



**Hamblen County Sheriff's Office  
Civil Service Board  
Hamblen County Justice Center  
510 Allison Street  
Morristown, Tennessee 37814  
Phone: 423-586-3781 Fax: 423-587-1658**

Dear Applicant:

Thank you for your interest in employment with the Hamblen County Sheriff's Office. The Office you will be dealing with during the application process is the Hamblen County Civil Service Board. The Board is made up of volunteers, appointed by the Hamblen County Board of Commissioners. The purpose of the Civil Service Board is "To set forth and enforce a structured set of rules and guidelines to favorably influence the professionalism of law enforcement in Hamblen County through fair hiring, promotion and management practices and to protect law enforcement personnel from coercion or loss of employment because of political activities of the administration" Those without prior experience can apply for employment in the Hamblen County Jail. The Hamblen County Civil Service Board has approved the hiring of individuals directly to Patrol who are certified by the Tennessee Peace Officer Standards and Training Commission or any other states equivalent to that and have valuable experience with another Law Enforcement Agency. Those will be handled on a case by case basis. The Hamblen County Sheriff's Office appoints an assistant to the board and helps administer the Physical Test part of the application. The Civil Service Board Assistants are:

Kim Sipe: Civil Service Board Secretary  
Capt. Vodra Hugh Moore, Jr.  
Lt. Eddie Ingram  
Sgt. Steven Haag

The Tennessee State Legislature enacted TCA 8-8-401et. Sec. in 1974 establishing the Sheriff's Civil Service Act for adoption by counties in the State of Tennessee for the purposes stated above.

The Hamblen County Civil Service Board also exists to assure that all applicants have equal access and opportunity to apply for employment with the Hamblen county Sheriff's Office and after new employees have completed a six month probation period, to assist and protect those employees against unfair practices in relation to promotions, disciplinary actions, and dismissals as set forth in the Policies and Procedures of the Hamblen County Sheriff's Office and Hamblen County Civil Service Board in accordance with TCA 8-8-401et. Sec.

If you have any questions about the hiring and application processes please do not hesitate to contact the Civil Service Board Secretary at the number listed above.

Again thank you for your interest and please do not hesitate to contact us if you need assistance or have questions.

Sincerely,

Esco Jarnagin, Sheriff

**AMERICAN DISABILITIES ACT- Notice To Applicants**

Applicants are considered for all positions without discrimination on basis of race, color, religion national origin, disability or veteran status in employment opportunities or benefits.

This application is but one part of the hiring and employment process. Other parts may include an interview, an employment examination or test, and a demonstration of an ability to perform the essential function of the job. If you need an accommodation in order to complete any part of the hiring and employment process, including this application please call the following number.

(423) 586-3781- Civil Service Board Secretary

**Minimum Requirements For Positions with the Hamblen County Sheriff's Office**

Applicants for positions in the Sheriff's Office shall meet the following minimum requirements;

- 1) Be at least eighteen (18) years of age and bondable (required only for employees in law enforcement). Civilian employees must be at least eighteen (18) years of age
- 2) Be a citizen of the United States
- 3) Be a high school graduate or its equivalent (GED)
- 4) Cannot have been convicted of felony or of a misdemeanor (minor traffic violations do not apply)
- 5) Cannot have been released or discharged from the Armed Services except by honorable discharge. However the Sheriff may ask for a waiver (on an individual basis depending on circumstances) for an Entry Level Separation, or a General Discharge under Honorable Conditions from military service. Waivers will not be requested for dishonorable discharge, undesirable discharge, bad conduct or court martial.
- 6) Must have fingerprints on file with the Tennessee Bureau of Investigation. This is arranged for the candidate, as the Hamblen County Sheriff's Office for employment purposes must fingerprint every candidate. Fingerprints from other agencies are not accepted.
- 7) Must have or be eligible for a valid Tennessee Driver's License for those employees normally required to operate a motor vehicle.
- 8) Must be free of all latent or apparent mental disorders as verified by a qualified professional selected by the Hamblen County Sheriff's office as to any positions in Law Enforcement, Corrections, and certain civilian classifications.
- 9) Must pass the department physical examination by a licensed physician
- 10) Have good moral character as determined by background investigation
- 11) Must achieve the minimum score as set by the Civil Service Board on any required examination
- 12) All applications MUST be completed in blue or black ink (PLEASE PRINT)



**NOTICE: INCOMPLETE INFORMATION WILL RESULT IN THE DELAY OF THE PROCESSING OF YOUR APPLICATION.**

**Instructional Information Sheet**

This sheet has been prepared for your aid in executing the application for employment. If there are questions, which are not applicable to you, please indicate this fact with the notation **"NIA"** in the appropriate area.

If additional space is needed for any section or question on the application, or if you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond to the questions.

**PURPOSE AND USE**

The principle purpose of employment application forms is to collect information needed to determine qualifications and suitability of applicants for employment. Your completed application may be used to examine, rate and/or assess your qualifications.

**EFFECTS OF NON-DISCLOSURE**

Because the employment application forms request both optional (other skills, training, social security number, etc.) and mandatory (Qualifications and biographical, etc.) data, it is in your best interest to answer all questions. Omission of an item means you may not receive full consideration for a position in which this information is needed. A false answer to a question in the employment application **will be** grounds for not employing you, or for dismissing you after you begin work. All statements are subject to investigation, including a check of your fingerprints, police record, credit records, and former employers. All information you give will be considered in reviewing your statement.

**FINGERPRINTING**

All Law enforcement applicants must submit fingerprints to the TBI as part of the background investigation process. All applicants who have completed the physical and written exams and are being considered for employment will be given a date and time to report to the jail for fingerprinting by the personnel specialist.

**THE FOLLOWING MUST BE FILED WITH YOUR APPLICATION**

You may return your application to the Civil Service Board Secretary or leave it with the front office at the Hamblen County Justice Center. You may also mail it to; Attn: Civil Service Board Secretary; Hamblen County Sheriff's Office; 510 Allison Street; Morristown, Tennessee 37814 Phone 423-586-3781.

1. A copy of your Birth Certificate
2. A copy of your high school diploma, proof of GED or High School Equivalency Test in lieu of diploma
3. A copy of your driver's license
4. A copy of your DD-214 if you served in the military.
5. A recent full faced photograph

Applications will not be accepted without all of the above information attached!!!

**ATTENTION THIS STATEMENT MUST BE SIGNED**

I understand that all appointments are probationary for a period of six months at the discretion of the Sheriff, subject to the rules and regulations set forth by the Hamblen County Civil Service Board. I agree to submit to a Physical and Psychological examination and all other testing when requested. I understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation. I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the Hamblen County Sheriff's Office and may constitute a violation of various criminal statutes. I agree to these conditions and I hereby certify that all statements by me on this application are true and complete to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print or type name

**AUTHORITY TO RELEASE INFORMATION AND RECORDS ( PLEASE PRINT CLEARLY )**

**I AGREE TO AND UNDERSTAND THE FOLLOWING**

In authorizing a background investigation, it is understood that an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

To: Any person having knowledge of my conduct or activities; or any past or present employer; or Credit Bureau, Retail Merchants Association, Bank, Financial Institution, or any other Credit Extending Organization; or any Dean, Registrar, Principal, Counselor, Instructor, or any Doctor, Hospital, Clinic or Sanitarium, or any Department or agency of a City, County, or State Government, or of the Federal Government.

I, \_\_\_\_\_ hereby authorize the Hamblen County Sheriff's Office or its duly authorized representative, to conduct a background check including, but not limited to, personal interviews for determination of my eligibility to occupy a position of trust in maintaining the public health and safety. I authorize all persons who may have information relevant to this check to disclose it to the Hamblen County Sheriff's Office or its agents, and I release all persons providing information to the Hamblen County Sheriff's Office from liability on account of such disclosure. This would include a review of my military service personnel and medical records in the same manner as would be permitted if I represented myself for this purpose. Information to be reviewed may include un-deleted DD forms 214 and drug/alcohol related information. I hereby further authorize a photocopy of this authorization may be considered as valid as an original.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



# RECORDS CHECK INFORMATION

## HAMBLLEN COUNTY SHERIFF'S OFFICE

Last Name \_\_\_\_\_

First \_\_\_\_\_ Complete Middle \_\_\_\_\_

List the name you go by \_\_\_\_\_

List all other names you have used including nicknames. If female, furnish maiden name. If you have ever used any surnames other than your true name. If you have ever legally changed your name, give date and court. \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of birth: City, County and State \_\_\_\_\_

Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Race \_\_\_\_\_ ( Used for Criminal history only )

List all places of residence outside Tennessee \_\_\_\_\_

---

Do not write below this line- For use by Hamblen County Sheriff's Office only

Please perform criminal history and records checks on this candidate for employment with the Hamblen County Sheriff's Office. Attach all printouts, copies of cards and warrants.

Criminal History \_\_\_\_\_ Checked By \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NCIC Wanted \_\_\_\_\_ Checked By \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

QPO \_\_\_\_\_ Checked By \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Warrants Check \_\_\_\_\_ Checked By \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Local History \_\_\_\_\_ Checked By \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Driving Record \_\_\_\_\_ Checked By \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_





Hamblen County Sheriff's Office  
Civil Service Board  
Hamblen County Justice Center  
510 Allison Street  
Morristown, Tennessee 37814  
423-586-3781 - Fax 423-587-1658

PLEASE PRINT IN BLUE OR BLACK INK

DATE APPLIED: \_\_\_\_\_

POSITION(S) DESIRED: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**PERSONAL HISTORY AND RESIDENT INFORMATION**

|                                                                                                                                                                                                                                                                                              |  |                         |                                   |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|-----------------------------------|------------------------------|
| NAME IN FULL (PRINT) LAST                                                                                                                                                                                                                                                                    |  | FIRST                   | MIDDLE                            | SOCIAL SECURITY NUMBER       |
| CURRENT ADDRESS-STREET                                                                                                                                                                                                                                                                       |  | CITY                    | STATE                             | ZIP CODE                     |
| LIST ALL OTHER NAMES YOU HAVE USED INCLUDING NICKNAMES: IF FEMALE, FURNISH MAIDEN NAME. IF YOU HAVE EVER USED ANY SURNAMES OTHER THAN YOUR TRUE NAME. DURING WHAT PERIOD AND UNDER WHAT CIRCUMSTANCES WERE THESE NAMES USED? IF YOU HAVE EVER LEGALLY CHANGED YOUR NAME GIVE DATE AND COURT. |  |                         |                                   | WORK NUMBER                  |
|                                                                                                                                                                                                                                                                                              |  |                         |                                   | PLACE OF BIRTH               |
| PRESENT CITIZENSHIP (COUNTRY)                                                                                                                                                                                                                                                                |  | CITIZENSHIP ACQUIRED BY |                                   | DATE OF BIRTH<br>MO DAY YEAR |
| DATE AND PLACE NATURALIZED                                                                                                                                                                                                                                                                   |  |                         | NATURALIZATION CERTIFICATE NUMBER |                              |
| IN THE EVENT THIS INFORMATION BECOMES INVALID. PLEASE GIVE THE NAME AND PHONE NUMBER OF A RELATIVE THROUGH WHOM YOU MAY BE REACHED, OR SOMEONE WHO COULD FURNISH YOUR CURRENT ADDRESS AND PHONE NUMBER.                                                                                      |  |                         |                                   |                              |
| NAME                                                                                                                                                                                                                                                                                         |  | RELATIONSHIP            | PHONE NUMBER                      |                              |

**SELECTIVE SERVICE (Male Applicants Only)**

|                 |                     |
|-----------------|---------------------|
| DATE REGISTERED | REGISTRATION NUMBER |
|-----------------|---------------------|

**MILITARY SERVICE RECORD**

|                                                                                                                                        |                                                                                                                                                                                                              |                                                                                                          |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------|
| HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/> |                                                                                                                                                                                                              | BRANCH OF MILITARY SERVICE                                                                               | DATES OF ACTIVE DUTY<br>FROM TO |
| TYPE OF DISCHARGE                                                                                                                      | BASIS                                                                                                                                                                                                        | IF YOUR DD214 IS NOT HONORABLE, i.e. UNCHARACTERIZED, UNDER HONORABLE CONDITIONS, MEDICAL PLEASE EXPLAIN |                                 |
| SERIAL NUMBER                                                                                                                          | MEMBER OF RESERVE? YES <input type="checkbox"/> NO <input type="checkbox"/><br>READY <input type="checkbox"/> STANDBY <input type="checkbox"/>                                                               |                                                                                                          |                                 |
| BRANCH OF SERVICE                                                                                                                      | WAS ANY TYPE OF DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE SERVICE? (INCLUDE NONJUDICIAL PUNISHMENT(S), IF APPLICABLE) YES <input type="checkbox"/> NO <input type="checkbox"/><br>IF YES, PLEASE EXPLAIN: |                                                                                                          |                                 |
| ARE YOU OR HAVE YOU BEEN A MEMBER OF THE NATIONAL GUARD YES <input type="checkbox"/> NO <input type="checkbox"/>                       | IF YOU ATTEND DRILLS, MEETINGS, OR CAMPS GIVE THE NAME OF THE UNIT AND ITS LOCATION                                                                                                                          |                                                                                                          |                                 |

**PERSONAL DECLARATIONS**

DO YOU USE OR HAVE YOU EVER USED INTOXICANTS?  
YES ☐ NO ☐

DO YOU USE OR HAVE YOU EVER USED SUCH ITEMS AS MARIJUANA, HASHISH, COCAINE, LSD, AMPHETAMINES, HEROIN, OR DRUGS OF A SIMILAR NATURE?  
YES ☐ NO ☐

**EMERGENCY CONTACT**

|                                                       |                   |                   |                         |          |
|-------------------------------------------------------|-------------------|-------------------|-------------------------|----------|
| NAME OF PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY | ADDRESS           | CITY              | STATE                   | ZIP CODE |
| RELATIONSHIP TO APPLICANT                             | HOME PHONE NUMBER | WORK PHONE NUMBER | OTHER METHOD OF CONTACT |          |



## EDUCATION

| NAME                      | ADDRESS         | YEARS ATTENDED | COURSE OF STUDY | GRADUATE OR GED DATE |
|---------------------------|-----------------|----------------|-----------------|----------------------|
| HIGH SCHOOL/ISSUER OF GED |                 |                |                 |                      |
| COLLEGE OR UNIVERSITY     | LOCATION        | FROM           | MAJOR           | G.P.A.               |
|                           | DEGREE RECEIVED | TO             | MINOR           |                      |

SPECIALIZED TRAINING SCHOOLS (INCLUDE NAME, ADDRESS, WHEN ATTENDED, AND AREAS OF STUDY)

|  |
|--|
|  |
|  |
|  |

## COURT RECORD

HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH ANY VIOLATION OF LOCAL, STATE OR FEDERAL LAW OR ORDINANCE, INCLUDING TRAFFIC TICKETS AND VIOLATIONS?

YES ☐ NO ☐

If you answered yes to the above question, you must list those below providing all information requested. IF YOU HAVE BEEN CONVICTED OF, PLED GUILTY TO OR ENTERED A PLEA OF NOLO CONTENDRE TO ANY FELONY CHARGE YOU ARE NOT ELIGIBLE FOR EMPLOYMENT WITH THE HAMLEN COUNTY SHERIFF'S OFFICE AND SHOULD NOT PROCEED WITH THIS APPLICATION. If you have been convicted of, pled guilty to or entered a plea of NOLO CONTENDRE to any misdemeanor relating to force, violence, theft, dishonesty, gambling, liquor (including DUI), or controlled substances within the last ten (10) years YOU ARE NOT ELIGIBLE FOR EMPLOYMENT. However if the misdemeanor conviction or plea occurred more than ten (10) years ago and the charge was a single incident, you may, appear before the sheriff and request a waiver (if for a patrol position a waiver must be granted by the POST commission) PLEASE BE AWARE YOU MUST LIST ALL CHARGES OR ARRESTS NO MATTER HOW LONG AGO THEY OCCURRED EVEN IF THEY WERE DISMISSED OR EXPUNGED. These charges will show up in your criminal history and finger print check. IF YOU DO NOT LIST THEM AND THEY SHOW UP IN YOUR BACKGROUND INVESTIGATION, YOU HAVE SUBMITTED A FALSE APPLICATION AND WILL BE ELIMINATED FROM ANY CONSIDERATION FOR EMPLOYMENT.

| NAME USED | DATE OCCURRED | PLACE OF COURT | CHARGE | DISPOSITION | DETAILS |
|-----------|---------------|----------------|--------|-------------|---------|
|           |               |                |        |             |         |
|           |               |                |        |             |         |
|           |               |                |        |             |         |
|           |               |                |        |             |         |
|           |               |                |        |             |         |

HAVE YOU EVER BEEN A PLAINTIFF OR DEFENDANT IN A COURT ACTION? YES ☐ NO ☐

IF YOU ANSWERED YES, PLEASE GIVE DATE PLACE COURT, NAMES OR PARTIES INVOLVED, NATURE OF ACTION, AND FINAL DISPOSITION:

|  |
|--|
|  |
|  |
|  |



## EMPLOYMENT RECORD

NOTE: LIST LAST POSITION FIRST, INCLUDE CHRONOLOGICAL HISTORY OF EMPLOYMENT STARTING WITH CURRENT OR MOST RECENT POSITION. ACCOUNT FOR ALL PERIODS INCLUDING CASUAL EMPLOYMENT AND ALL PERIODS OF UNEMPLOYMENT. BE SURE TO INCLUDE MILITARY EXPERIENCE, IF APPLICABLE. IF ADDITIONAL SPACE IS NEEDED FOR EMPLOYMENT HISTORY, ATTACH ADDITIONAL SHEETS OF THE SAME SIZE AS THIS APPLICATION. ALL REFERENCE CHECKS ARE CONDUCTED THROUGH THE U.S. POSTAL SERVICE, ALL APPLICATIONS WITH INCOMPLETE MAILING ADDRESSES WILL NOT BE ACCEPTED.

|                                                                                                                                                              |                                                 |                                                         |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------|----------|
| NAME OF EMPLOYER                                                                                                                                             |                                                 | PHONE NUMBER                                            |          |
| ADDRESS                                                                                                                                                      | CITY                                            | STATE                                                   | ZIP CODE |
| NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER                                                                                                                |                                                 | REASON FOR LEAVING                                      |          |
| DATES EMPLOYED<br>FROM TO                                                                                                                                    | SALARY/EARNINGS<br>STARTING\$ PER ENDINGS\$ PER | SALARY/EARNINGS<br>PER WEEK FULL TIM/PER WEEK PART TIME |          |
| DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE. |                                                 |                                                         |          |
|                                                                                                                                                              |                                                 |                                                         |          |
|                                                                                                                                                              |                                                 |                                                         |          |
|                                                                                                                                                              |                                                 |                                                         |          |
|                                                                                                                                                              |                                                 |                                                         |          |
|                                                                                                                                                              |                                                 |                                                         |          |
| NAME OF EMPLOYER                                                                                                                                             |                                                 | PHONE NUMBER                                            |          |
| ADDRESS                                                                                                                                                      | CITY                                            | STATE                                                   | ZIP CODE |
| NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER                                                                                                                |                                                 | REASON FOR LEAVING                                      |          |
| DATES EMPLOYED<br>FROM TO                                                                                                                                    | SALARY/EARNINGS<br>STARTING\$ PER ENDINGS\$ PER | SALARY/EARNINGS<br>PER WEEK FULL TIM/PER WEEK PART TIME |          |
| DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE. |                                                 |                                                         |          |
|                                                                                                                                                              |                                                 |                                                         |          |
|                                                                                                                                                              |                                                 |                                                         |          |
|                                                                                                                                                              |                                                 |                                                         |          |
|                                                                                                                                                              |                                                 |                                                         |          |
|                                                                                                                                                              |                                                 |                                                         |          |
| NAME OF EMPLOYER                                                                                                                                             |                                                 | PHONE NUMBER                                            |          |
| ADDRESS                                                                                                                                                      | CITY                                            | STATE                                                   | ZIP CODE |
| NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER                                                                                                                |                                                 | REASON FOR LEAVING                                      |          |
| DATES EMPLOYED<br>FROM TO                                                                                                                                    | SALARY/EARNINGS<br>STARTING\$ PER ENDINGS\$ PER | SALARY/EARNINGS<br>PER WEEK FULL TIM/PER WEEK PART TIME |          |
| DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE. |                                                 |                                                         |          |
|                                                                                                                                                              |                                                 |                                                         |          |
|                                                                                                                                                              |                                                 |                                                         |          |
|                                                                                                                                                              |                                                 |                                                         |          |
|                                                                                                                                                              |                                                 |                                                         |          |
|                                                                                                                                                              |                                                 |                                                         |          |



| EMPLOYMENT RECORD (CONT'D)                                                                                                                                   |                                              |                                                         |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------|-------|
| NAME OF EMPLOYER                                                                                                                                             |                                              | PHONE NUMBER                                            |       |
| ADDRESS                                                                                                                                                      |                                              | CITY                                                    | STATE |
| NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER                                                                                                                |                                              | REASON FOR LEAVING                                      |       |
| DATES EMPLOYED<br>FROM TO                                                                                                                                    | SALARY/EARNINGS<br>STARTINGS PER ENDINGS PER | SALARY/EARNINGS<br>PER WEEK FULL TIM/PER WEEK PART TIME |       |
| DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE. |                                              |                                                         |       |
|                                                                                                                                                              |                                              |                                                         |       |
|                                                                                                                                                              |                                              |                                                         |       |
|                                                                                                                                                              |                                              |                                                         |       |
|                                                                                                                                                              |                                              |                                                         |       |
| NAME OF EMPLOYER                                                                                                                                             |                                              | PHONE NUMBER                                            |       |
| ADDRESS                                                                                                                                                      |                                              | CITY                                                    | STATE |
| NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER                                                                                                                |                                              | REASON FOR LEAVING                                      |       |
| DATES EMPLOYED<br>FROM TO                                                                                                                                    | SALARY/EARNINGS<br>STARTINGS PER ENDINGS PER | SALARY/EARNINGS<br>PER WEEK FULL TIM/PER WEEK PART TIME |       |
| DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE. |                                              |                                                         |       |
|                                                                                                                                                              |                                              |                                                         |       |
|                                                                                                                                                              |                                              |                                                         |       |
|                                                                                                                                                              |                                              |                                                         |       |
|                                                                                                                                                              |                                              |                                                         |       |
| NAME OF EMPLOYER                                                                                                                                             |                                              | PHONE NUMBER                                            |       |
| ADDRESS                                                                                                                                                      |                                              | CITY                                                    | STATE |
| NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER                                                                                                                |                                              | REASON FOR LEAVING                                      |       |
| DATES EMPLOYED<br>FROM TO                                                                                                                                    | SALARY/EARNINGS<br>STARTINGS PER ENDINGS PER | SALARY/EARNINGS<br>PER WEEK FULL TIM/PER WEEK PART TIME |       |
| DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE. |                                              |                                                         |       |
|                                                                                                                                                              |                                              |                                                         |       |
|                                                                                                                                                              |                                              |                                                         |       |
|                                                                                                                                                              |                                              |                                                         |       |
|                                                                                                                                                              |                                              |                                                         |       |
| NAME OF EMPLOYER                                                                                                                                             |                                              | PHONE NUMBER                                            |       |
| ADDRESS                                                                                                                                                      |                                              | CITY                                                    | STATE |
| NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER                                                                                                                |                                              | REASON FOR LEAVING                                      |       |
| DATES EMPLOYED<br>FROM TO                                                                                                                                    | SALARY/EARNINGS<br>STARTINGS PER ENDINGS PER | SALARY/EARNINGS<br>PER WEEK FULL TIM/PER WEEK PART TIME |       |
| DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE. |                                              |                                                         |       |
|                                                                                                                                                              |                                              |                                                         |       |
|                                                                                                                                                              |                                              |                                                         |       |
|                                                                                                                                                              |                                              |                                                         |       |
|                                                                                                                                                              |                                              |                                                         |       |

Have you ever been dismissed or asked to resign from any employment or position you have held?

YES ☐ NO ☐

If your answer is "YES", please explain on a separate sheet of paper indicating the name of the company, your dates of employment and reason(s) for your dismissal/resignation.



## REFERENCES

PLEASE LIST FOUR REFERENCES (NOT RELATIVES, FORMER OR PRESENT EMPLOYERS, FELLOW PRESENT EMPLOYERS, OR SCHOOL TEACHERS, WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITIES, SUCH AS PROPERTY OWNERS, NEIGHBORS, BUSINESS OR PROFESSIONAL MEN OR WOMEN, WHO HAVE KNOWN YOU WELL FOR AT LEAST THREE YEARS, PREFERABLY THOSE WHO HAVE KNOWN YOU DURING THE PAST FIVE YEARS. YOU MUST PUT COMPLETE MAILING ADDRESSES. APPLICATIONS WITH INCOMPLETE ADDRESSES WILL NOT BE ACCEPTED.

|               |                       |                  |                     |
|---------------|-----------------------|------------------|---------------------|
| COMPLETE NAME |                       | YEARS ACQUAINTED |                     |
| ADDRESS       |                       | CITY             | STATE      ZIP CODE |
| BUSINESS NAME | BUSINESS PHONE NUMBER | OCCUPATION       |                     |

  

|               |                       |                  |                     |
|---------------|-----------------------|------------------|---------------------|
| COMPLETE NAME |                       | YEARS ACQUAINTED |                     |
| ADDRESS       |                       | CITY             | STATE      ZIP CODE |
| BUSINESS NAME | BUSINESS PHONE NUMBER | OCCUPATION       |                     |

  

|               |                       |                  |                     |
|---------------|-----------------------|------------------|---------------------|
| COMPLETE NAME |                       | YEARS ACQUAINTED |                     |
| ADDRESS       |                       | CITY             | STATE      ZIP CODE |
| BUSINESS NAME | BUSINESS PHONE NUMBER | OCCUPATION       |                     |

  

|               |                       |                  |                     |
|---------------|-----------------------|------------------|---------------------|
| COMPLETE NAME |                       | YEARS ACQUAINTED |                     |
| ADDRESS       |                       | CITY             | STATE      ZIP CODE |
| BUSINESS NAME | BUSINESS PHONE NUMBER | OCCUPATION       |                     |



## AVAILABILITY OF APPLICANT

HAVE YOU PREVIOUSLY SUBMITTED AN APPLICATION WITH THE HAMBLLEN COUNTY SHERIFF'S OFFICE? YES \_\_\_ NO \_\_\_

IF YES, WHEN? \_\_\_\_\_ PLACE \_\_\_\_\_

EARLIEST DATE AVAILABLE FOR EMPLOYMENT

HOW MUCH NOTICE TO REPORT TO WORK DO YOU NEED?

IF APPLYING FOR CLERICAL POSITIONS, PLEASE GIVE APPROXIMATE TYPING SPEED AND LIST ANY OTHER OFFICE SKILLS SUCH AS SHORTHAND, FILING, OFFICE MACHINE OPERATIONS, ETC., WHICH YOU HAVE:

PLEASE ATTACH A PHOTOGRAPH OF YOURSELF THAT WAS TAKEN WITHIN THE LAST 3 MONTHS

