# 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.

<u>Overview of the hiring and employment process</u>: 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</u>

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	t hours/days are you ava	ailable:	
	PERSONAL II	NFORMATION	
Name: Last	First		ddle
Last	11150	1411	uuc
Sex: Social Se	curity:	Date of Birth	:

Phone #: Home/Cell ()	Business ()
Email Address:	
Physical Home Address:	
City:	State:Zip:
Age: Marital Status:	Spouse's Name
Number of Dependents:	
Emergency Contact:	Relationship:
Emergency Contact's Phone #:()	

Do you have a legal righ	t to work in t	the U.S.?		YES	or	NO	
Are you age 21 or over?	YES	or	NO				
Have you ever been arre YES or NO		onvicted or	pled guil	lty to a	ny felon	y or misden	neanor?
If YES, please explain: _							
Driver's License Numbe	r: (required	by job)					State
·	YOUR ED	UCATIO	N ANI	) TRA	AININ	G	
High School Attended: _							
-	City						State
Do you have a high scho	ol diploma?		YES	or	NO		
Please list other education	on you have r	eceived:					
College/University Trade or Business Schools Attended		City/State		Deg	gree Ear	ned	Major
List other training receiv	ed (special co	ourses, woi	k trainir	ig prog	rams, ar	med 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:

Name	Address	Yrs. Known	Phone#

#### 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	
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

starting with the most recent:

NAME AND ADDRESS OF CURRENT OR MOST RECENT EMPLOYER:

PHONE #:		
YOUR SUPERVISOR:		
YOUR JOB TITLE AND RESPONSIBILITIES: _		
DATE HIRED:		
REASON FOR LEAVING:		
STARTING SALARY:	ENDING SALARY:	
MAY WE CONTACT THIS EMPLOYER: YES	S OR NO	
NAME AND ADDRESS OF PREVIOUS EMPLO		
YOUR SUPERVISOR:		
YOUR JOB TITLE AND RESPONSIBILITIES: _		
DATE HIRED:	DATE LEFT:	
REASON FOR LEAVING:		
STARTING SALARY:	ENDING SALARY:	
MAY WE CONTACT THIS EMPLOYER: YE		

#### 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: Y	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