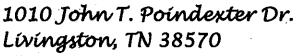
Overton County Sheriff's Department Sheriff John Garrett



Phone: (931)823-5635

Fax: (931)823-3864

<u>Application for Employment</u>

	,		The same of the sa		
Name:		D	áte:	•	
Street:		C	ity:		•
State:	Zip Code:	Phone N	umber:		
Height:	Weight:	Eye Color:	Hair (Color:	•
Driver License	Number:	S	State Issued: _		
Social Security	Number:	F	Blood Type: _		
Marital Status:		Spouse Name:			
_	endents:	•	tog •	·	
	ng for:	¥ina da karanta da kar Aranta da karanta da k			_
	ble to start:				
Are you a Unite	ed States citizen or aut	thorized to work in th	ne United State	es? Yes No	
-	been employed by Ov		No		
Relatives work	ting for Overton Count	y:		•	_
Education					
School	Address	Did you	graduate?	Major	
	·				
		•			

_	
Military History	
Branch of Service:	Dates of Service:
Highest Rank:	Attach copy of DD-214
Legal Background Record	
Have you ever been arrested or colf yes, explain:	convicted of a misdemeanor or felony? Yes No
Have you over had you did to	
Have you ever had your driver lice If yes, explain:	ense revoked? Yes No

Medical	
List any current medical condition	is:
List any current medication(s):	
Hospitalization(s):	
General	
Office Skills (check all that apply):	
Office Skills (check all that apply): Windows MS Word	d MS Excel Words Per Minute
Office Skills (check all that apply):	d MS Excel Words Per Minute
Office Skills (check all that apply): Windows MS Word Other: Special Certifications:	d MS Excel Words Per Minute
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Office Skills (check all that apply): Windows MS Word Other: Special Certifications: Special Skills:	d MS Excel Words Per Minute

Employment				
Employer:		Superv	isor:	
<u> </u>		•		
Auuress.			Phone:	
Starting Salary:	Ending Salary:	Start Date:	Leave Date:	
iviay we contact? Yes INC	Reason for leaving: _		·	
Duties:	•			-

				·
Employment		**************************************	######################################	
Employer:		Superv		
		Superv	ișor:	
Address:			Phone:	
Address:Starting Salary:	Ending Salary:	Start Date:	eave Date	· · · · · · · · · · · · · · · · · · ·
May we contact? Yes No	Reason for leaving: _		Louve Date.	
Duties:	3 –			· · · · · · · · · · · · · · · · · · ·
	***************************************	************************	**************************************	*************
Employment		-		
Employer:		Superv	isor:	
Δddress			Diamento	
Address:Starting Salary:	Ending Salary:	Start Date	Phone:	··
May we contact? Yes No	Reason for leaving:	Start Date:	Leave Date:	
Duties:				·····
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		· :		
		202000000000000000000000000000000000000		
Employment				
Employer:		Superv	isor:	
			•	•
Address:			Phone:	
Starting Salary:	Ending Salary:	Start Date:	Leave Date:	
May we contact? Yes No Duties:	Keason for leaving: _			· · · · · · · · · · · · · · · · · · ·
Duties.	•			
		· · · · · · · · · · · · · · · · · · ·	•	
Have you ever been accuse	ed of sexual misconduct?	Yes No	0,00,000,000,000,000,000,000,000,000,0	**************************************
f yes, explain:				
		•		

Have you ever been accused of sexual abuse? Yes No If yes, explain:
Have you ever resigned from a place of employment during a pending investigation of allegations of sexual misconductory. No If yes, explain:
What do you think it takes to be successful in this field?
What traits and qualities do you think make a good team member?
How would you evaluate your ability to deal with conflict and aggressive people?
In what ways would our department benefit by hiring you?
If hired, describe what kind of officer you would be:
If hired, what would you most like to accomplish?
What would your reaction be if an inmate was behind a locked door and threw urine on an officer?
Would you use a chemical weapon on an inmate for spitting in your face if he/she was handcuffed? Yes No If yes, explain:
Would you take sides with an inmate who is assaulting another inmate accused of sexually abusing a child? Yes No Why or Why Not?

Has any form of disciplinary action (verbal/written reprima employer?	
ર્ How many days were you absent from work/school in the	last year?
	· · · · · · · · · · · · · · · · · · ·
Have you ever walked off of a job or quit without giving the lf yes, explain:	
Have you ever been terminated from a job? Yes No If yes, explain:	0
Have you ever "lay out" of work or abused sick leave? You get, explain:	
Would you have a problem working either of these schedu	uaranteed to remain on the shift you are originally assigned. ules? Yes No
Would you have a problem working holidays such as Than	ksgiving and/or Christmas? Yes No
are given compensatory time for these days. Would you have to be a second of the secon	attend. These often occur on your scheduled days off and you have a problem attending mandatory training on your days off
any person who has been employed by a prison, jail, lockinstitution for information on any substantiated allegation of an allegation of sexual abuse. We will send a letter required agency is offered. If we receive information that any person is considered.	Elimination Act (PREA) we must contact previous employers of up, community confinement facility, juvenile facility, or other ns of sexual abuse or resignation during a pending investigatio questing this information at the time employment with our son employed with us has substantiated allegations of sexual an allegation of sexual abuse, we shall terminate employment with this action?

Authority for Release of Information

To Whom It May Concern:

I hereby authorize any investigative or duly accredited representative of the Overton County Sheriff's Office, bearing this release or copy thereof, within one (1) year of its date, to obtain any information relating to my actions from schools, residences, financial institutions, armed forces, credit bureaus, employers, criminal justice agencies, or individuals. This information may include, but is not limited to, academic records, military records, residential records, achievement records, performance and attendance records, credit ratings, personal history, and arrest and conviction records.

I hereby direct you to release such information upon request of the bearer. I understand the information released is for official use by the Overton County Sheriff's Office. I understand that this information may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of any kind or nature which may result from compliance, or any attempt to comply, with this authorization. Should there be any question as to the validity of this release, you may contact me as indicated below.

Sig	nature of Applicant				Date
	Print Name		<u> </u>		
Current Address: _					·
· .		14 P			
-	<u> </u>	·			t e
Phone Number: _	<u> </u>	4		•	
					