

APPLICATION FOR EMPLOYMENT

The Hardeman County Sheriff's Office is an equal opportunity employer and does not discriminate on the basis of race, sex, color, religion, national origin, age, disability, or veteran status in employment opportunities and benefits.

Overview of the hiring and employment process: This application is but one part of the hiring and employment process. Other parts may include an interview, and employment examination or test, and a demonstration of an ability to perform the essential functions of the job. If you need accommodation in order to complete any part of the hiring and employment process, please call the following number: (731) 658-3971

Prior to completing this application be sure to read the job description of the position for which you are applying. As you complete this application, please bear in mind the following:

- We reserve the right to check all information for accuracy and completeness
- All applications for employment are a matter of public record
- If you need accommodation in order to complete this application, please notify the Hardeman County Sheriff's Office.

GENERAL INFORMATION

Date: _____ Position Desired: _____

Are you applying for: _____ Full Time; _____ Part Time; _____ Seasonal

If part time, what hours/days are you available: _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Sex: _____ Social Security: _____

Date of Birth: _____

This information is required if you are an applicant for a law enforcement position

Phone #: Home/Cell () _____ Business: () _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Marital Status: _____ Spouse's Name _____

Dependents: _____

Do you have a legal right to work in the U.S.? (Circle) YES or NO

Are you age 21 or over? (Circle) YES or NO

Have you ever been arrested for or convicted or pled guilty to any felony or misdemeanor?
(Circle) YES or NO

If YES, please explain: _____

Driver's License Number: (required by job) _____

State

YOUR EDUCATION AND TRAINING

High School Attended: _____

City

State

Do you have a high school diploma? (Circle) YES or NO

Please list other education you have received:

College/University Trade or Business Schools Attended	City/State	Degree Earned	Major
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List other training received (special courses, work training programs, armed forces training, etc.):

List special qualifications and skills (licenses, skills with machines, patents, or inventions, publications, etc.): _____

Based on the job description of the position for which you are applying: Are you able to perform the essential functions of the job which you've applied? (NOTE, you may be later asked to demonstrate your ability to perform the essential functions)

REFERENCES

Please list three or four persons, other than relatives or former employers who have knowledge of your character and/or abilities:

<u>Name</u>	<u>Address</u>	<u>Yrs. Known</u>	<u>Phone#</u>
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AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize a representative from the Hardeman County Sheriff's Office bearing this release (or copy of) within one (1) year of its date to obtain any information in your files pertaining to my criminal, employment, military, credit, education and medical records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Hardeman County Sheriff's Office. Consent is granted to furnish such information as described above to third parties in the course of fulfilling its official responsibilities. I hereby release you as the custodian of such records and any law enforcement agency, any school, college, university, or other education institution; hospital or other repository of medical records; credit bureau; lending institution, consumer reporting agency, or retail business establishment including its officers, employees or related personnel. Both individually and collectively from any and all liability for damages of whatever kind which may at any time compliance with this authorization and request to release information or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature

PLEASE PRINT:

NAME _____

**OTHER NAMES USED _____
(see below)

RACE: _____ SEX: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____

ADDRESS: _____

TELEPHONE NO: _____

DATE: _____

**Maiden name, other married names, etc.

PRIOR EMPLOYMENT RECORD

List below all present and past employment information and/or substantive volunteer work:

NAME AND ADDRESS OF CURRENT OR MOST RECENT EMPLOYER:

PHONE #: _____

YOUR SUPERVISOR: _____

YOUR JOB TITLE AND RESPONSIBILITIES: _____

DATE HIRED: _____ DATE LEFT: _____

REASON FOR LEAVING: _____

STARTING SALARY: _____ ENDING SALARY: _____

MAY WE CONTACT THIS EMPLOYER: YES OR NO

NAME AND ADDRESS OF PREVIOUS EMPLOYER:

PHONE #: _____

YOUR SUPERVISOR: _____

YOUR JOB TITLE AND RESPONSIBILITIES: _____

DATE HIRED: _____ DATE LEFT: _____

REASON FOR LEAVING: _____

STARTING SALARY: _____ ENDING SALARY: _____

MAY WE CONTACT THIS EMPLOYER: YES OR NO

NAME AND ADDRESS OF PREVIOUS EMPLOYER:

PHONE #: _____

YOUR SUPERVISOR: _____

YOUR JOB TITLE AND RESPONSIBILITIES: _____

DATE HIRED: _____ DATE LEFT: _____

REASON FOR LEAVING: _____

STARTING SALARY: _____ ENDING SALARY: _____

MAY WE CONTACT THIS EMPLOYER: YES OR NO

****IMPORTANT****

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me for further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by references or others whom I have indicated may be contacted.

Applicant Signature

Date