

# Robertson County Sheriff's Office

507 South Brown Street  
Springfield, Tennessee 37172  
(615) 384-7971  
[www.robertsonsheriff.com](http://www.robertsonsheriff.com)



Sheriff Mike Van Dyke

Chief Deputy Richard Head

## 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:**

**Please Read Before Filling Out**

**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, ZIPCODE) DO NOT MISSTATE OR OMIT ANY MATERIAL FACTS SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION BY MEANS OF POLYGRAPH. FAILURE TO FOLLOW INSTRUCTIONS WILL SUBJECT YOU TO DISQUALIFICATION.**

**Position Applied For:**

**1. Last Name:**

**First:**

**Middle:**

**2. Present Address:**

**3. Male    Female**

**4. Alias(es), Nicknames, Maiden Name, or Other Changes**

**5. Date of Birth**

**6. Place of Birth (City, County, State)**

**7. U.S. Citizen**  
**Yes    No**

**8. Social Security Number**

**9. Drivers License Number and State**

**10. Telephone Number and Alternate Number**

**11. Marital Status**

**Single    Engaged    Married    Separated    Divorced    Widowed**

**12. Name and Address of Fiancé or Spouse ( If Applicable)**

**13. Military Record:**

Have you ever served in the U.S. Armed Forces?    Yes    No

Branch of service: \_\_\_\_\_

A. Served From: \_\_\_\_\_ to \_\_\_\_\_

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?    Yes    No

Type of separation.    Honorable    Dishonorable    Other

Additionally, have you been subject to any disciplinary action?    Yes    No

If yes please explain.

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: \_\_\_\_\_

**14. 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

In the following spaces provide the information requested. Insure that the information corresponds with the appropriate college and / or university listed above.

Dates Attended		Degree Received	Year Received
From	To		

**B. (Continued)**

College Course Major \_\_\_\_\_

College Course Minor \_\_\_\_\_

Have you ever been dismissed from college or had any disciplinary action?    Yes    No

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

Type of Action: \_\_\_\_\_

**15. Foreign Language: Enter language known and indicate your knowledge of each by checking the box in the appropriate column.**

Language	Reading		Speaking		Understanding	
	Exc.	Good	Exc.	Good	Exc.	Good

**16. Residences:**

List all residences for the last 5 years. Start with your present address.

From	To	Address (Numerical, Street, State, Zip Code)

**17. Vehicle Operator's license (Driver's, Chauffeur, Etc.)**

Give the following information concerning any vehicle operator's license you have held or now hold.

Driver's License Number	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. 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.**

**18. Arrests, Convictions, and Litigation: (To include all dismissals and expungements)**

**A. Have you ever been arrested or cited for a criminal offense?    Yes    No**

**B. Have you ever been convicted of a criminal offense; Felony, Misdemeanor, or Misdemeanor Citation?    Yes    No**

**C. Have you ever received and / or been convicted of a traffic offense, including parking violations? (Convictions also means 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**

**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, relative, boyfriend/girlfriend, or parents? (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.) Please Explain.**

**19. List all relatives employed or formerly employed by the Robertson County Sheriff's Office.**

Name	Relation	Address	Phone

**20. Friend or acquaintances employed by the Robertson County Sheriff's Office.**

Name	Address	Phone

**21. Employment:**

**A. Have you ever been terminated, 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**  
**If Yes Explain:**

**B. Have you ever resigned (Quit) after being informed your employer intended to terminate you for any reason? Yes No**

**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/or all current employers? Yes No**

**When filling out this sheet, start with your 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.**

<b>From Date</b>	<b>Name/Address of Employer</b>	<b>Reason Left</b>	<b>Job Title</b>
<b>To Date</b>		<b>Telephone Number</b>	
<b>Salary</b>		<b>Name of Supervisor</b>	
<b>From Date</b>	<b>Name/Address of Employer</b>	<b>Reason Left</b>	<b>Job Title</b>
<b>To Date</b>		<b>Telephone Number</b>	
<b>Salary</b>		<b>Name of Supervisor</b>	
<b>From Date</b>	<b>Name/Address of Employer</b>	<b>Reason Left</b>	<b>Job Title</b>
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<b>To Date</b>		<b>Telephone Number</b>	
<b>Salary</b>		<b>Name of Supervisor</b>	

**If space is not adequate for employment history please check here.**

**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.**

**22. 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.**

**23. 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.**

**24. I further verify that the initials noted above are my initials and were made by me. I also verify that I have read and understand each of the statements listed above.**





**Robertson County Sheriff's Office**

507 S. Brown St.  
 Springfield, Tennessee 37172-2817  
 Administrative Office (615) 384-7971  
 www.robertsonsheriff.com

**Pre-Employment Drug History Questionnaire**

**General Instructions:**

This information is obtained to determine your suitability to work at the Robertson County Sheriff's Office. Do not misstate or omit any facts since the statements made herein are subject to verification. If any misrepresentations are found, you will be permanently disqualified.

Type or print answers in the desired block or section. Use black ink only. This information will be kept confidential and will only be reviewed by authorized personnel.

If you are currently taking or have taken in the past any scheduled medication/narcotic prescribed by a licensed Physician, mark "No" to the referenced question. If you have taken any scheduled medication/narcotic illegally or without a prescription, mark "Yes" to the referenced question.

Any person who has used a Schedule I controlled substance is not eligible to work at the Robertson County Sheriff's Office. A schedule I drug is described as a drug that has a high risk of addiction or dependency and no legitimate medical use. Some of these drugs include Heroin, LSD, and mescaline to name a few.

<b>Drug Category</b>	<b>Ever Used Yes or No</b>	<b>Total Times Used</b>	<b>Injection Drug Use Yes or No</b>	<b>Date Last Used</b>
<b>CANNABIS:</b> Marijuana, Hashish, Hash Oil, etc.				
<b>STIMULANTS:</b> Cocaine, Crack Cocaine, etc.				

<b>Drug Category</b>	<b>Ever Used Yes or No</b>	<b>Total Times Used</b>	<b>Injection Drug Use Yes or No</b>	<b>Date Last Used</b>
<b>STIMULANTS:</b> Methamphetamine/Speed, Ice, Crank, etc.				
<b>AMPHETAMINES/OTHER STIMULANTS:</b> Ritalin, Benzedrine, Dexedrine, etc.				
<b>BENZODIAZEPINES/TRANQUILIZERS:</b> Valium, Xanax, Diazepam, "Roofies", etc.				
<b>HEROIN</b>				
<b>SEDATIVES/HYPNOTICS/BARBITURATES:</b> Quaalude, Amytal, Phenobarbital, etc.				
<b>STREET OR ILLICIT METHADONE</b>				
<b>OTHER OPIOIDS:</b> Tylenol#2/#3, Percocet, Opium, Morphine, Demerol, Dilaudid, Lortabs, etc.				
<b>HALLUCINOGENS:</b> LSD, PCP, MDA, DAT, Peyote, Mushrooms, Ecstasy (MDMA), Nitrous Oxide, etc.				
<b>INHALANTS:</b> Glue, Gasoline, Aerosols, Paint, Paint Thinners, Etc.				
<b>OTHERS NOT LISTED:</b> 1. _____ 2. _____ 3. _____				

Applicant Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ S.S.N.: \_\_\_\_\_

The above referenced questions are answered honestly and accurately to the best of my knowledge. I understand that any misrepresentations, exclusions or falsifications will permanently disqualify me from gaining employment with the Robertson County Sheriff's Office. My signature below signifies that I have answered all questions truthfully and to the best of my recollection.

By clicking the submit button below, I \_\_\_\_\_ hereby acknowledge that the information filled out on this form was completed by myself and will be used as part of the background investigative process.

Initials

Date