

Sequatchie County Sheriff's Office

Application for Employment



Instructions

1. Please type or print legibly.
2. Please use black ink only.
3. Please answer all questions as completely as possible. If you need more space, continue on a separate piece of paper. You may add as many sheets as needed to answer the questions.
4. Providing false information in any form or omitting information related to arrests and convictions on this application will result in the application being withdrawn from consideration. If the facts are discovered to be false after employment, it is immediate grounds for termination of employment.
5. Please provide copies of any certificates or other proof of training that are relevant to the position you are applying for.
6. Please note that ALL applicants for employment with this agency are subject to a thorough background check that may include a check of the applicant's criminal history, driving record and interviews with references, neighbors and/or family members. The degree and depth of the background check will be dependant on the position applied for.
7. All applications and related documents should be returned to the Sequatchie County Sheriff's Office upon completion. Please do not send original copies of certificates or other documents, copies only.
8. The very nature of the services provided by the Sheriff's Office requires that we be available 24 hours per day, 7 days per week, 365 days per year. This means some or all employees must work holidays and that all employees are subject to be assigned to rotating shifts. Please be sure you are willing to work these hours and days before you apply.
9. Proof of US citizenship or immigration status will be required upon employment. There are some positions within the Sheriff's Office available only to US citizens as mandated by state law and POST commission requirements.

Applicants for all positions within the Sequatchie County Sheriff's Office are considered for employment based upon their qualifications for the position applied for and without regard to race, color, religion, creed, gender, national origin, age and/or any other legally protected status.

Sequatchie County Sheriff's Office 351 Fredonia Road, Suite A , Dunlap TN 37327

Phone: (423) 949-7750 Fax: (423) 949-2757 Email: SeqSheriff@bledsoe.net

Personal Information

Date of Application		Position(s) Applied For			
Last Name		First Name		Middle Name (not initial)	
Please list any other names, including maiden names, that you have used previously					
Current Address				Number of Years Residing at Current Address	
Please list all other address where you have resided within the last 10 years.					
Height	Weight	Hair Color	Eye Color	Date of Birth	Place of Birth (City & State)
Driver's License Number & State of Issue				License Type	Social Security Number
Home Phone Number				Mobile Phone Number	
Other Phone Number if Applicable				Email Address	
How would you prefer to be contacted?				Are there certain times we should or should not contact you?	

History

1. Have you ever been employed by this agency before? Yes No

If yes, give dates and last position held

2. Have you ever applied at this agency before? Yes No

If yes, give date(s) applied

3. Have you ever used another name while employed or applying for employment?
If yes, please provide the requested information below.

Name(s) Used

4. Are you currently employed? Yes No

5. If yes, may we contact your current employer? Yes No

Current employer name and contact numbers

6. Can you travel if your position requires it? Yes No

7. Are you prevented from lawfully becoming employed Yes No
in this country because of Visa or Immigration Status?

8. On what date would you be available to begin work? _____

9. Please indicate which type of position you are applying for:
Full Time _____ Part Time _____ Temporary _____

10. Can you travel if your position requires it? Yes No

Employment History

(Start with current or last employment. Include all employment for the last 10 years. If you need more space add sheets.)

Employer		Work Performed	
Address			
Dates Employed	Phone Number		
Job Title / Assignment			
Supervisor's Name			
Reason for Leaving		Salary Start	Salary End

Employer		Work Performed	
Address			
Dates Employed	Phone Number		
Job Title / Assignment			
Supervisor's Name			
Reason for Leaving		Salary Start	Salary End

Employer		Work Performed	
Address			
Dates Employed	Phone Number		
Job Title / Assignment			
Supervisor's Name			
Reason for Leaving		Salary Start	Salary End

Arrest History

Please note that an arrest and/or conviction does not automatically eliminate you from consideration for employment. However, all arrests and charges must be reported and researched to determine whether or not it affects your eligibility for employment. Failure to disclose arrests and/or convictions will result in the applicant being removed from consideration, or termination of employment if already employed with this agency when the false information is discovered.

11. Have you ever been arrested for any offense? _____ Yes _____ No

If yes, on a separate piece of paper give exact dates, locations charges and final disposition of charges for each offense charged at the time of arrest.

12. Have you ever been convicted of a felony crime? _____ Yes _____ No

13. Have you ever been convicted of a misdemeanor crime? _____ Yes _____ No

14. Specifically, have you been ever been convicted of:

A) DUI _____ Yes _____ No

B) Any Drug Offense _____ Yes _____ No

C) Domestic Assault or Domestic Violence _____ Yes _____ No

D) Theft _____ yes _____ No

Professional Training, Experience and Certifications

15. Please list professional, trade, business or civic activities and offices held.

16. Summarize any special skills and/or qualifications acquired from previous employment, training or other experience.

17. Summarize any specialized skills you have and/or equipment you can operate.

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18. Do you have previous law enforcement experience at a local, state or federal level? Yes No

If yes, provide agency name, location, dates and last position held.

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19. Are you currently a sworn, commissioned officer with any agency? Yes No

If yes, please provide the agency name, location and position held.

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REFERENCES

20. Please provide five references that have known you for at least two years and are able to provide relevant information pertaining to your character and personality. Please do not list relatives or former employers. Former co-workers are acceptable.

1. Name	How long have you known this person
Full Address	
Telephone Number(s)	Relationship to this person
2. Name	How long have you known this person
Full Address	
Telephone Number(s)	Relationship to this person
3. Name	How long have you known this person
Full Address	
Telephone Number(s)	Relationship to this person
4. Name	How long have you known this person
Full Address	
Telephone Number(s)	Relationship to this person
5. Name	How long have you known this person
Full Address	
Telephone Number(s)	Relationship to this person

Military & Armed Services

21. Have you ever been a member of the Armed Services? _____ Yes _____ No

Please list Branch, last rank held and dates of service

EDUCATION

School Type	Name and Address of School	Course of Study	Years Completed	Diploma/Degree Earned
Elementary School				
High School				
Undergraduate				
Graduate Professional				
Other (Specify)				

Immediate Family

	Full Name (Include maiden name)	Address	Phone
Spouse			
Mother			
Father			

I certify that all of the information contained in this application is true and accurate. I understand that this application is the first step in an employment process and not a guarantee or offer of employment. In addition, I know and understand that if I am selected to continue further into the employment process I will be required to submit to a thorough background check and detailed verification of the information provided in this application.

Signature of Applicant

Date Submitted

