

# White County Sheriff's Office

111 Depot Street Sparta, TN 38583  
931-836-2700

## EMPLOYMENT APPLICATION PACKET

Completion of the Employment Application Packet is the first step in the employment process. The information on these forms will be used to judge your qualifications for employment with this agency. Read all of the questions carefully and answer all questions completely and honestly.

You must complete this application packet yourself. Please print the forms using black or blue ink pen. Do not leave any blank spaces. If a question does not apply, write "NA" in the answer space. All information in this application is subject to verification. **Any false, misleading, or incomplete information will result in your application being eliminated from consideration.**

**Please provide copies of the following documents to be considered for employment:**

- TN Driver's License
- Social Security Card
- High School Diploma/GED
- DD214 if applicable

Return the entire packet to the address below:

**White County Sheriff's Office  
111 Depot Street  
Sparta, TN 38583**

**This packet contains the following forms:**

- Employment Application
- Waiver of Liability and Release Form
- Credit Information Release Form
- Pre-employment Drug Screen Consent

Please refer to the list of available positions and specify which position you are applying for below. If applying for multiple positions, please list in order of preference.

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Office Use Only: Date received \_\_\_\_\_

# White County Sheriff's Office

111 Depot Street Sparta, TN 38583

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## EMPLOYMENT APPLICATION

### Instructions

You must complete this application yourself. It may be printed in black or blue ink. Your ability to completely and honestly complete this application is part of the process to determine your suitability for employment. If you intentionally leave out any information that might be detrimental to obtaining a job, such as past drug use or other crimes, it will automatically eliminate you from consideration for employment. The fact that you may have used drugs, committed a theft or another illegal act will not automatically eliminate you, but the omission of it during the application process will. Once submitted, this application becomes the property of White County Sheriff's Office, an equal opportunity employer.

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### Basic Personal Information

Name: \_\_\_\_\_  
*Last First Middle*

Please list any other names that you have used: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Street City State Zip*

Social Security Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
*Home Number Daytime Number Cell Number*

Driver's License: \_\_\_\_\_  
*Number State Type DOB*

Place of birth: \_\_\_\_\_  
*City State Country*

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### WC SO UNIFORM PATROL ELIGIBILITY

1. Are you at least 21 years of age? \_\_\_\_\_ YES \_\_\_\_\_ NO

2. Do you have a legal right to work in the United States? (Check one) \_\_\_\_\_ U.S. Citizen

\_\_\_\_\_ Permanent Resident Status \_\_\_\_\_ Other (specify)

3. Are you a licensed peace officer in the State of Tennessee? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. If yes, where and when did you obtain your license? \_\_\_\_\_  
*POST Training Academy or Department*

\_\_\_\_\_ Address City State Zip Date

5. Has your TN peace officer's license ever been suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. If yes, explain the circumstances on a separate sheet.

7. Are you a commissioned/licensed peace officer in another state of the U.S.?  Yes  No

8. If yes, in which state did you receive your commission/license? \_\_\_\_\_

9. If yes, when and where did you obtain your license? \_\_\_\_\_  
*POST Training Academy or Department*

\_\_\_\_\_  
*Address City State Zip Date*

10. Have you applied for a position with this office before?  Yes  No

11. If yes, when and previous position(s) applied for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Military Service

Please make copies of all applicable service records including any discharge papers and attach to this application.

Branch: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Date of service: \_\_\_\_\_ to \_\_\_\_\_ Reserve Status: \_\_\_\_\_

Type of discharge: \_\_\_\_\_ If not honorable, explain: \_\_\_\_\_

Grade and duty assignment at discharge/separation: \_\_\_\_\_

Are you registered for the Selective Service?  Yes  No

Selective Service Number: \_\_\_\_\_ Classification: \_\_\_\_\_

Are you a member of the Reserves or National Guard?  Yes  No

If yes, give unit, location, grade, and duty assignment: \_\_\_\_\_  
*Unit*

\_\_\_\_\_  
*Location Grade Duty Assignment*

### Education

Please complete the information that applies and attach copies of your diplomas or copies of your course schedule and grades to the application.

If you did not complete high school, do you have a GED?  Yes  No

SCHOOL NAME	ADDRESS, PHONE NUMBER	GRADUATE Yes/ No Dates Enrolled	COURSE OF STUDY / MAJOR
HIGH SCHOOL			

COLLEGE / UNIV.			
GRADUATE SCHOOL			
OTHER			

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### Specialized Skills and Training

Do you speak another language other than English? \_\_\_Yes\_\_\_No      Fluent? \_\_\_Yes\_\_\_No

If yes, please list:

\_\_\_\_\_

Briefly list any computer skills you have. If you have copies of any certificates for computer training you have received, please attach them to the application:

\_\_\_\_\_

\_\_\_\_\_

Please list any social internet sites (Facebook, My Space, personal blogs) that you have an active or past account with:

\_\_\_\_\_

\_\_\_\_\_

Briefly list any training or skills, including firearms that would be of assistance in the job you are applying for. If you have any copies of certificates for any training, please attach them to the application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### Personal History

1. Do you know of any reason that you could not pass a background check? \_\_\_Yes\_\_\_No
2. Have you ever been fired or asked to resign from a job? \_\_\_Yes\_\_\_No
3. Have you ever received disciplinary action from an employer? \_\_\_Yes\_\_\_No
4. Have you ever stolen from an employer? \_\_\_Yes\_\_\_No
5. Have you ever committed a crime for which you were not arrested? \_\_\_Yes\_\_\_No
6. Have you ever assisted someone in committing a crime? \_\_\_Yes\_\_\_No
7. Have you ever falsified a police report? \_\_\_Yes\_\_\_No
8. Have you ever accepted money not to report a crime? \_\_\_Yes\_\_\_No

9. Have you ever been the subject or person of interest in a police investigation? \_\_\_Yes \_\_\_No
10. Has any driver's license issued to you ever been suspended or revoked? \_\_\_Yes \_\_\_No
11. Have you ever used, sold, or otherwise handled; in an illegal manner; any controlled substance? \_\_\_Yes \_\_\_No
12. Have you ever been bonded? \_\_\_Yes \_\_\_No
13. Have you ever been the subject of an internal investigation? \_\_\_Yes \_\_\_No

**If you answered yes to any of the questions listed above, please write a brief explanation for that question on a separate sheet.** List the question by number. If you are interviewed, you will be asked about any "yes" answers. Any "yes" answers will be closely examined during a background check. A "yes" answer does not automatically eliminate you from consideration for employment. **Your omission of these facts will automatically eliminate you from consideration.**

### Traffic, Civil Court, and Criminal Record

Please list your history of any traffic citations, any civil court actions in which you were or are a defendant, any arrests, convictions, and court actions. If additional space is needed, list on a separate sheet.

	<i>Type of case</i>	<i>Jurisdiction</i>	<i>City, State</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

### Remarks

Please tell us about yourself. Include any awards, honors, licenses or certificates that you have received. You can also use this section to expound upon any answers to any questions on this application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please respond to the following questions, expressing yourself clearly and thoroughly. Please use the entire space provided. If additional space is needed, attach a separate sheet.

Why do you wish to pursue this career?

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Provide a brief biography. Tell where you were born, where you grew up, and relate significant experiences about what you have done in your life. Describe your hobbies, special interests, and other details which display your individuality. If you need more space, attach a separate sheet.

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During your life, have you ever possessed and/or experimented with any illegal substances such as marijuana, cocaine, hashish, opiates, steroids, and/or any drug not prescribed to you? \_\_\_\_ Yes, \_\_\_\_ No If yes, please explain in detail

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Have you ever filed bankruptcy? \_\_\_\_ Yes, \_\_\_\_ No If yes, when \_\_\_\_\_ -

Are you currently in default on any financial loans? \_\_\_\_ Yes, \_\_\_\_ No If yes, please explain.

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Are there in any incidents not mentioned herein which may reflect upon your suitability to be employed by this agency or which might require further explanation? \_\_\_\_ Yes, \_\_\_\_ No If Yes, Please explain

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Have you ever been a member or involved with a group whose goal is to deny any persons their rights under the Constitution of the United States or to alter the form of government of the United States or any other country by unconstitutional means? \_\_\_\_ Yes, \_\_\_\_ No If yes, please explain \_\_\_\_\_

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## Employment History

NOTICE: Start with your current job, if employed, and list your past 15 years of employment in reverse order. Account for any time that you were unemployed by stating the nature of your activities. If additional space is needed, list on a separate sheet.

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT PT  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_ Quit? \_\_\_\_\_ Fired? \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT PT  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_ Quit? \_\_\_\_\_ Fired? \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT PT  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_ Quit? \_\_\_\_\_ Fired? \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT PT  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_ Quit? \_\_\_\_\_ Fired? \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT PT  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Dates from \_\_\_\_\_ to \_\_\_\_\_ Quit? \_\_\_\_\_ Fired? \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Job Duties: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

### Residences

List all residences where you have lived during the past ten years. Begin with your present address and work backwards. List the complete address including street number, street name, city, state, and zip code. If additional space is needed, list on a separate sheet.

ADDRESS	CITY	STATE	ZIP CODE	DATES

### Personal References

List three personal references that are not related to you. Do not use former or current employers. Be sure to include all of the information requested.

NAME	ADDRESS, CITY STATE, ZIP CODE	AREA CODE & PHONE NUMBER

### Please Read Carefully Before Signing This Application

*I declare that all foregoing statements are true and correct to the best of my knowledge and belief. I realize that falsification of any information on this application is grounds for disqualification. I further understand that any misrepresentation or omission of facts upon this application will be sufficient cause for cancellation and/or separation from White County Sheriff's Office service if I have been employed.*

*I understand that I may be required to submit and pass certain physical and/or mental health assessments*

*I understand and acknowledge that unless otherwise defined by applicable law, any employment with White County Sheriff's Office is of an "at will" nature which means that an employee may resign at any time and the employer may discharge an employee at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct, unless such change is specifically acknowledged in writing and authorized by the White County Commission.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Equal Opportunity Employment Data Form

The information requested is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies, and will not be considered as part of the application for employment. It will be separated from the application.

White County Sheriff's Office provides equal employment opportunity to all individuals regardless of their race, color, creed, religion, gender, age, sexual orientation, national origin, disability, veteran status, or any other characteristic protected by state, federal, or local law.

**GENDER:**

(Please check one of the options below)

Male

Female

**RACE/ETHNICITY:**

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

I do not wish to disclose.

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Veteran: Yes  No

Spouse of Veteran: Yes  No

I do not wish to disclose

Full Name Printed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

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## WAIVER OF LIABILITY AND RELEASE FORM

In consideration of the White County Sheriff's Office hereinafter referred to as the Agency, processing my following terms and conditions:

Full Name (typed or printed) \_\_\_\_\_

1. The term "background investigation" as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, for application to determine eligibility of employment, fitness as a candidate or employment with the Agency. I hereby irrevocably agree to the use of all pertinent information.
2. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent, or employee of the Agency who may conduct my background investigation.
3. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all person and entities who shall furnish any information or opinions to the officers, agents, or employees of the Agency who conduct my background investigation.
4. I authorize any person or entity contacted by the Agency's officers, agents, or employees during the course of my background investigation, to furnish such officer, agents, or employees any information opinions they may have, and hereby expressly waive any and all legal privileges, the clergyman – penitent privilege, the husband-wife privilege, and the accountant – client privilege.
5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background check.
6. I expressly waive all of my legal rights and causes of actions to the extent that the Agency background check may violate or infringe upon these legal rights and causes of action.
7. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing such information must of necessity remain confidential.

### DO NOT SIGN BEFORE READING

This release from liability given by me to the political division, the Agency, its officers, agents and employees, and all others as mentioned above, shall apply to my right of action of any nature whatsoever that might accrue to myself, my heirs, or my personal representative.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

Date: \_\_\_\_\_

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## CREDIT INFORMATION RELEASE FORM

### Consumer Report Disclosure

By this document, the White County Sheriff's Office (WCSO) discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Please sign below to signify receipt of the foregoing disclosure.

\_\_\_\_\_  
Applicant Full Name (typed or printed)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### Consumer Report Authorization

This document shall authorize the procurement of a consumer report by the WCSO as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the WCSO to procure consumer reports at any time during my employment period.

\_\_\_\_\_  
Applicant Full Name (typed or printed)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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## PRE-EMPLOYMENT DRUG SCREEN CONSENT

1. I, \_\_\_\_\_, as an applicant with the WCSO, *Applicant Full Name (typed or printed)* consent to allow my blood, breath, hair and/or urine to be tested for drugs. I further consent to allow the results of such testing to be released to the WCSO or its authorized agents to representatives.
2. I understand that if I fail to sign and return this consent to the WCSO, my application will no longer be considered. I understand that if I test positive for any illegal substance, any offer of employment I have received will be withdrawn.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date