



Putnam County Sheriff's Office

421 East Spring Street
 Cookeville, TN 38501
 (931) 528-8484



PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." **Do not leave questions blank.** Be sure to sign the application when completed. The **Putnam County Sheriff's Office** is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. Do not misstate or omit material facts since the statements made herein are subject to verification to determine your qualifications for employment. This application becomes public record and is subject to disclosure.

1. PERSONAL DATA

Position Applying for

Last Name

First Name

Middle Name

Current Address

Street Name & Number (No PO Boxes)

City

State

Zip Code

Email

List any other names you have ever used (including maiden name)

Phone

Home

Cell

()

Check One:

Married

Separated

Single

Divorced

Widowed

Spouse's Full Name

Are you a US Citizen?

Yes No

Age

Place of Birth

Sex

Race

Drivers License No.

State

A Starting with your present address, list all physical addresses you have had for the past (10) years, including your addresses in the military service. Include each duty station separately. PO Boxes are not acceptable.

Dates MO/YR From	To	Street Address	City	County	State	Zip Code
	Present					

B Are you a previous employee of the Putnam County Sheriff's Office? Yes No

If yes, please list dates of employment: (MO / YY)

C Are you currently working at the Putnam County Sheriff's Office as a regular or temporary employee?

Yes No

VOLUNTARY: Persons with disabilities who DO NOT WISH to report their disabilities should respond to the next question as "no". Information reported regarding this question will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of law.

A Do you have a disability? Yes No **DISABILITY:** Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such impairment; or (3) being regarded as having such an impairment, (Americans with Disabilities Act of 1990).

If you answered yes to the above stated question, please list your disability:

B Are you legally eligible to work in the United States? Yes No

C Are you related by blood or marriage to a person now employed by the Putnam County Sheriff's Department? Yes No If yes, please indicate:

Name: Relationship: Department:

2. REFERENCES

List three(3) references (NO relatives, household members, or former employers) who are responsible adults, and have known you well for at least the last three(3) years.

Name		Street Address		City	State	Zip Code
How long known?	Occupation	Home Phone		Business Phone		
		()		()		
Name		Street Address		City	State	Zip Code
How long known?	Occupation	Home Phone		Business Phone		
		()		()		
Name		Street Address		City	State	Zip Code
How long known?	Occupation	Home Phone		Business Phone		
		()		()		

3. EDUCATION

A Indicate by checking all boxes that apply if you have any of the following: HS Diploma GED Certificate College Degree Masters Degree

High School Name	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours			
Address		City	State	Zip Code	

Name(s) and location(s) of Colleges, Universities or vocational schools attended or internships:

College Name	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours			
Address		City	State	Zip Code	
College Name	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours			
Address		City	State	Zip Code	
College Name	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours			
Address		City	State	Zip Code	

B Have you ever been suspended, disciplined or expelled from any high school or institution of higher learning? Yes No If YES, explain below.

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4. EMPLOYMENT HISTORY

A Have you ever been dismissed or asked to resign from ANY employment? Yes No If YES, explain on the back page.

B If you do not want your present employer to be contacted, check the box to the right and on the back page explain why. Yes No

Beginning with your present employer or most recent employer, list **ALL** of the places you have worked during the last ten (10) year period. Keep in chronological order. **List periods of school, military service, each duty station, assigned military unit, unemployment, temporary assignments, volunteer service and part-time employment. List everything during the last ten(10) year period. Omit None!** Copy the employment page and continue your information on the copy(s).

From MO/YR	Name Street Address	Job Title Supervisor
To MO/YR	City Phone () - State Zip Code	Starting Salary Ending Salary

Describe your duties

Part Time Full Time Seasonal Volunteer If part-time, list number of hours worked per week

Detail Reason for Leaving

From MO/YR	Name Street Address	Job Title Supervisor
To MO/YR	City Phone () - State Zip Code	Starting Salary Ending Salary

Describe your duties

Part Time Full Time Seasonal Volunteer If part-time, list number of hours worked per week

Detail Reason for Leaving

From MO/YR	Name Street Address	Job Title Supervisor
To MO/YR	City Phone () - State Zip Code	Starting Salary Ending Salary

Describe your duties

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From MO/YR	Name Street Address	Job Title Supervisor
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EMPLOYMENT HISTORY CONTINUED

From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone () -
MO/YR	State	Zip Code
		Starting Salary
		Ending Salary

Describe your duties

Part Time
 Full Time
 Seasonal
 Volunteer
 If part-time, list number of hours worked per week

Detail Reason for Leaving

From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone () -
MO/YR	State	Zip Code
		Starting Salary
		Ending Salary

Describe your duties

Part Time
 Full Time
 Seasonal
 Volunteer
 If part-time, list number of hours worked per week

Detail Reason for Leaving

C Have you ever applied for ANY position with ANY law enforcement agency including local, state and federal agencies? Yes No

Date	Position	Law Enforcement Agency	Disposition

D Have you ever attended a law enforcement academy? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of academy: _____ City & State: _____	Were you certified? <input type="checkbox"/> Yes <input type="checkbox"/> No Date attended: _____
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E Has your law enforcement certification ever been suspended, revoked or brought before a review board? Yes No

If YES, explain:



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7. LIQUOR AND NARCOTICS

A Have you ever used any prescription drugs not prescribed to you by a doctor? Yes No **If YES, explain on the back page.**

B If you have tried, used or ingested **ANY** of the drugs listed below, check the "Yes" box; if you have not, check the "No" box.
Include the number of times used and dates.

	Yes	No	Total # Times Used	Last Use (MO/YR)	Date/s (MO/YR)		Yes	No	Total # Times Used	Last Use (MO/YR)	Date/s (MO/YR)
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>				Cocaine (powder/crack)	<input type="checkbox"/>	<input type="checkbox"/>			
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>				Heroin	<input type="checkbox"/>	<input type="checkbox"/>			
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>				Opium	<input type="checkbox"/>	<input type="checkbox"/>			
Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>				Injectable /Oral Steroids	<input type="checkbox"/>	<input type="checkbox"/>			
Hashish	<input type="checkbox"/>	<input type="checkbox"/>				Other: _____	<input type="checkbox"/>	<input type="checkbox"/>			
Amphetamines (speed, meth, etc)	<input type="checkbox"/>	<input type="checkbox"/>				Hallucinogenic Substances (LSD, PCP, Mescaline, Mushrooms, etc)	<input type="checkbox"/>	<input type="checkbox"/>			

If you have tried or used any of the drugs listed above or if you have tried or used any other drug without a doctor's prescription, **explain on the back page.**
You MUST include dates and number of times used.

8. GANG AFFILIATIONS

A Are you currently, or have you formerly, been associated with a group that engages in criminal activity, to include motorcycle organizations, street gangs, or other organizations involved in criminal activity? Yes No **If YES, explain on the back page.**

B Are you now in a group, which seeks to alter the form of government of the United States by any unlawful or unconstitutional means? Yes No **If YES, explain on the back page.**

9. MILITARY SERVICE

A Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? Yes No
 Include Army, Navy, Marine Corps, Air Force, Coast Guard, ROTC, or any other military or other semi-military organization.
****ONLY Honorable Discharges will be considered for employment**

B List dates of military service: (list each service period separately)

MO / YR Entered	Branch / Organization	Discharge Date	Type of Discharge	Rank

C Are you a member of the Military Reserves? Yes No

D Have you received any form of disciplinary action from the military? Yes No **If YES, explain on the back page with the disciplinary action, what it is for, when, why and where.**

E Current Military Status



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NOTICE TO APPLICANTS

All applicants seeking employment with the Putnam County Sheriff's Office will be required to successfully pass a pre-employment background investigation. The overall purpose of the pre-employment background investigation is to verify that your application and any statements you have made to your prospective employer concerning your qualifications are true. Sheriffs in Tennessee have a legal duty as set forth in the Tennessee Code Annotated T.C.A. § 38-8-106 and in Rule 1110-2-03 of the Tennessee Peace Officers and Standards Training Commission (POST) to verify the qualifications of applicants seeking a position as a law enforcement officer. In some cases, laws may mandate a background investigation before employment, while in other cases it is merely a matter of public policy or procedure before placing someone in a position of public trust. Both state and federal courts have also held that there is an absolute necessity for public employees to be truthful. You must understand that a lack of truthfulness or deception of any type on your part will automatically and irrevocably result in your application being rejected for further consideration.

For some people, there may be one or more incidents or occurrences in their background which they regret or may result in embarrassment. The Putnam County Sheriff's Office will not make inquiries into areas of a person's background that have no legitimate bearing on their qualifications for employment. You should understand that the mere presence of so called "negative" information in your background is not automatically disqualifying. For example, an applicant may have engaged in mischievous and illegal conduct as a juvenile, used illegal drugs, or been involuntarily terminated from employment. These things in and of themselves may not automatically remove that person from consideration for employment, but lying about them will adversely affect your prospects of employment.

A pre-employment background investigation is not intended to be an intimidating experience or an unwarranted invasion into your privacy. Verification of information such as previous employment, education, and criminal history will be part of the background investigation. Applicants may also be required to participate in a medical and psychological evaluation as set forth in the Tennessee Code Annotated T.C.A. § 38-8-106 and in Rule 1110-2-03 of the Tennessee Peace Officers and Standards Training. The background investigation may also include a polygraph examination to verify the truthfulness of information provided in the application at the discretion of the Sheriff. Your background investigator will contact persons who know you, including present and/or former employers, and will examine official documents and records concerning you to ensure that you have been honest in your application and fulfill the legal mandates imposed by the courts and the legislature. The more forthright you have been, the greater the likelihood that your background can be completed in a timely and successful manner.

Pursuant to T.C.A. §10-7-501 et seq, (Tennessee Public Records Act) this application and the information contained within may become public record upon submission and released, in response to a public records act request unless otherwise protected by state or federal law.

I understand that any false statement and/or deliberate misrepresentations, whether by omission or commission, will result in my application being automatically and irrevocably rejected from further consideration. I certify that I have read the above statement and understand its contents.

Applicant Signature

Date

Applicant Print Full Legal Name

Witness (Interviewer) Signature

Date

Witness (Interviewer) Print Name