



**Overton County Sheriff's Department**

**Sheriff John Garrett**

**1010 John T. Poindexter Dr.**

**Livingston, TN 38570**

**Phone: (931)823-5635**

**Fax: (931)823-3864**

**Application for Employment**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Date you are able to start: \_\_\_\_\_

Are you a United States citizen or authorized to work in the United States? Yes No

Have you ever been employed by Overton County? Yes No

If yes, when? \_\_\_\_\_

Relatives working for Overton County: \_\_\_\_\_

**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 convicted of a misdemeanor or felony? Yes No

If yes, explain:

Have you ever had your driver license revoked? Yes No

If yes, explain:

**Medical**

List any current medical conditions:

List any current medication(s):

Hospitalization(s):

**General**

Office Skills (check all that apply):

Windows \_\_\_\_\_ MS Word \_\_\_\_\_ MS Excel \_\_\_\_\_ Words Per Minute \_\_\_\_\_

Other: \_\_\_\_\_

Special Certifications:

Special Skills:

Hobbies/Interests/Professional Groups:

**Employment**

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Start Date: \_\_\_\_\_ Leave Date: \_\_\_\_\_  
May we contact? Yes No Reason for leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

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Duties: \_\_\_\_\_  
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Duties: \_\_\_\_\_  
\_\_\_\_\_

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Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Start Date: \_\_\_\_\_ Leave Date: \_\_\_\_\_  
May we contact? Yes No Reason for leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been accused of sexual misconduct? Yes No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been accused of sexual harassment in the work place? Yes No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been accused of sexual abuse? Yes No  
If yes, explain:

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Have you ever resigned from a place of employment during a pending investigation of allegations of sexual misconduct?  
Yes No  
If yes, explain:

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What do you think it takes to be successful in this field?

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What traits and qualities do you think make a good team member?

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How would you evaluate your ability to deal with conflict and aggressive people?

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In what ways would our department benefit by hiring you?

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If hired, describe what kind of officer you would be:

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If hired, what would you most like to accomplish?

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What would your reaction be if an inmate was behind a locked door and threw urine on an officer?

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Would you use a chemical weapon on an inmate for spitting in your face if he/she was handcuffed? Yes No  
If yes, explain:

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Would you take sides with an inmate who is assaulting another inmate accused of sexually abusing a child? Yes No  
Why or Why Not?

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Has any form of disciplinary action (verbal/written reprimand or suspension) ever been taken against you by an employer?

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 expected or required notice? Yes No  
If yes, explain:

Have you ever been terminated from a job? Yes No  
If yes, explain:

Have you ever "lay out" of work or abused sick leave? Yes No  
If yes, explain:

We work 12-hour shifts. Night shift works 7 days on, 7 days off. Day shift works 3 days on, 2 days off, 2 days on, 3 days off. You are not guaranteed a specific shift, nor are you guaranteed to remain on the shift you are originally assigned. Would you have a problem working either of these schedules? Yes No

Would you have a problem working holidays such as Thanksgiving and/or Christmas? Yes No

There are required training classes that each officer must attend. These often occur on your scheduled days off and you are given compensatory time for these days. Would you have a problem attending mandatory training on your days off? Yes No

In order to comply with the standards of the Prison Rape Elimination Act (PREA) we must contact previous employers of any person who has been employed by a prison, jail, lockup, community confinement facility, juvenile facility, or other institution for information on any substantiated allegations of sexual abuse or resignation during a pending investigation of an allegation of sexual abuse. We will send a letter requesting this information at the time employment with our agency is offered. If we receive information that any person employed with us has substantiated allegations of sexual abuse, or has resigned during a pending investigation of an allegation of sexual abuse, we shall terminate employment effective immediately. Do you understand this and agree with this action? Yes No

**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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_