



# CHEATHAM SHERIFF APPLICATION



## **CHEATHAM COUNTY SHERIFF'S OFFICE APPLICATION MIKE BREEDLOVE, SHERIFF**

**The Cheatham County Sheriff's Office (CCSO) is responsible for the protection of the lives and property within the boundaries of the county since 1856. The Sheriff's Office also enforces all federal, state and local laws along with a multitude of other duties.**

**Cheatham Co. Sheriff's Office is "A Full Service Law Enforcement Agency."**

**CCSO is committed to "SERVE and PROTECT", 24 hours a day, 7 days a week, 365 days a year. Sworn personnel must agree to work irregular hours, rotating days off, and special assignments involving compensatory or overtime. All assignments of personnel, both sworn and non-sworn, are solely at the discretion of the Sheriff or his designated employee.**

**To accomplish this, the office employs both sworn Deputy Sheriffs and non-sworn civilian employees.**

**NON-SWORN PERSONNEL:** The Sheriff's Office employs civilians who do not have power of arrest. Job categories for Non-sworn Personnel include; secretaries, clerk typists, records and jail (intake /booking) clerks and maintenance technicians.

**SWORN PERSONNEL:** Sworn personnel are those employees who: have the power of arrest, enforce the laws of Tennessee and are commissioned as Law Enforcement Officers. Deputy Sheriffs are certified by the State of Tennessee, Police Officer Standards and Training Commission, (POST) after successfully completing an Officer Basic Training Course. Sworn Personnel are required to train annually with a minimum of 40 POST certified hours.

**SHERIFF'S DEPUTY CORRECTION OFFICERS** are certified by the Tennessee Corrections Institute (TCI) after successfully completing their Officer Basic Training Course. Annual POST certified training is also required.

**COURT OFFICERS** are required to attend and successfully complete the Court Officers and Courtroom Security Course provided by the State of Tennessee Law Enforcement Training Academy.

**Cheatham County Sheriff's Office strives to maintain a high degree of proficiency and professionalism among its employees. Applicants who meet these standards will be considered for employment.**

**The Sheriff's Office strives to keep all employees up to date in training, information, Officer Safety, Criminal Law, etc. and provides annual in-service training in POST accredited courses.**

**Applications are accepted for positions from all individuals regardless of race, creed, sex or religious beliefs.**

**Former employees of the Cheatham County Sheriff's Office may be considered for re-hire after a review of previous performance, employee practices, personnel file and the Exit Evaluation Forms.**

**Employee background, performance and evaluation information will be provided to future employers.**

### **EMPLOYMENT MISSION STATEMENT**

**The Cheatham County Sheriff's Office maintains a commitment to recruit and retain the most qualified applicants in various staff positions.**

**Cheatham County is ethnically and culturally diverse serving many communities. The Sheriff's Office takes every opportunity to be reflective of this diversity in the makeup of its personnel.**

**Each member of the Sheriff's Office is held accountable and consistently seeks to find ways to affirmatively promote, preserve and deliver safety and security for each citizen in the county.**

### **CHEATHAM COUNTY EMPLOYEE BENEFITS**

**\*Employees of the County Sheriff's Office are paid bi-weekly.**

**\*Employees are enrolled in the Tennessee State Retirement System.**

**\*Employees may participate in Blue Cross Blue Shield insurance coverage for health and dental benefits in the individual, 2 parties or family plan.**

**\*Full-time employees shall accrue sick leave at the rate of one day for each month of employment, with unlimited accumulation. Sick leave may be used for illness of the employee or for illness within his/her immediate family.**

**Cheatham County recognizes several holidays per year. Due to the nature of twenty-four hour shift work, employees may be required to be on duty on various holidays. Officers are entitled to another day off or another day's pay as compensation if scheduled to work a National or State Holiday.**

**Note: All hiring procedures shall comply with all state and federal laws, including but not limited to the Civil Rights Act of 1964, Age Discrimination Act, Equal Pay Act, Title VII, OSHA, Sexual Harassment/Federal Register, Religious/Federal Register, Wage and Hour, and Federal Fair Employment Practices as promulgated by the U.S. Department of Labor.**

**Cheatham County is an Equal Opportunity Employer. In compliance with the American with Disabilities Act, the County may provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.**

## **PROMOTIONAL OPPORTUNITIES**

**Positions above Deputy such as Field Training Officers, Corporals, Criminal Investigators, and School Resource Officers, occasionally become available.**

**Promotions to the rank of Sergeant and Lieutenant may be based on written promotional exams, oral interviews, years of service and past performance evaluation. Some or all of these requirements may be waived at the discretion of the Sheriff.**

## **CONDITIONAL OFFER of EMPLOYMENT**

**After a Conditional Offer of Employment has been made and accepted, the applicant must successfully pass the following requirements:**

- 1. A physical examination**
- 2. A drug screening test**
- 3. A psychological evaluation**
- 4. A thorough background investigation:**

**All applicants shall be subjected to a thorough background investigation, which, at a minimum, include a fingerprint check with state and federal agencies, verification of personnel data, claimed education and employment experience, neighborhood and reference checks. False statements or willfully withholding information will be a basis for denial or termination of employment from the Cheatham County Sheriff's Office and may constitute a violation of various criminal statutes resulting prosecution.**

- 5. Qualification with a departmental issued weapon (Deputy positions only) In order to provide the citizens of Cheatham County with quality law enforcement, a thorough background investigation will be completed. This part of the hiring process, along with waiting for results on the medical and psychological tests and interview, can be very time consuming. The employment process may take in excess of six weeks depending on the number of applicants to be processed.**

**New employees may begin working for the Sheriff's Office prior to all results of the Conditional Job Offer being completed and reviewed. The applicant understands that if they do not satisfactorily complete the above listed requirements, whether it is before or after their date of employment, it could result in the employee being terminated.**

## **INTRODUCTORY PERIOD**

All appointments are introductory for a period of one year at the discretion of the Sheriff. Employees are subject to the rules and regulations set forth by the Sheriff's Office. If performance is unsatisfactory, the introductory status may be extended at the discretion of the Sheriff. At any time during the introductory period, an employee may be terminated if in the best interest of the County Sheriff's Office.

Note: This form, once completed, must be properly witnessed or it will not be considered. There are 2 pages that must be witnessed.

APPLICANTS ARE TO RETAIN PAGES 1 THRU 13 OF THE "APPLICATION AND PERSONNEL QUESTIONNAIRE FORM", PLEASE KEEP THESE FOR YOUR RECORDS.

### **APPLICATION FORM AND PERSONAL HISTORY QUESTIONNAIRE**

THIS APPLICATION AND PERSONAL INFORMATION FORM SHOULD BE COMPLETED IN INK. A FALSE OR MISLEADING STATEMENT WILL BE CAUSE FOR REJECTION OF THIS APPLICATION. IF NOT FILLED OUT SATISFACTORILY, YOUR APPLICATION MAY BE REJECTED ON THE GROUNDS OF INCOMPLETENESS, OR INABILITY TO FOLLOW DIRECTIONS.

Individuals employed in Law Enforcement are required to be above reproach and held at a higher standard than the average citizen. The following form asks a number of personal questions to assist in determining whether you meet the standard required by the Cheatham County Sheriff's Office.

When completed, please return this PERSONAL HISTORY QUESTIONNAIRE to the County Sheriff's Office at 200 Courthouse Square, Ashland City, TN 37210.

The background check includes contact with your previous employers, personal references, neighbors, educational institutions, criminal or traffic records, arrest reports or investigations, driver's license check, educational institutions, hospital, clinics, medical practitioners, psychiatric records, drug or alcohol abuse or treatment records, U.S. Military or Veterans Administration and nationality (if a naturalized U.S. citizen).

Please be sure to include two (2) phone numbers for immediate contact.

NOTE:

Criminal records ordered sealed (expunged), are available for inspection by a Criminal Justice Agency for the purpose of criminal justice employment. You are advised that you may not lawfully deny arrests or convictions, notwithstanding adjudication being withheld or the sealing (expungement) of arrest/conviction records. When filling out this questionnaire- if more space is needed for an answer, use additional paper to complete the question.

\*\*\*\*\* CHEATHAM COUNTY SHERIFF'S OFFICE APPLICATION \*\*\*\*\*

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

POSITION(S) APPLYING    **PATROL**\_\_\_\_    **CORRECTIONS**\_\_\_\_  
                                    **CLERK**\_\_\_\_      **RECORDS**\_\_\_\_

ARE YOU PRESENTLY A CERTIFIED LAW ENFORCEMENT OFFICER? Y\_\_\_\_N\_\_\_\_

IF YES, AGENCY OR DEPARTMENT \_\_\_\_\_

IF APPLYING FOR PATROL, WOULD YOU BE WILLING TO START IN THE JAIL?

Y \_\_\_\_\_ N \_\_\_\_\_

**FULL**  
**NAME** \_\_\_\_\_  
  (LAST)                                   (FIRST)                                   (MIDDLE)

PRESENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HEIGHT \_\_\_\_/\_\_\_\_ WEIGHT \_\_\_\_ EYES \_\_\_\_ HAIR \_\_\_\_

U.S. CITIZEN? \_\_\_\_\_

PLACE OF BIRTH: CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE NUMBERS: ( ) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**FACEBOOK?** YES\_\_\_\_NO\_\_\_\_ **TWITTER?** YES\_\_\_\_NO\_\_\_\_

PREVIOUS ADDRESSES FOR PAST TEN YEARS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MARITAL STATUS: MARRIED \_\_\_ SINGLE \_\_\_ DIVORCED \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_

HAVE YOU BEEN A CERTIFIED OFFICER IN ANY OTHER STATE? YES\_\_\_ NO\_\_\_  
STATE \_\_\_\_\_ DATE OF CERTIFICATION \_\_\_\_\_  
(Please attach copy of Certification)

DO YOU HAVE RELATIVES EMPLOYED BY THE SHERIFF'S OFFICE? Y\_\_\_N\_\_\_  
NAME: \_\_\_\_\_

ARE YOU ACQUAINTED WITH MEMBERS OF THE SHERIFF'S DEPT?  
YES\_\_\_NO\_\_\_

NAME _____	NUMBER OF YEARS _____
NAME _____	NUMBER OF YEARS _____
NAME _____	NUMBER OF YEARS _____

HAS YOUR DRIVERS LICENSE EVER BEEN REVOKED OR SUSPENDED? \_\_\_\_\_  
IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

**HAVE YOU EVER BEEN:**

YES \_\_\_ NO \_\_\_ GIVEN A TICKET?  
YES \_\_\_ NO \_\_\_ CHARGED WITH A CRIME?  
YES \_\_\_ NO \_\_\_ TAKEN INTO CUSTODY?  
YES \_\_\_ NO \_\_\_ NAMED IN A DOMESTIC VIOLENCE COMPLAINT,  
YES \_\_\_ NO \_\_\_ PAID A FINE WITHOUT APPEARING IN COURT,  
YES \_\_\_ NO \_\_\_ HAD A RECORD SEALED OR EXPUNGED,  
YES \_\_\_ NO \_\_\_ FOUND GUILTY OF A CRIME,  
YES \_\_\_ NO \_\_\_ HAD ANY OTHER LAW ENFORCEMENT ACTION TAKEN AGAINST YOU?

**LIST TRAFFIC SUMMONS:**

CHARGE \_\_\_\_\_ DATE \_\_\_\_\_ DISPOSITION \_\_\_\_\_  
LOCATION \_\_\_\_\_

CHARGE \_\_\_\_\_ DATE \_\_\_\_\_ DISPOSITION \_\_\_\_\_  
LOCATION \_\_\_\_\_

CHARGE \_\_\_\_\_ DATE \_\_\_\_\_ DISPOSITION \_\_\_\_\_  
LOCATION \_\_\_\_\_

CHARGE \_\_\_\_\_ DATE \_\_\_\_\_ DISPOSITION \_\_\_\_\_  
LOCATION \_\_\_\_\_

HAVE YOU BEEN INVOLVED IN A TRAFFIC ACCIDENT? \_\_\_\_\_

DATE \_\_\_\_\_ LOCATION \_\_\_\_\_

DATE \_\_\_\_\_ LOCATION \_\_\_\_\_

HAVE YOU EVER HAD A CERTIFICATE, LICENSE, OR PRIVILEGE REVOKED OR  
SUSPENDED UNDER STATE, FEDERAL OR LOCAL LAW? YES \_\_\_\_\_ NO \_\_\_\_\_  
EXPLAIN \_\_\_\_\_

HAVE YOU BEEN A CERTIFIED OFFICER IN ANY OTHER STATE? YES \_\_\_ NO \_\_\_  
STATE \_\_\_\_\_  
DATE OF CERTIFICATION \_\_\_\_\_  
(Please attach copy of Certification)

**FAMILY INFORMATION, FILL OUT COMPLETELY. (IF DECEASED, SO STATE)**

	NAME	ADDRESS
FATHER		
MOTHER		
BROTHERS		
SISTERS		
CHILDREN		
MOTHER-N-LAW		
FATHER-N-LAW		



DO YOU OWN YOUR HOME? YES \_\_\_\_\_ NO \_\_\_\_\_

MORTGAGE HOLDER \_\_\_\_\_

IF YOU RENT:  
FROM WHOM \_\_\_\_\_  
PHONE \_\_\_\_\_

PRIMARY VEHICLE:  
YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL: \_\_\_\_\_

LIC. # \_\_\_\_\_ STATE \_\_\_\_\_

HAS JUDGEMENT EVER BEEN ISSUED AGAINST YOU? YES \_\_\_\_\_ NO \_\_\_\_\_  
DO YOU HAVE ANY ACCOUNTS IN COLLECTION STATUS? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER FILED FOR BANKRUPTCY? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, DATE: \_\_\_\_\_ COUNTY OF BANKRUPTCY \_\_\_\_\_

\*\*\*\*\* EDUCATION \*\*\*\*\*

ELEMENTARY SCHOOL ATTENDED \_\_\_\_\_

MIDDLE SCHOOL(S) \_\_\_\_\_

HIGH SCHOOL (S) ATTENDED \_\_\_\_\_

DO YOU HAVE A HIGH SCHOOL DIPLOMA? YES \_\_\_\_\_ NO \_\_\_\_\_

AN EQUIVALENT EDUCATION (GED)? YES \_\_\_\_\_ NO \_\_\_\_\_

YEAR GRADUATED \_\_\_\_\_

COLLEGES OR UNIVERSITIES ATTENDED:

YEAR \_\_\_\_\_ TO \_\_\_\_\_ NAME \_\_\_\_\_ MAJOR \_\_\_\_\_

YEAR \_\_\_\_\_ TO \_\_\_\_\_ NAME \_\_\_\_\_ MAJOR \_\_\_\_\_

DEGREE \_\_\_\_\_

DEGREE \_\_\_\_\_

LIST ANY OTHER COURSES (PROFESSIONAL OR WORK RELATED) YOU HAVE ATTENDED OR TAKEN: COURSE TITLE COMPLETED, CERTIFICATE ISSUED?

COURSE\_\_\_\_\_CERTIFICATE? Y/N\_\_\_\_\_

COURSE\_\_\_\_\_CERTIFICATE Y/N\_\_\_\_\_

COURSE\_\_\_\_\_CERTIFICATE Y/N\_\_\_\_\_

COURSE\_\_\_\_\_CERTIFICATE? Y/N\_\_\_\_\_

COURSE\_\_\_\_\_CERTIFICATE Y/N\_\_\_\_\_

COURSE\_\_\_\_\_CERTIFICATE? Y/N\_\_\_\_\_

\*\*\*\*\* **MILITARY SERVICE** \*\*\*\*\*

HAVE YOU SERVED IN THE U.S. ARMED FORCES?\_\_\_\_\_

BRANCH\_\_\_\_\_ RANK ATTAINED\_\_\_\_\_

\*\*\*\*\* **PERSONAL HEALTH** \*\*\*\*\*

HAVE YOU USED ANY ILLICIT DRUGS IN THE LAST 5 YEARS? Y/N\_\_\_\_\_

IF YES, DESCRIBE DRUGS USED\_\_\_\_\_

WOULD YOU BE WILLING TO SUBMIT TO A **DRUG TEST**? YES\_\_\_\_NO\_\_\_\_

HAVE YOU EVER BEEN DENIED LIFE INSURANCE? YES\_\_\_\_NO\_\_\_\_

DO YOU KNOW OF ANY ISSUES THAT MAY PREVENT YOU FROM FULLFILLING THE DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING, SUCH AS:

*UNCONTROLLABLE TEMPER... AN INABILITY TO HANDLE STRESSFUL SITUATIONS OR... POST TRAUMATIC STRESS SYMPTOMS?* YES\_\_\_\_NO\_\_\_\_

IF YES, EXPLAIN\_\_\_\_\_

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

FEAR OF HEIGHTS? Y/N\_\_\_\_ FEAR OF ANIMALS? Y/N\_\_\_\_ TYPE\_\_\_\_\_

IN PERFORMING THE DUTIES OF A LAW ENFORCEMENT OFFICER, YOU WILL ENCOUNTER SITUATIONS THE AVERAGE PERSON WILL NEVER EXPERIENCE, SUCH AS:

*VIOLENT DEATH SCENES, DECEASED OR DECOMPOSED BODIES,  
PHYSICAL TRAUMA AND MUTILATION,  
INJURED VICTIMS NEEDING IMMEDIATE FIRST AID,  
SEXUALLY AND PHYSICALLY ABUSED CHILDREN  
VIOLENT INJURIES WITH BLOOD LOSS  
DOMESTIC VIOLENCE  
TRAFFIC INJURIES AND DEATH  
VOMIT / FECAL MATTER  
NAUSEOUS ODORS*

WILL YOU BE ABLE TO EFFECTIVELY COMPLETE THE RESPONSIBILITIES ASSIGNED TO YOU UNDER THE ABOVE STRESSFUL SITUATIONS?

YES\_\_\_\_ NO\_\_\_\_ EXCEPTIONS\_\_\_\_\_

---

---

---

**EMPLOYMENT HISTORY, START WITH MOST RECENT**

CURRENT EMPLOYER:
STARTED:
LOCATION:
PHONE:
IMMEDIATE SUPERVISOR
JOB TITLE:
DUTIES:
REASON FOR WANTING TO LEAVE:

PREVIOUS EMPLOYMENT	EMPLOYER:
FROM:	LOCATION: PHONE #
TO:	IMMEDIATE SUPERVISOR
STARTING SALARY	JOB TITLE:
\$ PER	DUTIES:
CURRENT SALARY	
\$ PER	
WHY DID YOU LEAVE?	

PREVIOUS EMPLOYMENT	EMPLOYER:
FROM:	LOCATION: PHONE #
TO:	IMMEDIATE SUPERVISOR
STARTING SALARY	JOB TITLE:
\$ PER	DUTIES:
CURRENT SALARY	
\$ PER	
WHY DID YOU LEAVE?	

PREVIOUS EMPLOYMENT	EMPLOYER:
FROM:	LOCATION: PHONE #
TO:	IMMEDIATE SUPERVISOR
STARTING SALARY	JOB TITLE:
\$ PER	DUTIES:
CURRENT SALARY	
\$ PER	
WHY DID YOU LEAVE?	

LIST POSITIONS YOU HELD THAT REQUIRED SUPERVISORY AND EXECUTIVE ABILITY, EXERCISE OF AUTHORITY, OR CONTROL OF OTHER EMPLOYEES:

---

---

\*\*\*\*\* **PHYSICAL FITNESS** \*\*\*\*\*

DO YOU FEEL YOU MEET THE PHYSICAL REQUIREMENTS OF THE SHERIFFS' OFFICE AND THE POSITION YOU ARE APPLYING FOR? Y/N\_\_\_\_\_

DO YOU HAVE ANY PHYSICAL, MENTAL OR SENSORY HANDICAPS WHICH MIGHT AFFECT WORK PERFORMANCE OR WHICH SHOULD BE CONSIDERED IN JOB PLACEMENT? Y/N\_\_\_\_\_

DO YOU EXERCISE OR WORK OUT? Y/N\_\_\_\_\_ IF YES, HOW OFTEN?\_\_\_\_\_

---

IF NOT CURRENTLY CERTIFIED, ARE YOU WILLING TO ATTEND THE TENNESSEE LAW ENFORCEMENT ACADEMY'S TWELVE WEEK BASIC TRAINING?\_\_\_\_\_

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD PREVENT YOU FROM PARTICIPATING IN THE ACADEMY FITNESS TRAINING? YES\_\_\_NO\_\_\_  
IF YES, EXPLAIN\_\_\_\_\_

---

ARE YOU WILLING TO PHYSICALLY AND MENTALLY PREPARE YOURSELF FOR THE ACADEMY? YES\_\_\_NO\_\_\_

HAVE YOU LOST ANY WORK TIME IN THE PAST FIVE YEARS, DUE TO ILLNESS OR INJURY? YES\_\_\_NO\_\_\_ IF YES, EXPLAIN\_\_\_\_\_

---

SWIMMING ABILITY: POOR\_\_\_FAIR\_\_\_GOOD\_\_\_EXCELLENT\_\_\_

FIRST-AID TRAINING? Y/N\_\_\_ LIST HOW MUCH, WHEN AND WHERE:

---

---

CPR CERTIFIED?\_\_\_\_\_ IF SO, EXPIRATION DATE\_\_\_\_\_

ANY OTHER TRAINING CERTIFICATIONS? (Please attach list if more space needed)

---

---

---

WHICH OF THE FOLLOWING CAN YOU OPERATE PROFICIENTLY:  
(PLEASE CHECK)

AUTOMOBILE \_\_\_\_\_ 15 PASSENGER VAN \_\_\_\_\_ MOTORCYCLE\_\_\_\_ATV\_\_\_\_\_

4-WHEEL DRIVE PICKUP TRUCK\_\_\_\_\_1 TON AND ABOVE\_\_\_\_\_

DO YOU PLAY VIDEO GAMES? Y/N\_\_\_\_\_IF YES, DESCRIBE:

\_\_\_\_\_

DO YOU OBJECT TO WEARING A UNIFORM? Y/N\_\_\_\_\_

WOULD YOU BE WILLING TO WORK ROTATING SHIFTS? Y/N\_\_\_\_\_

WORKING WEEKENDS? Y/N\_\_\_\_\_

WORKING IN AN UNDERCOVER CAPACITY?\_\_\_\_\_

LIST EXPERIENCES YOU HAVE HAD WITH FIREARMS  
(SERVICE, HUNTING, TARGET, ETC.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOBBIES?\_\_\_\_\_

\_\_\_\_\_

SPECIAL  
INTERESTS?\_\_\_\_\_

\_\_\_\_\_

HAVE YOU HAD SPECIAL TRAINING, EXPERIENCE OR AN ABILITY  
WHICH WOULD BE OF VALUE TO LAW ENFORCEMENT? YES\_\_\_\_\_ NO\_\_\_\_\_

IF YES, EXPLAIN:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\* LIST FOUR REFERENCES \*\*\*\*\*

(DO NOT INCLUDE RELATIVES, TEACHERS, SUPERVISORS OR LAW ENFORCEMENT OFFICERS)

1. NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE# \_\_\_\_\_ / \_\_\_\_\_ OR \_\_\_\_\_ / \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
YRS. KNOWN \_\_\_\_\_ EMAIL \_\_\_\_\_

2. NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE# \_\_\_\_\_ / \_\_\_\_\_ OR \_\_\_\_\_ / \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
YRS. KNOWN \_\_\_\_\_ EMAIL \_\_\_\_\_

3. NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE# \_\_\_\_\_ / \_\_\_\_\_ OR \_\_\_\_\_ / \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
YRS. KNOWN \_\_\_\_\_ EMAIL \_\_\_\_\_

4. NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE# \_\_\_\_\_ / \_\_\_\_\_ OR \_\_\_\_\_ / \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
YRS. KNOWN \_\_\_\_\_ EMAIL \_\_\_\_\_

**LIST THREE NEIGHBORS: (PRESENT OR FORMER)**

1. NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_ / \_\_\_\_\_ OR \_\_\_\_\_ / \_\_\_\_\_

OCCUPATION \_\_\_\_\_

YRS. KNOWN \_\_\_\_\_

2. NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_ / \_\_\_\_\_ OR \_\_\_\_\_ / \_\_\_\_\_

OCCUPATION \_\_\_\_\_

YRS. KNOWN \_\_\_\_\_

3. NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_ / \_\_\_\_\_ OR \_\_\_\_\_ / \_\_\_\_\_

OCCUPATION \_\_\_\_\_

YRS. KNOWN \_\_\_\_\_



WOULD YOU BE WILLING TO TAKE A **POLYGRAPH EXAMINATION** FOR CONSIDERATION AS AN EMPLOYEE WITH THE CHEATHAM COUNTY SHERIFF'S OFFICE? YES\_\_\_\_ NO\_\_\_\_\_

WOULD YOU AGREE TO A PROFESSIONALLY LICENSED AND CERTIFIED **PSYCHOLOGICAL EXAMINATION**? YES\_\_\_\_ NO\_\_\_\_\_

ARE YOU NOW OR HAVE YOU EVER BEEN A PERSON OF INTEREST IN ANY LOCAL, COUNTY, STATE OR FEDERAL AGENCY INVESTIGATION? YES\_\_\_\_ NO\_\_\_\_\_

IF THE ANSWER IS "YES" TO THIS QUESTION, EXPLAIN IN FULL BELOW:

---

---

---

ARE YOU A MEMBER, OR HAVE YOU EVER BEEN ASSOCIATED WITH ANY GROUP OR ORGANIZATION THAT IS ON THE SUBVERSIVE LIST OF THE U.S. GOVERNMENT? YES\_\_\_\_ NO\_\_\_\_\_

**FINALLY**

IS THERE ANYTHING IN YOUR BACKGROUND THAT COULD CAUSE AN EMBARRASSEMENT WITH THE CHEATHAM COUNTY SHERIFF'S OFFICE?

YES\_\_\_\_ NO\_\_\_\_\_ IF YES, EXPLAIN:

---

---

---

---

**HOW WOULD YOU PREFER TO BE NOTIFIED?**

US POSTAL SERVICE LETTER? YES\_\_\_\_ NO\_\_\_\_\_

E-MAIL? YES\_\_\_\_ NO\_\_\_\_\_

CELL PHONE? YES\_\_\_\_ NO\_\_\_\_\_

\*\*\*\*\* CHEATHAM COUNTY SHERIFF'S OFFICE \*\*\*\*\*

The facts set forth in this, APPLICATION FORM AND PERSONAL HISTORY QUESTIONNAIRE, are true and correct. I understand that any false or untrue statement on this application is cause for dismissal if employed or rejection from consideration if prior to employment. I also understand that that this is an official Government Form of the Cheatham County Sheriff's Office, and that TCA 39-16-504, Destruction of and tampering with governmental records. (a) It is unlawful for any person to:

- (1) Knowingly make a false entry in, or false alteration of, a governmental record (b) A violation of this section is a Class A misdemeanor

This application is not a contract for employment nor does it obligate the County Sheriff's Office in any way if I am not selected to fill a position.

If employed, I understand and agree that employment with the County Sheriff's Office is at-will and can be terminated without notice, at any time, for any reason.

To The Applicant: The County Sheriff's Office appreciates your interest in seeking employment with our organization. Thank you for taking the time and completing this application.

All hiring procedures shall comply with all state and federal laws, including but not limited to the Civil Rights Act of 1964, Age Discrimination Act, Equal Pay Act, Title VII, OSHA, Sexual Harassment/Federal Register, Religious Federal Register, Wage and Hour, and Federal Fair Employment Practices as promulgated by the U.S. Department of Labor.

I HAVE COMPLETED THIS FORM TRUTHFULLY AND TO THE BEST OF MY ABILITY.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE DATE



\_\_\_\_\_  
PRINT

Witnessed By \_\_\_\_\_  
to be witnessed when presented to the County Sheriff's Office or by a Notary Public



**CHEATHAM COUNTY SHERIFF'S OFFICE RELEASE**

**APPLICANT Authorization for Release of Information**

**TO: Any Doctor, Physician, Psychologist, Dentist, Hospital, Nursing Home, and Selective Service Administration;  
Any Academic Dean, Registrar, Principal, Guidance Counselor or authorized person at any School: University, College, Community College, Business School, Trade School, High School or Elementary School;  
Any Local, State or Federal Law Enforcement Agency;  
Any Past or Present Employer;  
Any Credit Bureau or Retail Merchant's Association; Any Bank, Mortgage Company or Financial Institution; Any Insurance Company;  
Any Past or Present Landlord or Neighbor;  
Any Person Named as a Reference;  
Any State, County or Municipal Offices;  
Any Bureau of Vital Statistics Office;  
Any Grievance and Disciplinary Board or Committee; Any Internal Affairs Investigation Results  
Other:**

I, \_\_\_\_\_ have applied for employment with the County Sheriff's Office. I am aware that my entire background will be thoroughly investigated and hereby authorize and request the release of any and all information you have that concerns me, including academic transcripts and disciplinary matters, to an authorized representative of the County Sheriff's Office. This authorization, or reproduction thereof, shall remain in effect for a period of six months from the date of execution of this document.

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth: \_\_\_\_\_

Social Security # \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Witnessed By: \_\_\_\_\_

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

**CRIMINAL HISTORY / RECORDS**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

DO NOT WRITE IN GRAY AREAS \_\_\_\_\_

**INFORMATION TO BE USED FOR RECORDS CHECK ONLY** Cheatham County Sheriff's Office

(Print legibly)

Name \_\_\_\_\_

List any other names used, include nicknames, maiden names or names that may have been legally changed:

\_\_\_\_\_ Phone \_\_\_\_\_

(Home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Cell) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Driver License Number \_\_\_\_\_ State \_\_\_\_\_

List all States you lived in: \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_

**(This is to be used for Criminal History checks only)**

\*\*\*\*\*

Local Warrants Local Cri. Hist. Jail

Bridge

NCIC Warrants NCIC Cri. Hist. NCIC States

Credit

Checked By \_\_\_\_\_ Checked By \_\_\_\_\_ Checked By \_\_\_\_\_

Checked By \_\_\_\_\_ Checked By \_\_\_\_\_ Checked By \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Yes \_\_\_ Yes \_\_\_ Yes \_\_\_

Yes \_\_\_ Yes \_\_\_ Yes \_\_\_

3)

No \_\_\_ No \_\_\_ No \_\_\_

No \_\_\_ No \_\_\_ No \_\_\_

Yes

Do Not write below this line- FOR USE by the County Sheriff's Office only

1)

Yes No

Date \_\_\_\_\_

2)

Yes

No

No \_\_\_\_\_

Yes \_\_\_\_\_

By \_\_\_\_\_

Acceptable: \_\_\_\_\_  
Notified \_\_\_\_\_ No \_\_\_\_\_  
Checked \_\_\_\_\_

Pre Employment Test Date \_\_\_\_\_  
Score \_\_\_\_\_

Interview Date \_\_\_\_\_ Score \_\_\_\_\_ Notified \_\_\_\_\_  
Rejection Letters Credit \_\_\_\_\_  
App. Date: \_\_\_\_\_  
Entered Date \_\_\_\_\_ By \_\_\_\_\_

Cri. Hist \_\_\_\_\_  
Interview \_\_\_\_\_  
Test \_\_\_\_\_ Date Sent \_\_\_\_\_ By \_\_\_\_\_  
Patrol Jail Jail Records Maintenance Other  
Deputy Clerk \_\_\_\_\_