



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: _____

Employment

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

Employer: _____ Supervisor: _____
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Employment

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: _____

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: _____