



Overton County Sheriff's Department
Sheriff John Garrett
Employment Application
Phone: (931)823-5635
FAX: (931)823-3864

Name: _____ Date: _____
Last First Middle

Street: _____ City: _____

State: _____ Zip: _____ DOB: _____ phone: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Drivers License No. _____ State Issued: _____

Physical Restrictions: _____ Blood type: _____

Marital Status: _____ Spouses Name: _____ No. Dep. _____

Position applying for: _____

Full Time _____ Part Time _____ Reserve Deputy _____ Reserve Corrections _____

Date you can start: _____ Are you a U.S. citizen or authorized to work in the United States? YES or NO

Have you ever been employed by Overton County? YES or NO
If yes, when _____

Relatives working for Overton County: _____

Education

School	Name & Address	Graduate	Course of study

Military History

Branch of Service _____ Dates Served _____

Highest Rank _____ Attach copy of DD-214 _____

Legal Background Record

Have you ever been arrested or convicted of a felony or misdemeanor crime? YES or NO
If yes, explain _____

Have your driver's license ever been revoked? YES or NO
If yes, explain _____

Medical

List any current medical conditions: _____

List current medication: _____

Have you ever been hospitalized? If so, when and why: _____

General

Office Skills (check all that apply)

Windows _____ MS Word _____ MS Excel _____ 10-key _____ WPM _____

Other _____

Special Certifications: _____

Special Skills: _____

Hobbies/Interests/Professional Groups: _____

Employment

Employer: _____ Address: _____

Phone: _____ Supervisor: _____

Starting Salary: _____ Final Salary: _____

May we contact? YES or NO Start Date: _____ Leave Date: _____

Reason for leaving: _____

Duties: _____

Employer: _____ Address: _____

Phone: _____ Supervisor: _____

Starting Salary: _____ Final Salary: _____

May we contact? YES or NO Start Date: _____ Leave Date: _____

Reason for leaving: _____

Duties: _____

Employer: _____ Address: _____

Phone: _____ Supervisor: _____

Starting Salary: _____ Final Salary: _____

May we contact? YES or NO Start Date: _____ Leave Date: _____

Reason for leaving: _____

Duties: _____

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, residential, financial institutions, armed forces, credit bureau, employers, criminal justice agencies, or individuals. This information may include, but is not limited to, academic, military, residential, credit rating, achievement, performance, attendance, personal history, disciplinary, arrest and conviction record.

I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Overton County Sheriff's Office, and 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 whatever kind or nature which may at any time result to me on account of 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:

Signature of Applicant

Date

Print Name

Social Security Number

Current Address: _____

Phone Number: _____