



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

Are you age 21 or over?            YES    or    NO

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

Please list other education you have received:

College/University  
Trade or Business  
Schools Attended

City/State

Degree Earned

Major

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:

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 \_\_\_\_\_  
(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 starting with the most recent:

NAME AND ADDRESS OF CURRENT OR MOST RECENT EMPLOYER:

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

YOUR SUPERVISOR: \_\_\_\_\_

YOUR JOB TITLE AND RESPONSIBILITIES: \_\_\_\_\_

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DATE HIRED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER: YES OR NO

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NAME AND ADDRESS OF PREVIOUS EMPLOYER:

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

YOUR SUPERVISOR: \_\_\_\_\_

YOUR JOB TITLE AND RESPONSIBILITIES: \_\_\_\_\_

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DATE HIRED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER: YES OR NO

NAME AND ADDRESS OF PREVIOUS EMPLOYER:

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

YOUR SUPERVISOR: \_\_\_\_\_

YOUR JOB TITLE AND RESPONSIBILITIES: \_\_\_\_\_

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DATE HIRED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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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