



STEWART COUNTY SHERIFF'S OFFICE
117 Donelson Parkway
Post Office Box 69
Dover, Tennessee 37058
(931) 232-5322

<p>For administrative use: Date called: _____ Interview date: _____ Hired: Y or N Badge: _____</p>
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Application for Employment

This application must be returned to the Stewart County Sheriff's Office. Copies of certain documents are required to be submitted with this application. If you do not have the documents at the time, you submit your application you must state why the documents are not attached and if you are attempting to acquire the documents. This application must be fully completed.

All applicants:

1. Must be a United States Citizen and at least 18 years of age.
2. Must have a high school diploma or GED.
3. Must not have been convicted or plead guilty or entered a plea of Nolo Contendere to any felony charge.
4. Must not have been convicted of any misdemeanor crime of domestic violence as defined by Tennessee State Law.
5. Must not have been released or discharged under other than honorable conditions from any of the armed forces of the United States.
6. Must have valid driver's license.
7. Must be free of all apparent mental disorders as described in the *Diagnostic and Statistical Manual of Mental Disorders, Third Edition*, of the American Psychological Association.
8. Must submit, attached to this completed application form copies of:

_____ Birth certificate	_____ Valid driver's license
_____ High school diploma or equivalency	_____ Social security card
_____ DD-214/DD-215 Military Discharge (if applicable)	
9. Must not misstate or omit material facts, since the statements made herein will be used to determine qualifications of employment.
10. Must be able to pass psychological examination and drug screen.
11. Must pass a complete background investigation and submit fingerprints to TBI and FBI.
12. There are additional requirements for POST certified law enforcement positions.

STEWART COUNTY SHERIFF'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER

Stewart County Sheriff's Office – Application for Employment

Please print. If additional space is needed, please write on additional paper or on the back of this page.

Today's Date: _____

Name: _____ Social Security No. _____
Last First M.I.

Alias (Other names or previous married names): _____

Date of Birth: _____ Telephone number: _____ Cell Phone: _____

Address: _____ How Long: _____

Driver's License Number: _____ State: _____ Type: _____ Expiration: _____

Email Address: _____

Has your license ever been suspended or revoked? _____ If yes, explain why: _____

Have you ever been arrested for a misdemeanor or felony? _____ If yes, explain: _____

Have you ever been discharged or asked to resign from employment? _____ If yes, explain: _____

Have you ever filed a claim for Workman's Compensation? _____ If yes, explain: _____

If related to anyone in our department, state name and position: _____

Have you ever applied for employment with the Stewart County Sheriff's Office? _____ If yes, state job applied for and approximate date of application: _____

Have you ever been charged with a domestic violence/assault offense? _____ If yes, state date, location and disposition of charge(s): _____

Employment Desire:

Position applying for: _____ Date you can start? _____

Are you employed now? _____ If so, may we inquire of your employer? _____

Have you ever worked in Law Enforcement? _____ When: _____ Where: _____

Additional Information: _____

Education and Training:

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Year graduated: _____ G.E.D. Test: _____ Where passed: _____

Name and location of special training or other education: _____

Do you have firearms experience and / or training? _____ If yes, list: _____

Do you have any job-related experiences, skills, or qualifications that may be of special benefit to the job you are applying? _____

Military Training:

Branch: _____ Date entered: _____ Date discharged: _____ Highest Rank: _____

Type of Discharge: _____ Present Military Status: _____

Reserve Status: _____ Branch of Reserve: _____

Emergency Notification:

Notify in case of emergency: _____ Relation: _____

Address: _____ Phone: _____

References: (List persons you have known at least one year. No relatives)

Name: _____ Years Known: _____ Phone: _____

Address: _____ Business: _____

Name: _____ Years Known: _____ Phone: _____

Address: _____ Business: _____

Name: _____ Years Known: _____ Phone: _____

Address: _____ Business: _____

Name: _____ Years Known: _____ Phone: _____

Address: _____ Business: _____

Name: _____ Years Known: _____ Phone: _____

Address: _____ Business: _____

Name: _____ Years Known: _____ Phone: _____

Address: _____ Business: _____

Name: _____ Years Known: _____ Phone: _____

Address: _____ Business: _____

Are you willing to submit to a pre-hire drug screen? Yes _____ or No _____ If NO, list reason _____

Former employers: list below previous employers. Starting with the most recent first. If needed attach additional sheets.

Year	Employer Information	Wage	Reason for Leaving
From:	Employer:		
	Address: Telephone:		
To:	Job Description:		
Year	Employer Information	Wage	Reason for Leaving
From:	Employer:		
	Address: Telephone:		
To:	Job Description:		
Year	Employer Information	Wage	Reason for Leaving
From:	Employer:		
	Address: Telephone:		
To:	Job Description:		
Year	Employer Information	Wage	Reason for Leaving
From:	Employer:		
	Address: Telephone:		
To:	Job Description:		
Year	Employer Information	Wage	Reason for Leaving
From:	Employer:		
	Address: Telephone:		
To:	Job Description:		
Year	Employer Information	Wage	Reason for Leaving
From:	Employer:		
	Address: Telephone:		
To:	Job Description:		

Remarks or Additional information: _____

Applicant Statement

I hereby certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that any falsified, misrepresented, incomplete or omitted information may disqualify me from consideration of employment or result in my dismissal from employment.

I also understand that this application is not a contract for employment nor does it obligate the Stewart County Sheriff's Office in any way if I am not selected to fill a position. If employed, I understand and agree that employment with the Stewart County Sheriff's Office is at-will and can be terminated without notice, at any time, for any reason, or for no reason.

I understand that any offer of employment will be conditional on successful completion of a number of requirements, including a health assessment, drug and/or alcohol test, and similar screenings required for the position. The results of the above screenings or assessments will be released to the Stewart County Sheriff's Office and may be a factor in determining my suitability for the position for which I have signed.

Signature of Applicant

Date

To the Applicant: The Stewart County Sheriff's Office appreciates your interest in seeking employment with us. Thank you.

All hiring procedures shall comply with all state and federal laws. Stewart County Sheriff's Office is an equal opportunity employer.

Applicant Authorization for Release of Information

I, _____, have applied for employment with the Stewart County Sheriff's Office. I am aware that my entire background will be thoroughly investigated and I hereby authorized a review of and full disclosure of all records, or any part thereof, concerning myself, to and by a duly authorized agent of the Stewart County Sheriff's Office, whether said records are of a public, private, and/or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records including, but not limited to, those held by educational, financial and credit institutions; Medical and/or psychiatric treatment and/or consultations, including records held by hospitals, clinics, private practitioners, and the United States Veteran's Administration; Employment and pre-employment records, including the results of background investigation reports and polygraph examination results, efficiency ratings and/or performance evaluations, records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic offense records, and records of civil nature made by and/or against me.

I understand that any information obtained during the course of the background investigation which is developed directly or indirectly, in whole or in part, upon this *Authorization for Release of Information*, will be considered in determining my suitability for employment with the Stewart County Sheriff's Office. I further understand that in the event my employment application and/or resume is disapproved, not considered, or otherwise does not result in my appointment to the Stewart County Sheriff's Office, the source(s) of confidential information **cannot and will not be released and/or revealed to me**. Additionally, I agree to indemnify and hold harmless the person(s) to whom this *Authorization for Release of Information* is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney fees, arising out of, or by reason(s) for complying with the request for information that this *Authorization* provides.

It is further understood by me that a photocopy, including a facsimile copy of the actual original of this *Authorization for Release of Information* will be valid as an original hereof, even though the said photocopy or facsimile does not contain an original writing of my signature. This *Authorization*, or reproduction thereof, shall remain in effect for a period of two years from the date of execution of this document.

Applicant's Signature

Date

Witness