------------------

DATES EMPLOYED FROM	TO	SALARY/EARNINGS STARTING \$ _____ PER _____	ENDING \$ _____ PER _____	SALARY/EARNINGS PER WEEK _____ FULL TIME/PER WEEK _____ PART TIME
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DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE.

NAME OF EMPLOYER	PHONE NUMBER
------------------	--------------

ADDRESS	CITY	STATE	ZIPCODE
---------	------	-------	---------

NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER	REASON FOR LEAVING
---	--------------------

DATES EMPLOYED FROM	TO	SALARY/EARNINGS STARTING \$ _____ PER _____	ENDING \$ _____ PER _____	SALARY/EARNINGS PER WEEK _____ FULL TIME/PER WEEK _____ PART TIME
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DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE.

NAME OF EMPLOYER	PHONE NUMBER
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ADDRESS	CITY	STATE	ZIPCODE
---------	------	-------	---------

NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER	REASON FOR LEAVING
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DATES EMPLOYED FROM	TO	SALARY/EARNINGS STARTING \$ _____ PER _____	ENDING \$ _____ PER _____	SALARY/EARNINGS PER WEEK _____ FULL TIME/PER WEEK _____ PART TIME
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DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE.

EMPLOYMENT RECORD (CONT'D)

NAME OF EMPLOYER		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIPCODE
NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER		REASON FOR LEAVING	
DATES EMPLOYED FROM	TO	SALARY/EARNINGS STARTING \$ _____ PER _____ ENDING \$ _____ PER _____	SALARY/EARNINGS PER WEEK _____ FULL TIME/PER WEEK _____ PART TIME
DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE.			

NAME OF EMPLOYER		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIPCODE
NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER		REASON FOR LEAVING	
DATES EMPLOYED FROM	TO	SALARY/EARNINGS STARTING \$ _____ PER _____ ENDING \$ _____ PER _____	SALARY/EARNINGS PER WEEK _____ FULL TIME/PER WEEK _____ PART TIME
DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE.			

NAME OF EMPLOYER		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIPCODE
NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER		REASON FOR LEAVING	
DATES EMPLOYED FROM	TO	SALARY/EARNINGS STARTING \$ _____ PER _____ ENDING \$ _____ PER _____	SALARY/EARNINGS PER WEEK _____ FULL TIME/PER WEEK _____ PART TIME
DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE.			

Have you ever been dismissed or asked to resign from any employment or position you have held?

YES NO

If your answer is "YES", please explain on a separate sheet of paper indicating the name of the company, your dates of employment and reason(s) for your dismissal/resignation.

REFERENCES

PLEASE LIST FOUR REFERENCES (NOT RELATIVES, FORMER OR PRESENT EMPLOYERS, FELLOW PRESENT EMPLOYEES, OR SCHOOL TEACHERS) WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITIES, SUCH AS PROPERTY OWNERS, NEIGHBORS, BUSINESS OR PROFESSIONAL MEN OR WOMEN, WHO HAVE KNOWN YOU WELL FOR AT LEAST FIVE YEARS, PERFERABLY THOSE WHO HAVE KNOWN YOU DURING THE PAST THREE YEARS. **YOU MUST PUT COMPLETE MAILING ADDRESSES. APPLICATIONS WITH INCOMPLETE ADDRESSES WILL NOT BE ACCEPTED.**

COMPLETE NAME		YEARS ACQUAINTED	
ADDRESS	CITY	STATE	ZIPCODE
BUSINESS NAME	BUSINESS PHONE NUMBER	OCCUPATION	
COMPLETE NAME		YEARS ACQUAINTED	
ADDRESS	CITY	STATE	ZIPCODE
BUSINESS NAME	BUSINESS PHONE NUMBER	OCCUPATION	
COMPLETE NAME		YEARS ACQUAINTED	
ADDRESS	CITY	STATE	ZIPCODE
BUSINESS NAME	BUSINESS PHONE NUMBER	OCCUPATION	
COMPLETE NAME		YEARS ACQUAINTED	
ADDRESS	CITY	STATE	ZIPCODE
BUSINESS NAME	BUSINESS PHONE NUMBER	OCCUPATION	

ATTENTION THIS STATEMENT MUST BE SIGNED

I understand that all appointments are probationary for a period of one year at the discretion of the Sheriff, subject to rules and regulations set forth by the Anderson County Sheriff's Department. I agree to submit to a physical examination and all other testing when requested. I understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation. I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the Anderson County Sheriff's Department and may constitute a violation of various criminal statutes. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

Date

Please print or type name

AUTHORITY TO RELEASE INFORMATION AND RECORDS (PLEASE PRINT CLEARLY)

I AGREE TO AND UNDERSTAND THE FOLLOWING:

In authorizing a background investigation, it is understood that an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

To: Any person having knowledge of my conduct or activities; or any past or present employer; or any Credit Bureau, Retail Merchants Association, Bank, Financial Institution, or any other Credit Extending Organization; or any Dean, Registrar, Principal, Counselor, Instructor, or other authorized person at a school, (University, College, High School, Trade School, or other); or any Doctor, Hospital, Clinic or Sanitarium, or any Department or Agency of a City, County, or State Government, or of the Federal Government.

I, _____ hereby authorize the Anderson County Sheriff's Department or its duly authorized representative, to conduct a background check including, but not limited to, personal interviews for determination of my eligibility to occupy a position of trust in maintaining the public health and safety. I authorize all persons who may have information relevant to this check to disclose it to the Anderson County Sheriff's Department or its agents, and I release all persons providing information to the Anderson County Sheriff's Department from liability on account of such disclosure. This would include a review of my military service personnel and medical records in the same manner as would be permitted if I represented myself for this purpose. Information to be reviewed may include un-deleted DD Forms 214 and drug/alcohol related information. I hereby further authorize that a photocopy of this authorization may be considered as valid as an original.

Date

Signature

AUTHORITY TO RELEASE INFORMATION AND RECORDS

TO: Any person having knowledge of my conduct or activities, any Credit Bureau, Retail Merchants Association, Bank, Financial Institution, or any other Credit Extending Organization.

I, _____ hereby authorize the Anderson County Sheriff's Department or its duly authorized representative, to conduct a credit check to determine my eligibility to occupy a position of trust in maintaining the public health and safety. I authorize all persons who may have information relevant to this check to disclose it to the Anderson County Sheriff's Department or its duly authorized representative and I release all persons providing information to the Anderson County Sheriff's Department from liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I acknowledge by my signature hereto that this Release constitutes advanced written notice, from the Anderson County Sheriff's Department or its duly authorized representative, that a consumer report may be requested for employment purposes.

Print or Type Complete Name

Social Security Number
(for identification only)

Print or Type Complete Address

Area Code Phone Number

Signature

Date

RECORDS CHECK INFORMATION

ANDERSON COUNTY SHERIFF'S DEPARTMENT

Last Name _____

First _____ Complete Middle _____

List the name you go by _____

List all other names you have used, including nicknames; If female, furnish maiden name. If you have ever used any surnames other than your true name. If you have ever legally changed your name, give date and court.

Date of birth _____ Place of birth _____

Social Security Number _____ DLN _____ State _____

Race _____ (This is used for criminal history checks only)

Female _____ Male _____

List all states of residence _____

Do Not Write below this line - for use by the Anderson County Sheriff's Department only

Please perform criminal history and records checks on this candidate for employment with the Anderson County Sheriff's Department. Attach all printouts, copies of card and warrants.

Criminal History _____ Checked by _____ Date _____

WW Wanted Check _____ Checked by _____ Date _____

QPO _____ Checked by _____ Date _____

Warrants Check _____ Checked by _____ Date _____

Local History _____ Checked by _____ Date _____

Card Check _____ Checked by _____ Date _____

Driving Record _____ Checked by _____ Date _____