

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

INSTRUCTIONAL INFORMATION SHEET

This sheet has been prepared for you to 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!!!

You may return your application to the McMinn County Sheriff's Office located at 1319 South White Street Athens, Tennessee 37303 **MONDAY THRU FRIDAY FROM 9:00AM UNTIL 4:00PM.**

- 1. A copy of your Birth Certificate**
- 2. A copy of your high school diploma or GED or High School Equivalency Test in lieu of Diploma**
- 3. Recent full faced photograph**
- 4. A copy of your driver's license**
- 5. DD-214 if you have served in the military (if applicable)**
- 6. A copy of your social security card**

Applications will NOT be accepted without all of the above information attached!!!

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:

- ADA Information Line-1-800-669-4000 (Voice), 1-800-669-6820 (TTY)

MINIMUM REQUIREMENTS FOR POSITIONS WITH THE McMINN COUNTY SHERIFF'S OFFICE

- (A) After July 1st, 2006 any person employed as a Jail Administrator, jailer, corrections officer or guard in a county jail or workhouse shall:
- 1) Be at least eighteen (18) years of age;
 - 2) Be a citizen of the United States;
 - 3) Be a high school graduate or possess its equivalency, which shall include a general educational development (GED(R)) certificate;
 - 4) Not have been convicted of, or pleaded guilty to, or entered a plea of nolo contendere to any felony charge or to any violation of any federal or state laws or municipal ordinances relating to force, violence, theft, dishonesty, gambling, liquor, controlled substances or controlled substance analogues;
 - 5) Not have been released or discharged under any other than honorable discharge from any of the armed forces of the United States;
 - 6) Have the person's fingerprints on file with the Tennessee bureau of investigation;
 - 7) Have passed a physical examination by a licensed physician;
 - 8) Have a good moral character as determined by a thorough investigation conducted by the sheriff's office; and
 - 9) Have been certified by a Tennessee licensed health care provider qualified in the psychiatric or psychological field as being free from any impairment, as set forth in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association at the time of the examination, that would, in the professional judgment of the examiner, affect the person's ability to perform an essential function of the job, with or without a reasonable accommodation.

***All applications MUST be completed in blue or black ink (PLEASE PRINT)**



McMinn County Sheriff's Office

1319 South White Street
Athens, Tennessee 37303
(423) 745-5620 Fax (423) 744-0771

PLEASE USE BLUE OR BLACK INK		<i>YOU MAY BE ASSIGNED TO ANY SHIFT</i>	
DATE APPLIED: _____			
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
			CONTACT 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.			EMAIL ADDRESS:
			PLACE OF BIRTH
PRESENT CITIZENSHIP (COUNTRY)	CITIZENSHIP ACQUIRED BY		DATE OF BIRTH
			MO DAY YEAR
DATE AND PLACE NATURALIZED		NATURALIZATION CERTIFICATE NUMBER	
<p>THE MCMINN COUNTY SHERIFF'S OFFICE HAS A DUTY TO SCREEN APPLICANTS BEFORE HIRING INTO LAW ENFORCEMENT EMPLOYMENT. PURSUANT TO T.C.A. § 50-1-1003(b) (6) (B), PLEASE LIST ALL OF YOUR SOCIAL MEDIA ACCOUNTS AND USERNAMES (DO NOT LIST PASSWORDS) IN THE SPACE PROVIDED BELOW.</p> 			
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) YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN:		
ARE YOU OR HAVE YOU BEEN A MEMBER OF IF YOU ATTEND DRILLS, MEETINGS, OR CAMPS GIVE THE NAME OF THE UNIT AND ITS LOCATION			
THE NATIONAL GUARD YES <input type="checkbox"/> NO <input type="checkbox"/>			
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

YOU MUST HAVE AND MAINTAIN THE ABILITY TO WORK ANY SHIFT DURING YOUR CAREER.

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. THIS MEANS YOU MUST LIST ALL TRAFFIC TICKETS, ALL CHARGES AND/OR ALL ARRESTS NO MATTER HOW LONG AGO THEY OCCURRED OR 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 WILL HAVE SUBMITTED A FALSE APPLICATION AND WILL BE ELIMINATED FROM ANY CONSIDERATION FOR EMPLOYMENT.

PLEASE BE AWARE IF YOU HAVE BEEN CONVICTED OF, PLED GUILTY TO OR ENTERED A PLEA OF NOLO CONTENDRE TO ANY FELONY CHARGE OR TO ANY MISDEMEANOR VIOLATION OF ANY FEDERAL OR STATE LAWS OR MUNICIPAL ORDINANCES RELATING TO FORCE, VIOLENCE, THEFT, DISHONESTY, GAMBLING, LIQUOR (INCLUDING DRIVING WHILE INTOXICATED), OR CONTROLLED SUBSTANCES, YOU ARE NOT ELIGIBLE FOR EMPLOYMENT WITH THE MCMINN COUNTY SHERIFF'S OFFICE AND SHOULD NOT PROCEED WITH THIS APPLICATION.

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 (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 or NO (Please circle one)**

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. If you answer **NO** to the above question and your employment background finds that you have been terminated, you will have submitted a false application and will be eliminated from any consideration of employment.

REFERENCES

PLEASE LIST FOUR REFERENCES (NOT RELATIVES, FORMER OR PRESENT EMPLOYERS, OR FELLOW PRESENT EMPLOYEES) 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	
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BUSINESS NAME	BUSINESS PHONE NUMBER	OCCUPATION	
COMPLETE NAME		YEARS ACQUAINTED	
ADDRESS		CITY	STATE ZIPCODE
BUSINESS NAME	BUSINESS PHONE NUMBER	OCCUPATION	

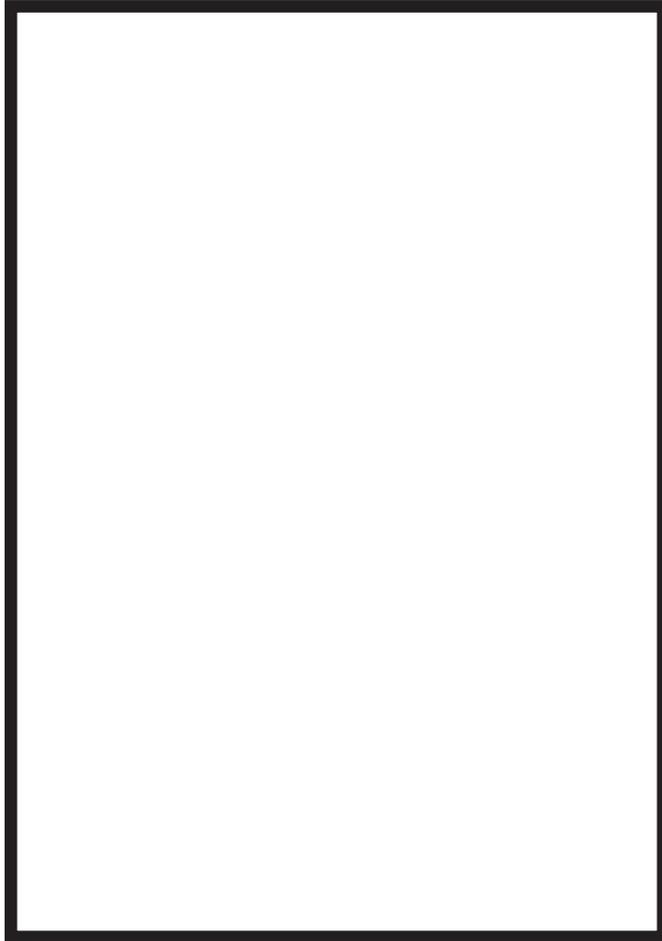
AVAILABILITY OF APPLICANT

HAVE YOU PREVIOUSLY SUBMITTED AN APPLICATION FOR EMPLOYMENT WITH THE MCMINN COUNTY SHERIFF'S OFFICE? YES NO

IF YES, WHEN?	PLACE	EARLIEST DATE AVAILABLE FOR EMPLOYMENT	HOW MUCH NOTICE TO REPORT TO WORK DO YOU NEED?
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IF APPLYING FOR CLERICAL POSITIONS, PLEASE GIVE APPROXIMATE TYPING SPPEED AND LIST ANY OTHER OFFICE SKILLS SUCH AS SHORTHAND, FILING, OFFICE MACHINE OPERATION, ETC., WHICH YOU HAVE:

PLEASE ATTACH A PHOTOGRAPH OF YOURSELF THAT WAS TAKEN WITHIN THE LAST 3 MONTHS



ATTENTION THIS STATEMENT MUST BE SIGNED

I understand that all appointments are probationary for a period of 90 days at the discretion of the Sheriff, subject to rules and regulations set forth by the McMinn County Sheriff’s Office. 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 McMinn County Sheriff’s Office 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 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 McMinn County Sheriff’s Office 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 McMinn County Sheriff’s Office or its agents, and I release all persons providing information to the McMinn County Sheriff’s Office 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