



Johnson County Sheriff's Department

999 Honeysuckle St. Mountain City, TN 37683

423-727-7761 Phone

423-727-5794 Fax

www.johnsoncountysd.org

APPLICATION FOR EMPLOYMENT

The Johnson County Sheriff's Department is an equal opportunity employer and does not discriminate on the basis of race, 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, employment examination or test, and a demonstration of an ability to perform the essential functions of the job. If you need an accommodation in order to complete any part of the hiring and employment process and employment process, please call the above number.

As you complete this application, please keep 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.

Date: _____

Name: _____
(First) (Middle) (Last)

Home Telephone Number: _____

Cell Phone Number: _____

Other Number where you may be reached: _____

Present Address: _____
Street City State Zip

How long at Present Address: _____ Years _____ Months

Are you a citizen of the United States or otherwise legally eligible for employment in the United States: () Yes () No

Are you at least 18 years of age? () Yes () No

Social Security Number: _____

Do you have a valid Tennessee Drivers License () Yes () No

License Number: _____

Has your license ever been suspended or revoked? () Yes () No

Do you want to work () Full-time or () Part-time

If part-time specify days and hours you can work:

Position applied for:

1. _____ Pay Expected _____ Per Hour
2. _____ Pay Expected _____ Per Hour

List any experience, skills, or qualifications which you feel would especially fit you for the above positions(s).

EDUCATION:

Did you graduate from High School () Yes Date of Graduation: _____
() No Highest Grade Completed: _____

Name and location of High School from which you graduated:

If not High School graduate, have you passed the GED Test: () Yes
() No

If yes, where passed:

_____ Date Passed _____

Name & Address of College Trade/Business School Etc.	Dates	Hours Completed	Degree

MILITARY SERVICE RECORD:

Have you ever served in the armed forces? () Yes () No

If yes, what Branch: _____

Dates of Duty: From: _____ to _____

Type of Discharge: _____

What were your duties in the service:

REFERENCES:

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

Name	Mailing Address	Phone	Yrs Known

Have you ever filed for Workman's Compensation? () Yes () No
If yes, give details

Have you ever been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law other than traffic violations for which you paid a fine of \$ 50.00 or less?

() Yes () No

If yes, give disposition, date and location:

PRIOR EMPLOYMENT RECORD:

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

Name & Address of Employer	Phone	Dates employed to and from	Starting and Ending wage	Reason for leaving	May we contact employer

Thank you for completing this application and for your interest in employment with us. We would like to assure you that your opportunity for employment with us will be based on your merit and on no other consideration.

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 and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I waive any rights of privilege, privacy, and/or confidentiality I may have in the information provided by references or others whom I have indicated may be contacted. You are hereby authorized to make any investigation of my personal history through any investigative or bureaus of your choice.

I understand that a criminal history background check will be conducted prior to employment. I also understand that I will have to submit and pass a drug/alcohol test if accepted for employment.

Signature of Applicant _____ Date _____

Do not write below this line _____

Date of Interview: _____

Acceptable for employment? _____

Position: _____

Interviewed by: _____

Comments:

