

Robertson County Sheriff's Office

507 South Brown Street
Springfield, Tennessee 37172
(615) 384-7971
www.robertsonsheriff.com



Sheriff William C. Holt

Chief Deputy Michael Van Dyke

Application for Employment

The Robertson County Sheriff's Office is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.



ROBERTSON COUNTY SHERIFF'S OFFICE
SPRINGFIELD, TENNESSEE



PERSONAL HISTORY SHEET

FULL NAME:

DATE:

General Instructions **TYPE OR PRINT ANSWER TO EVERY QUESTION. USE BLACK INK ONLY.** If a question does not apply to you, indicate so with N/A.
If the space available is insufficient, use a separate sheet of paper and precede each answer with the number of the referenced question.
LIST COMPLETE ADDRESSES (NUMERICAL, STREET, CITY, STATE ZIP CODE)
DO NOT MISSTATE OR OMIT ANY MATERIAL FACTS SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION.
FAILURE TO FOLLOW INSTRUCTIONS WILL SUBJECT YOU TO DISQUALIFICATION.

Please indicate which Department is your first choice and place a checkmark beside any other department if you are interested.

_____	_____ Administration	_____ Court Officer	* Must be state certified
First Choice	_____ Corrections	_____ Detective*	
	_____ Communications	_____ Reserves	
	_____ Patrol		
	_____ School Resource*		
	_____ Warrant's / Records		
		_____	[Certification Number]

1. LAST NAME FIRST MIDDLE

2. PRESENT ADDRESS

3. MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	4. ALIAS(ES), NICKNAMES, MAIDEN NAME OR OTHER CHANGES
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5. DATE OF BIRTH	6. PLACE OF BIRTH (CITY,COUNTY,STATE)	7. U. S. CITIZEN
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8. SOCIAL SECURITY #	9. DRIVERS LICENSE # AND STATE
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10. TELEPHONE # AND ALTERNATE #	11. HEIGHT	12. WEIGHT
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13. EYE COLOR	14. HAIR COLOR
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16. MARRIAGE STATUS
single _____ engaged _____ married _____ separated _____ divorced _____ widowed _____

17. NAME AND ADDRESS OF FIANCEE OR SPOUSE (IF APPLICABLE)

18. MILITARY RECORD:

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? YES _____ NO _____

BRANCH OF SERVICE: _____

SERVED FROM : _____ TO: _____

A. WHILE IN THE MILITARY WERE YOU EVER CONVICTED FOR AN OFFENSE IN A TRIAL BY
DECK COURT OR BY SUMMARY, SPECIAL, OR GENERAL COURT-MARTIAL?
ADDITIONALLY, HAVE YOU BEEN SUBJECT TO ANY DISCIPLINARY ACTION?

YES _____ NO _____

IF YES, GIVE DATE, PLACE, LAW ENFORCING AUTHORITY, TYPE OF COURT OR COURT
MARTIAL, OR UNIT WHERE ACTION OCCURRED, AND CHARGE AND ACTION TAKEN FOR EACH
INCIDENT. ATTACH ALL THIS INFORMATION ON A SEPARATE SHEET OF PAPER.

B. ARE YOU PRESENTLY A MEMBER OF THE U.S. RESERVE, NATIONAL OR STATE GUARD
ORGANIZATION? YES _____ NO _____

GRADE _____

UNIT AND ADDRESS _____

INACTIVE

☐

STANDBY

☐

C. DO YOU PRESENTLY HAVE ANY RESERVE OBLIGATION? YES _____ NO _____

IF YES, LENGTH OF TIME REMAINING. _____

19. EDUCATION:

A. LIST ALL SENIOR HIGH SCHOOLS ATTENDED

NAME AND COMPLETE ADDRESS	DATES ATTENDED		GRADUATED	
	FROM	TO	YES	NO

B. HIGHER EDUCATION. LIST ALL COLLEGES AND/OR UNIVERSITIES ATTENDED

NAME AND COMPLETE ADDRESS

1 _____

2 _____

3 _____

4 _____

IN THE FOLLOWING SPACES PROVIDE THE INFORMATION REQUESTED. INSURE THAT THE INFORMA-
TION CORRESPONDS WITH THE APPROPRIATE COLLEGE AND/OR UNIVERSITY LISTED ABOVE

DATES ATTENDED		CREDIT HOURS		DEGREE RECEIVED	YEAR RECEIVED
FROM	TO	semester	quarter		
1					
2					
3					
4					

COLLEGE COURSE MAJOR: _____
COLLEGE COURSE MINOR: _____

B. (CONTINUED)

HAVE YOU EVER BEEN DISMISSED FROM COLLEGE OR HAD ANY DISCIPLINARY ACTION?

YES _____ NO _____ IF YES COMPLETE BELOW.

SCHOOL: _____ DATE: _____

TYPE OF ACTION: _____

C. OTHER SCHOOLS OR TRAINING (TRADE, VOCATIONAL, BUSINESS, OR MILITARY) GIVE THE NAME OF SCHOOL, LOCATION, DATES ATTENDED, SUBJECTS(S), STUDIED, DATE GRADUATED, AND ANY OTHER PERTINENT INFORMATION.

20. FOREIGN LANGUAGE: ENTER LANGUAGE KNOWN AND INDICATE YOUR KNOWLEDGE OF EACH BY PLACING AN "X" IN THE PROPER COLUMN.

LANGUAGE	READING		SPEAKING			UNDERSTANDING		
	EXC.	GOOD	EXC.	GOOD	FAIR	EXC.	GOOD	FAIR

21. SPECIAL QUALIFICATIONS AND SKILLS:

A. INDICATE TYPE OF SPECIAL LICENSE SUCH AS PILOT, RADIO OPERATOR, ETC. SHOWING LICENSING AUTHORITY, WHERE THE LICENSE WAS FIRST ISSUED, AND DATE CURRENT LICENSE EXPIRES. (EXCEPT VEHICLE OPERATOR LICENSE)

B. SPECIAL QUALIFICATIONS NOT COVERED IN APPLICATION. FOR EXAMPLE, YOUR MOST IMPORTANT PUBLICATIONS (DO NOT SUBMIT COPY), YOUR PATENTS OR INVENTIONS, PUBLIC SPEAKING AND PUBLICATION EXPERIENCE IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, AND HONORS AND FELLOWSHIPS RECEIVED.

22. VEHICLE OPERATOR'S LICENSE (DRIVER'S, CHAUFFEUR, ETC.)

GIVE THE FOLLOWING INFORMATION CONCERNING ANY VEHICLE OPERATOR'S LICENSE YOU HAVE HELD OR NOW HOLD.

LICENSE # AND STATE OF ISSUE		RESTRICTIONS

A. HAVE YOU EVER BEEN DENIED ISSUANCE OF A VEHICLE OPERATOR LICENSE, OR HAVE YOU EVER HAD A VEHICLE OPERATOR LICENSE SUSPENDED, REVOKED, OR CANCELLED? YES _____ NO _____
IF YES EXPLAIN FULLY BELOW.

B. HAVE YOU EVER HAD AUTO INSURANCE WITHDRAWN, REVOKED, OR HAVE YOU EVER BEEN REFUSED AUTO INSURANCE? YES _____ NO _____ (IF YES EXPLAIN REASON, NAME AND ADDRESS OF COMPANY, AND DATE(S) OF OCCURRENCE(S)).

C. LIST THE NAME AND ADDRESS OF THE INSURANCE COMPANY WITH WHOM YOU PRESENTLY HAVE AUTO INSURANCE. TENNESSEE LAW REQUIRES THAT YOU HAVE AT LEAST LIABILITY INSURANCE ON ALL MOTOR VEHICLES.

D. LIST ALL TRAFFIC ACCIDENTS IN WHICH YOU WERE A DRIVER. INDICATE WHETHER THE ACCIDENT WAS CHARGEABLE OR NON-CHARGEABLE, AND THE APPROXIMATE DATE AND LOCATION.

23. FAMILY:

LIST IN THE ORDER GIVEN, SHOWING RELATIONSHIP, PARENTS, GUARDIANS, STEP-PARENTS
FOSTER PARENTS, PARENTS-IN-LAW, BROTHERS, SISTERS, HALF OR STEP, EVEN THOUGH
THE INDIVIDUAL MAY BE DECEASED.

RELATIONSHIP	NAME	Address	TELEPHONE NUMBER
FATHER			
MOTHER			
Spouse's Father			
Spouse's Mother			

24. ARREST, CONVICTIONS, AND LITIGATION:

- A. HAVE YOU EVER BEEN ARRESTED FOR A CRIMINAL OFFENSE; FELONY, MISDEMEANOR, MISDEMEANOR ARREST CITATION? YES _____ NO _____ [If Yes, Attach Explanation]
- B. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE; FELONY, MISDEMEANOR, OR MISDEMEANOR ARREST CITATION? YES _____ NO _____
- C. HAVE YOU EVER RECEIVED AND/OR BEEN CONVICTED OF A TRAFFIC OFFENSE, INCLUDING PARKING VIOLATIONS? (CONVICTIONS ALSO MEANS THE PAYMENT OF FINES) YES _____ NO _____
- D. HAVE YOU EVER BEEN INVOLVED IN ANY CIVIL COURT ACTION? YES _____ NO _____
- E. HAVE YOU EVER BEEN FINGERPRINTED FOR ANY REASON (OTHER THAN ARREST NOTED ABOVE)? YES _____ NO _____
- F. HAVE YOU EVER BEEN SERVED WITH A CRIMINAL SUMMONS? YES _____ NO _____
- IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, LIST EXPLANATION BELOW. INCLUDE DATE OF INCIDENT, PLACE OF INCIDENT, BRIEF EXPLANATION OF INCIDENT, AND FINAL OUTCOME OF INCIDENT(COURT ACTION).
- _____
- _____
- _____

1. HAVE THE POLICE EVER BEEN CALLED TO YOUR RESIDENCE FOR ANY REASON? IF YES EXPLAIN WHEN WHERE, ETC...

2. HAVE YOU EVER BEEN IN A PHYSICAL CONFRONTATION OR ALTERCATION WITH YOUR SPOUSE, EX-SPOUSE OR CHILDREN, RELATIVES, BOYFRIENDS, PARENTS OR ANYONE ELSE?(IF YES, EXPLAIN WHERE, WHEN, ETC.)

3. HAVE YOU EVER HAD A CIVIL ORDER PLACED AGAINST YOU? (ORDER OF PROTECTION, RESTRAINING ORDER, INJUNCTION AGAINST HARASSMENT.)

25. RESIDENCES:

LIST ALL RESIDENCES FOR THE LAST 10 YEARS. START WITH PRESENT ADDRESS.

FROM	TO	ADDRESS(NUMERICAL, STREET, CITY, STATE, ZIP CODE)

26. REFERENCES:

CHARACTER REFERENECES (DO NOT INCLUDE RELATIVES OR FORMER EMPLOYERS.) LIST THREE CHARACTER REFERENCES THAT HAVE A DEFINITE KNOWLEDGE OF YOUR SKILLS.

NAME	ADDRESS (NUMERICAL, STREET, CITY, ST, ZIP)	HOME PHONE
		()
		()
Next Door Neighbor	Address (numerical, street, city, state, zip)	Home Phone
		()
		()
		()

27. SUBVERSIVE ORGANIZATIONS:

- A. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION(S) ANYWHERE? YES_____ NO_____
- B. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A RACIST ORGANIZATION? YES_____ NO_____
- C. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? THIS IS TO INCLUDE HATE TYPE GROUPS. EXAMPLES-KU KLUX KLAN, SKINHEADS, ARYAN NATIONS, ETC.
YES_____ NO_____
- D. ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE, AS AN AGENT, OFFICIAL, OR EMPLOYEE? YES_____ NO_____
- E. ARE YOU NOW ASSOCIATING WITH OR HAVE ASSOCIATED WITH ANY INDIVIDUALS, INCLUDING RELATIVES, WHO YOU KNOW OR HAVE REASON TO BELIEVE ARE OR HAVE BEEN MEMBERS OF ANY ORGANIZATIONS IDENTIFIED ABOVE? YES_____ NO_____
- F. HAVE YOU EVER BEEN ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OF ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE: CONTRIBUTION(S) TO, ATTENDANCE OF OR PARTICIPATION IN ANY ORGANIZATION, SOCIAL, OR OTHER ACTIVITIES, OR DISTRIBUTION OF ANY WRITTEN, PRINTED, OR OTHER MATTER, PREPARED, REPRODUCED, OR PUBLISHED, BY THEM OR ANY OF THEIR AGENTS?
YES_____ NO_____
- G. ARE YOU NOW OR HAVE YOU EVER BEEN ASSOCIATED WITH ANY GANG, CLUB OR OTHER ORGANIZATION THAT IS OR HAS BEEN INVOLVED IN ANY ILLEGAL CONSPIRACY, DRUG TRAFFICKING, OR OTHER UNLAWFUL ACTIVITY OR CRIMINAL ACT. YES_____ NO_____
- [TCA 40-35-121. CRIMINAL GANG OFFENSES - ENHANCED PUNISHMENT - PROCEDURE.
(a) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:
(1) "CRIMINAL GANG" MEANS A FORMAL OR INFORMAL ONGOING ORGANIZATION, ASSOCIATION, OR GROUP CONSISTING OF THREE (3) OR MORE PERSONS THAT HAS:
(A) AS ONE (1) OF ITS ACTIVITIES THE COMMISSION OF CRIMINAL ACTS; AND
(B) TWO (2) OR MORE MEMBERS WHO, INDIVIDUALLY OR COLLECTIVELY, ENGAGE IN OR HAVE ENGAGED IN A PATTERN OF CRIMINAL GANG ACTIVITY."]
- IF YES TO ANY OF THE ANSWERS ABOVE, DESCRIBE THE CIRCUMSTANCES IN DETAIL ON A SEPARATE SHEET AND ATTACH TO APPLICATION.

28. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO TAKE OR WHICH MIGHT REQUIRE FURTHER EXPLANATION? YES _____ NO _____

29. HAVE YOU APPLIED FOR A POSITION WITH ANY OTHER LAW ENFORCEMENT OR GOVERNMENT AGENCY? YES _____ NO _____

NAME OF AGENCY	ADDRESS(NUMERICAL, STREET ETC.	APPROX. DATE APPLIED

30. HOBBIES AND SPORTS:

ACTIVITY	AWARDS/CERTIFICATIONS

31. LIST ALL RELATIVES EMPLOYED OR FORMERLY EMPLOYED BY THE ROBERTSON COUNTY SHERIFF'S OFFICE.

NAME	RELATION	ADDRESS	PHONE

32. FRIENDS OR ACQUAINTANCES EMPLOYED BY THE ROBERTSON COUNTY SHERIFF'S OFFICE.

NAME	ADDRESS	PHONE

33. EMPLOYMENT:

A. HAVE YOU EVER BEEN DISCHARGED, ASKED TO RESIGN, LAID -OFF, OR PUT ON INACTIVE STATUS FOR CAUSE, OR SUBJECTED TO DISCIPLINARY ACTION WHILE IN ANY POSITION (EXCEPT MILITARY)?
YES _____ NO _____

B. HAVE YOU EVER RESIGNED (QUIT) AFTER BEING INFORMED YOUR EMPLOYER INTENDED TO DISCHARGE YOU FOR ANY REASON? YES _____ NO _____

IF YES TO EITHER QUESTION, LIST EXPLANATION ON A SEPARATE SHEET EXPLAINING REASON, NAME OF AGENCY, LOCATION OF AGENCY, AND DATE LEFT.

C. WILL YOUR PRESENT POSITION BE IN JEOPARDY IF CONTACTED BY THE ROBERTSON COUNTY SHERIFF'S OFFICE? YES _____ NO _____

D. AT THIS TIME DO YOU AGREE TO ALLOW THE ROBERTSON COUNTY SHERIFF'S OFFICE TO CONTACT ANY AND AND/OR ALL PRESENT EMPLOYERS? YES _____ NO _____

SIGNATURE OF APPLICANT

BEGINNING ON PAGE 10 START WITH PRESENT EMPLOYER AND WORK BACKWARDS FOR THE PAST 10 YEARS. INCLUDE ALL PART-TIME, TEMPORARY, AND/OR SEASONAL EMPLOYMENT. DURING PERIODS OF UNEMPLOYMENT OR ATTENDING SCHOOL, INDICATE THIS WHERE APPROPRIATE. INSURE THAT THERE ARE NO GAPS.

LIST COMPLETE ADDRESSES (NUMERICAL, STREET, CITY, STATE AND ZIP CODES, TELEPHONE NUMBERS WITH AREA CODES.

EMPLOYMENT CONTINUED

FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	

EMPLOYMENT CONTINUED			
FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	

READ EACH OF THE FOLLOWING STATEMENTS CAREFULLY YOU MUST PLACE YOUR INITIALS AT THE END OF EACH STATEMENT INDICATING THAT YOU HAVE READ AND UNDERSTAND EACH STATEMENT. IF YOU DO NOT UNDERSTAND ONE OF THE STATEMENTS, ASK FOR AN EXPLANATION PRIOR TO INITIALING.

34. I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS, AND THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH.

35. I AGREE AND CONSENT IN ADVANCE TO BEING IMMEDIATELY DISQUALIFIED AND/OR DISCHARGED IF ANY OF THE ABOVE INFORMATION CONTAINS ANY MISREPRESENTATIONS, OR FALSIFICATIONS OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED. HOWEVER, I DO REALIZE THAT I WILL HAVE THE OPPORTUNITY TO DISCUSS THIS MATTER BEFORE BEING DISQUALIFIED AND/OR DISCHARGED.

36. I FURTHER VERIFY THAT THE INITIALS NOTED ABOVE ARE MY INITIALS AND MADE BY ME. I ALSO VERIFY THAT I HAVE READ AND UNDERSTAND EACH OF THE STATEMENTS LISTED ABOVE.

NOTARY ACKNOWLEDGEMENT

STATE OF _____ COUNTY OF _____

PERSONALLY APPEARED BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC FOR SAID COUNTY AND STATE, _____, TO ME KNOWN (OR PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE) TO BE THE PERSON WHO EXECUTED THE WITHIN INSTRUMENT FOR THE PURPOSES THEREIN CONTAINED.

WITNESS MY HAND, AT OFFICE, THIS _____ DAY OF _____.

MY COMMISSION EXPIRES _____

NOTARY PUBLIC

THIS APPLICATION IS TO BE NOTARIZED. THEREFORE, SIGNATURE OF APPLICANT MUST BE AFFIXED BEFORE AUTHORIZED NOTARY PUBLIC.

PERSONAL INQUIRY WAIVER

TO: _____
(FOR POLICE PERSONNEL ONLY)

I RESPECTFULLY REQUEST AND AUTHORIZE YOU TO FURNISH THE ROBERTSON COUNTY SHERIFF'S OFFICE ANY AND ALL INFORMATION THAT YOU MAY HAVE CONCERNING MY WORK RECORD, MY SCHOOL RECORD, MY REPUTATION, MY FINANCIAL AND CREDIT STATUS, AND MY CRIMINAL RECORD. THIS INFORMATION IS TO BE USED TO ASSIST THE ROBERTSON COUNTY SHERIFF'S OFFICE IN DETERMINING MY QUALIFICATIONS AND FITNESS FOR THE POSITION I AM SEEKING WITH THEM.

I UNDERSTAND THAT THE SOURCE OF ANY NEGATIVE INFORMATION WILL REMAIN CONFIDENTIAL.

I FURTHER UNDERSTAND THAT ALL INFORMATION AND MATERIALS GATHERED ARE PROPERTY OF THE INVESTIGATING AGENCY.

I HEREBY RELEASE YOU, YOUR ORGANIZATION OR OTHERS FROM ANY LIABILITY OR DAMAGE WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED ABOVE.

APPLICANT SIGNATURE

DATE

ADDRESS (NUMERICAL, STREET, CITY, STATE, ZIP CODE)

NOTARY ACKNOWLEDGEMENT

STATE OF _____

COUNTY OF _____

PERSONALLY APPEARED BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC FOR SAID COUNTY AND STATE, _____, TO ME KNOWN(OR PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE) TO BE THE PERSON WHO EXECUTED THE WITHIN INSTRUMENT FOR THE PURPOSE THEREIN CONTAINED.

WITNESS MY HAND, AT OFFICE, THIS _____ DAY OF _____.

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

THE FOLLOWING FORMS AND INFORMATION ARE REQUESTED TO COMPLETE THE NECESSARY BACKGROUND INVESTIGATION TO SATISFY REQUIREMENTS. YOU ARE REQUIRED TO ATTACH COPIES OF EACH OF THE LISTED ITEMS BELOW WITH YOUR APPLICATION IF THEY APPLY TO YOU. FAILURE TO DO SO MAY RESULT IN DISQUALIFICATION FROM HIRING PROCESS.

1. SOCIAL SECURITY CARD
2. BIRTH CERTIFICATE-NOTARIZED COPY
3. HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE
4. COLLEGE DIPLOMA AND TRANSCRIPT
5. MILITARY DISCHARGE PAPERS (DD-214)
6. DRIVER'S LICENSE
7. DOCUMENTATION OF NAME CHANGES (VIA MARRIAGE, DIVORCE, ETC.)
8. P.O.S.T. CERTIFICATION(IF PRIOR LAW ENFORCEMENT)
9. CERTIFICATE OF LAW ENFORCEMENT BASIC TRAINING (IF COMPLETED)
10. CONFIRMATION OF MEDICAL EXAMINATION (IF REQUIRED BY DEPARTMENT)

ATTACH ANY ADDITIONAL CERTIFICATES, DIPLOMAS AS WELL AS REFERENCE LETTERS TO APPLICATION ALSO.

PLEASE REMEMBER THERE ARE TWO PLACES FOR NOTARY PUBLIC SIGNATURES. THEY ARE BOTH TO BE SIGNED OR YOUR APPLICATION WILL BE RENDERED INCOMPLETE.