WILLIAMSON COUNTY SHERIFF'S OFFICE
JEFF LONG, SHERIFF
408 CENTURY COURT
FRANKLIN, TENNESSEE 37064
(615) 790-5560

JOB POSTING

The Williamson County Sheriff's Office is currently accepting applications for the position of: Deputy Sheriff (Detention). Females and males are invited to apply.

Applications are available and accepted at:

Williamson County Sheriff's Office
John I. Easley Jr. Criminal Justice Center
408 Century Court
Franklin, TN 37064

Minimum qualifications required for this position are:

- Must be at least 18 years of age and a citizen of the United States.
- Must have a high school diploma or it's equivalent (G.E.D.)
- Must not have been convicted of, plead guilty to, or entered a plea of nolo contendere to a felony charge or to any violation of any federal or state laws or municipal ordinances related to force, violence, theft, dishonesty, gambling, liquor or controlled substances.
- Must not have been released or discharged under any other than honorable discharge from any of the armed forces of the United States.
- Must successfully complete and pass a drug screen.
- Must successfully complete and pass a psychological assessment.

Applicants must be able to work various days and shifts. The main function of the Deputy Sheriff (Detention) is to supervise the inmates and their movements while being held in the Criminal Justice Center.

Starting pay is $11.44 per hour (Plus shift differential)
Starting pay if Tennessee POST certified is $15.45 per hour. (Plus shift differential) POST certification is not mandatory.
Additional pay for Associate and Bachelor Degrees.

WILLIAMSON COUNTY SHERIFF'S OFFICE
GENERAL ORDER

	SUBJECT: Deputy Sheriff (Detention) Job Description **GENERAL ORDER: 2.8.002** **PAGES: 3** **PROCEDURE: P & PM** **EFFECTIVE DATE:** _____ **XX** **AUTHORIZED SIGNATURE** **NEW AMENDED**

PURPOSE

The purpose of this written policy is to define the duties and responsibilities of the job of Deputy Sheriff (Detention) in the Williamson County Sheriff's Office (WCSO).

JOB DESCRIPTION

A. Definition: Employees in this class are under General Supervision. Work is performed in enforcement of all state laws and crime prevention, supervising persons in custody; responsible for their treatment and care within the Williamson County Detention Center.

B. Examples of work performed are:

1. Makes arrests for violations of state law.

2. Crime prevention within the facility and all grounds attached hereto.

3. Serves criminal warrants.

4. Conducts criminal investigations and completes crime reports on all crimes committed.

5. Attends court proceedings as a witness for the State.

6. Accounts for inmates during assigned tour of duty.

7. Books inmates using established and pre-determined rules and regulations.

8. Searches inmates, families, or visitors if necessary and warranted.

9. Supervises the feeding of all inmates.

10. Ensures that inmates practice good personal hygiene daily.

11. Supervises inmates during outside and inside exercise and library periods.

12. Prepares inmates for transports to court, doctors, etc.

13. Assigns inmates to work crews as necessary.

14. Keeps records and makes reports.

15. Acts as door keeper at the detention facility.

16. Escorts inmates to doctor appointments and hospital.

17. Performs other work as assigned.

C. Required knowledge and abilities are:

1. Knowledge of rules and regulations governing the handling of inmates.

2. Knowledge of security practices and procedures.

3. Knowledge of safety and health rules and regulations.

4. Knowledge of departmental rules, regulations and objectives.

5. Knowledge of Tennessee Code Annotated (TCA) statutes.

6. Arrest procedures.

7. Ability to keep records and make reports.

8. Ability to evaluate situations and make decisions.

9. Ability to react quickly and calmly in emergency situations.

10. Ability to understand and follow oral and written instructions.

11. Ability to operate equipment and machines as they relate to performing assigned duties.

12. Ability to enforce rules, regulations, and laws firmly, tactfully and with respect for the rights of others.

13. Ability to establish and maintain an effective working relationship with the public and other employees.

14. Ability to be proficient with and carry firearms in the line of duty, as assigned.

D. Recommended Qualifications: Applicants possessing these qualifications have a good probability for success in this class. However, applicants not possessing these qualifications should apply if they believe their training and experience will enable them to perform the work successfully.

1. Education equivalent to graduation from high school.

2. Certified or eligible for certification by the Tennessee Corrections Institute.

3. Eligible for certification by Tennessee Peace Officers Standards and Training (POST).

4. Must possess a valid Commercial Driver's License with appropriate class designation for the assigned equipment operated as issued by the Tennessee Department of Safety.

Application for Employment

Please Print

Williamson County Sheriff Office
Franklin, TN
Smoking is Prohibited in
All County Buildings

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____ Social Security # ___ - ___ - ___
Last First Middle

Address _____
Street City State ZIP Code

Telephone # ( ) _____ Mobile/Beeper/Other Phone # ( ) _____ E-mail Address _____

Position(s) applied for _____ Date of application ___/___/___

Referral Source (Please check the appropriate category and name the source.)

- ☐ Walk-In _____
- ☐ Employee _____
- ☐ Advertisement _____
- ☐ Company's Website _____
- ☐ Other Internet _____
- ☐ School _____
- ☐ Job Fair _____
- ☐ Staffing Agency _____
- ☐ Government Employment Agency _____
- ☐ Other _____

If necessary, best time to call you at home is ..... ___ : ___ AM PM

May we contact you at work? ..... ☐ Yes ☐ No

If **yes**, work number and best time to call:

( ) _____ ___ : ___ AM PM

If you are under 18 and it is required, can you furnish a work permit? ..... ☐ Yes ☐ No

If **no**, please explain: _____

Have you submitted an application here before? ..... ☐ Yes ☐ No

If **yes**, give date(s) and position(s): _____

Have you ever been employed here before? ..... ☐ Yes ☐ No

If **yes**, give dates: From ___/___/___ To ___/___/___

Are you legally eligible for employment in this country? ..... ☐ Yes ☐ No

Date available for work ..... ___/___/___

What is your desired salary range or hourly rate of pay?

$ _____ Per _____

Type of employment desired: ☐ Full-Time ☐ Part-Time ☐ Educational Co-Op ☐ Seasonal ☐ Temporary

Will you relocate if job requires it? ..... ☐ Yes ☐ No

Will you travel if job requires it? ..... ☐ Yes ☐ No

If they have been explained to you, are you able to meet the attendance requirements of the position? ..... ☐ N/A ☐ Yes ☐ No

Will you work overtime if required? ..... ☐ Yes ☐ No

If **no**, please explain: _____

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

☐ Yes ☐ No ☐ Need more information about the job's "essential functions" to respond.

Driver's license number required if driving may be required in the job for which you are applying:

_____ State _____

Have you ever been bonded? ..... ☐ Yes ☐ No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime? ..... ☐ Yes ☐ No

If **yes**, please provide date(s) and details: _____

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? ..... ☐ Yes ☐ No

If **yes**, please explain: _____

Employment History

Starting with your most recent employer, provide the following information:

Employer | Telephone # ( )

Dates employed: Month / Year to Month / Year

Street address | City | State

Compensation (Starting)

☐ Hourly ☐ Salary $ per

Starting job title/final job title

Commission/Bonus/Other Compensation $

Immediate supervisor and title (for most recent position held)

May we contact for reference? ☐ Yes ☐ No ☐ Later

Compensation (Final)

☐ Hourly ☐ Salary $ per

Why did you leave?

Commission/Bonus/Other Compensation $

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

Employer | Telephone # ( )

Dates employed: Month / Year to Month / Year

Street address | City | State

Compensation (Starting)

☐ Hourly ☐ Salary $ per

Starting job title/final job title

Commission/Bonus/Other Compensation $

Immediate supervisor and title (for most recent position held)

May we contact for reference? ☐ Yes ☐ No ☐ Later

Compensation (Final)

☐ Hourly ☐ Salary $ per

Why did you leave?

Commission/Bonus/Other Compensation $

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

Employer | Telephone # ( )

Dates employed: Month / Year to Month / Year

Street address | City | State

Compensation (Starting)

☐ Hourly ☐ Salary $ per

Starting job title/final job title

Commission/Bonus/Other Compensation $

Immediate supervisor and title (for most recent position held)

May we contact for reference? ☐ Yes ☐ No ☐ Later

Compensation (Final)

☐ Hourly ☐ Salary $ per

Why did you leave?

Commission/Bonus/Other Compensation $

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

Employer | Telephone # ( )

Dates employed: Month / Year to Month / Year

Street address | City | State

Compensation (Starting)

☐ Hourly ☐ Salary $ per

Starting job title/final job title

Commission/Bonus/Other Compensation $

Immediate supervisor and title (for most recent position held)

May we contact for reference? ☐ Yes ☐ No ☐ Later

Compensation (Final)

☐ Hourly ☐ Salary $ per

Why did you leave?

Commission/Bonus/Other Compensation $

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

_____

_____

_____

If not addressed on previous page, have you ever been fired or asked to resign from a job? ..... Yes ☐ No

If **yes**, please explain: _____

_____

_____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

_____

_____

_____

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

☐ Word Processing _____ Years: _____ ☐ Internet _____ Years: _____

☐ Spreadsheet _____ Years: _____ ☐ Other _____ Years: _____

☐ Presentation _____ Years: _____ ☐ Other _____ Years: _____

☐ E-Mail _____ Years: _____ ☐ Other _____ Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (Include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification _____ ☐ Other _____		
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification _____ ☐ Other _____		
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification _____ ☐ Other _____		
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification _____ ☐ Other _____		

References

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors.
If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			( )	
			( )	
			( )	

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

_____

_____

In your current or a previous job, have you ever written instructions or directions to be followed by employees or customers?

☐ Yes ☐ No ☐ Not Applicable

If **yes**, please explain: _____

_____

Is there any other job-related information you want us to know about you? _____

_____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** ____/____/____

g·Neil EMPLOYMENT RECORDS

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800-999-9111 • www.gneil.com to reorder
Application for Employment (Long Form) #R7-A0821

ATTORNEY DEVELOPED

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WILLIAMSON COUNTY SHERIFF'S OFFICE
BACKGROUND INVESTIGATION QUESTIONNAIRE

Application for position of: Date: / / 20_____

GENERAL INSTRUCTIONS USE BLACK INK ONLY	Typewrite or print answer to every question. If question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and proceed each answer with the number of the referenced block. DO NOT MISSTATE OR OMIT material fact since the statements made herein are subject to verification to determine your qualifications for employment.

1.LAST NAME FIRST NAME MIDDLE NAME 2. MALE FEMALE

3. ALIAS(ES), NICKNAME (S), OTHER CHANGES IN NAME	SOCIAL SECURITY NO. PHONE NO.

4. PRESENT RESIDENCE ADDRESS STREET OR RD. CITY OR POST OFFICE STATE ZIP CODE

5. DATE OF BIRTH (Month, Day, Year)	PRESENT AGE	PLACE OF BIRTH (City, County, State)	Attach copy of birth certificate

6.HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	SCARS, DEFECTS, MARKS

7. U.S. CITIZEN	NATIVE YES/NO YES_____ NO _____	NATURALIZED CERTIFICATION NO.	IF DERIVED, PARENTS' CERTIFICATION NO.	DATE. PLACE, AND COURT

8. MARRIAGE STATUS:_____ SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____ WIDOWED

NAME OF FIANCE (if applicable)

SPOUSE'S NAME PLACE OF EMPLOYMENT TELEPHONE NO.

Information concerning marriages:

WHEN	WHERE	WHO OFFICIATED	SPOUSE NAME (Wife's maiden name)

Name and present address of spouse('s) if divorced or separated:
Name: _____ Address: _____
Name: _____ Address: _____

9. If ever separated, annulled or divorced, indicate below the following information:

SEPARATED ANNULLED OR DIVORCED	DATE OF ORDER OR DECREE	BY WHOM	WHERE ISSUED (COURT & STATE)	OFFENDING PARTY BY DECREED BY LAW	REASON

10. CHILDREN AND DEPENDENTS:

A. List all of your children, including stepchildren and adopted ones and give the following information:

NAME	BIRTH		RESIDENCE		SUPPORTED BY WHOM
	DATE	PLACE	ADDRESS	WITH WHOM	

WILLIAMSON COUNTY SHERIFF'S OFFICE
BACKGROUND INVESTIGATION QUESTIONNAIRE

Other dependents. If you clam income tax exemptions for support of dependents other than spouse and children, provide the following information:

NAME		ADDRESS	RELATIONSHIP	PERCENTAGE SUPPORT GIVEN

11. MILITARY RECORD:

Have you ever served in the U.S. Armed Forces? Yes: _____ No: _____

Branch of service: _____ Serial No/SSN: _____

Dates of Service: _____ to_____

Type of discharge: _____ (Must provide copy of DD-214)

A. While in the military service were you ever convicted for an offense in a trial by deck court or by summary, special or general court-martial? Yes: _____ No: _____

If yes, give date, place, law enforcing authority or type of court or court-material, charge and action taken for each incident, using separate sheet to record this information.

B. Are you presently a member of U.S. Reserve or National or State Guard organization?

Yes: _____ No: _____ If Yes, Complete the following:

GRADE AND SERVICE NO./SSN:	SERVICE AND COMPONENT
ORGANIZATION AND STATION OR UNIT AND LOCATION	ACTIVE _____ INACTIVE _____ STANDBY _____

INDICATE RESERVE OBLIGATION IF ANY

12. SELECTIVE SERVICE:

SELECTIVE SERVICE NO.	LAST CLASSIFICATION	DATE CLASSIFIED

LOCAL BOARD ADDRESS

13. EDUCATION:

A. List all elementary, junior high and high schools attended. Attach transcript from last high school attended.

NAME	LOCATION	DATES ATTENDED	YEARS COMPLETED	GRADUATED YES NO

B. Higher education, List information below for all colleges or universities attended. Attach transcript from last college attended.

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	DATES ATTENDED FROM TO	CREDIT HOURS SEMESTER QUARTER	DEGREE REC'S	YEAR REC'S

Major and Minor College Course: _____

Were you ever dismissed from school, or any disciplinary action, including scholastic probation, ever taken against you during your scholastic career? Yes _____ No _____

School _____ Date: _____ Type of action: _____

WILLIAMSON COUNTY SHERIFF'S OFFICE
BACKGROUND INVESTIGATION QUESTIONNAIRE

C. Other schools or training (trade, vocation, business or military). Give for each the name and location of school, dates attended, subjects studied, certificate and any other pertinent data.

14. FOREIGN LANGUAGE: Enter foreign language and your aptitude by circling your appropriate knowledge level under each category.

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
	EXC./GOOD/FAIR	EXC./GOOD/FAIR	EXC./GOOD/FAIR	EXC./GOOD/FAIR
	EXC./GOOD/FAIR	EXC./GOOD/FAIR	EXC./GOOD/FAIR	EXC./GOOD/FAIR
	EXC./GOOD/FAIR	EXC./GOOD/FAIR	EXC./GOOD/FAIR	EXC./GOOD/FAIR
	EXC./GOOD/FAIR	EXC./GOOD/FAIR	EXC./GOOD/FAIR	EXC./GOOD/FAIR
	EXC./GOOD/FAIR	EXC./GOOD/FAIR	EXC./GOOD/FAIR	EXC./GOOD/FAIR

15. SPECIAL QUALIFICATION AND SKILLS:

Indicate type of special license such as pilot, radio operator, etc., showing license authority, when the license was first issued and date current license expires: (except vehicle operator's license).

B. Special skills you possess and machines and equipment you can use. (for example, short wave radio, comptometer, key punch, turret lathe, transcribing machine, scientific or professional devices).

C. Approximate number of words per minutes: Typing Shorthand

D. Special qualifications not covered in application. (For example, your most Important Publications (do not submit copies unless requested): you're your patents or inventions; public speaking and publications, experience; membership in professional or scientific societies, etc; and honors and fellowships received.

16. VEHICLE OPERATOR'S LICENSE (Driver's, Chauffeur's, etc.) Give the following information concerning any vehicle operator's license you have or now hold:

KIND OF LICENSE & LICENSE NUMBER	PLACE OF ISSUE	DATE OF EXPIRATION	RESTRICTIONS

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes _____ No _____
Explain fully _____
Have you ever had automobile insurance withdrawn or revoked or have you ever been refused auto insurance? Yes___ No___
If yes, give details, include reasons, names of companies, dates, etc._____

Give name and address of the insurance company with whom you now have automobile insurance.

Policy Coverage:_____

WILLIAMSON COUNTY SHERIFF'S OFFICE
BACKGROUND INVESTIGATION QUESTIONNAIRE

17. Family:
List in order given, showing relationship, parents, guardians, stepparents, foster parents, parent-in laws, brothers, and sisters, even though deceased. Include any others you have resided with or with whom a close relationship existed or exists.

RELATIONSHIP	NAME	PRESENT ADDRESS IF LIVING
FATHER		
MOTHER (GIVE MAIDEN NAME)		

If any family member listed is not a U.S. citizen by birth, give date and place of birth, the date and port of entry, alien registration number, naturalization certificate number and place of issuance. ALSO LIST ANY RELATIVE NOW LIVING IN A FOREIGN COUNTRY. _____

_____

A. LIST THOSE FRIENDS WITH WHOM YOU HAVE SOCIALIZED MOST FREQUENTLY IN THE LAST 10 YEARS.			
NAME	ADDRESS	HOME PHONE	BUSINESS PHONE

18. EMPLOYMENT: Begin with most recent job and list your work history for the past ten years, including part-time, temporary or seasonal employment and all periods of employment.

FROM DATE	NAME AND ADDRESS OF EMPLOYER	WHY DID YOU LEAVE	BUSINESS PHONE
TO DATE		DESCRIPTION OF YOUR DUTIES	
SALARY		NAME OF SUPERVISOR	NAME OF C0-WORKER
FROM DATE	NAME AND ADDRESS OF EMPLOYER	WHY DID YOU LEAVE	BUSINESS PHONE
TO DATE		DESCRIPTION OF YOUR DUTIES	
SALARY		NAME OF SUPERVISOR	NAME OF C0-WORKER
FROM DATE	NAME AND ADDRESS OF EMPLOYER	WHY DID YOU LEAVE	BUSINESS PHONE
TO DATE		DESCRIPTION OF YOUR DUTIES	
SALARY		NAME OF SUPERVISOR	NAME OF C0-WORKER
FROM DATE	NAME AND ADDRESS OF EMPLOYER	WHY DID YOU LEAVE	BUSINESS PHONE
TO DATE		DESCRIPTION OF YOUR DUTIES	
SALARY		NAME OF SUPERVISOR	NAME OF C0-WORKER
FROM DATE	NAME AND ADDRESS OF EMPLOYER	WHY DID YOU LEAVE	BUSINESS PHONE
TO DATE		DESCRIPTION OF YOUR DUTIES	
SALARY		NAME OF SUPERVISOR	NAME OF C0-WORKER

WILLIAMSON COUNTY SHERIFF'S OFFICE
BACKGROUND INVESTIGATION QUESTIONNAIRE

Have you ever been discharged, asked to resign, furloughed or put on inactive status for cause or subjected to disciplinary action while in any position? Yes _____ No _____ If yes, state circumstances. _____

Have you ever resigned (quit) after being informed your employer intended to discharge (fire) you for any reason?
Yes _____ No _____ if yes, explain, giving name and address of employer, approximate date and reasons in each case.

19. FINANCIAL STATUS;

A. RESOURCES

Income from any other source other than your principal occupation? Yes _____ No _____

How often? The source?

Do you have a bank account? Savings _____ Checking _____

Name of bank:

OBLIGATIONS:

Give names and addresses of the individuals, companies or others to whom you are indebted and the extent of your debt. (including any loans on which you are co-maker). LIST ALL GARNISHMENTS PAST AND PRESENT AND INDICATE PRESENT STATUS.

NAME AND ADDRESS OF CREDITOR	KIND OF DEBT	AMOUNT

20. CONVICTION AND LITIGATION: (Show all convictions including juvenile and traffic, excluding parking tickets).

A. Have you ever been convicted of a criminal offense, misdemeanor or felony? Yes _____ No _____

B. Have you ever been convicted of a traffic offense, excluding parking violations? Yes _____ No _____

C. Have you or your spouse ever been involved in any CIVIL Court action? Yes _____ No _____

D. Have you ever been fingerprinted for any reason (other than for an arrest that did not result in conviction)? Yes ___ No ___

If the answer to any of the above questions is YES, list below the date, place and full details of each incident.

21. ILLICIT DRUG USE:

Do you use or have you ever used any illicit (cocaine, heroin, etc.) or prescription habit-forming drugs? Yes _____ No _____

Do you use or have you ever used marijuana? Yes _____ No _____ If yes, date of last use: _____

If the answer to any of the above questions is YES, list full details below, including relationship of any persons involved.

22. RESIDENCES: List all residences for the past 10 years, beginning with you present address, in detail.

MONTH AND YEAR FROM TO	STREET AND NUMBER	WITH WHOM LIVED	CITY/COUNTY	STATE

WILLIAMSON COUNTY SHERIFF'S OFFICE
BACKGROUND INVESTIGATION QUESTIONNAIRE

23. REFERENCES:

CREDIT AND CHARACTER REFERENCES (Do not include relatives, former employers or persons living outside the United States or its territories). List only character references who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors. List 3 credit and 5 character references. (not fellow employees or school teachers), three being in your own age group.

NAME	YEARS KNOWN	ADDRESS (Business Address Preferred) STREET	CITY	HOME PHONE	BUSINESS PHONE
CREDIT					
CHARACTER					

24. FOREIGN TRAVEL:

DATES FROM	TO	COUNTRY VISITED	PURPOSE OF TRAVEL

25. PAST AND/OR PRESENT MEMBERSHIP ORGANIZATIONS:

NAME AND ADDRESS	TYPE (SOCIAL, FRATERNAL PROFESSIONAL, ETC.)	OFFICE HELD	MEMBERSHIP FROM	TO

26. HOBBIES AND SPORTS:

NAME	LENGTH OF PARTICIPATION	LEVEL OF PROFICIENCY

27. SUBVERSIVE ORGANIZATIONS:

	YES	NO
Are you now or have you ever been a member of the communist organization(s) anywhere?		
Are you now or have you ever been a member of a Fascist organization?		
Are you now or have you ever been a member of any organization, association, movement, group of combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means?		
Are you now or have you ever been affiliated or associated with any organization of the type described above as an agent, official or employee?		
Are you now associating with or have you associated with an individuals , including relatives who you know or have reason to believe are or have been members of an of the organizations identified above?		

WILLIAMSON COUNTY SHERIFF'S OFFICE
BACKGROUND INVESTIGATION QUESTIONNAIRE

	YES	NO
Have you ever been engaged in any of the following activities of any organization of that type described above: (contributions (s) to , attendance of or participation in any organizational, social or other activities of said organizations or of any projects sponsored by them: the sale gift or distribution of any written, printed or other matter, prepared, reproduced or published by them or any of their agents or instrumentalities?		

If Yes to any of the questions above, describe the circumstances. Attach additional sheets for a full detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held, also include dates, places and credentials now or formerly held. If associations have been with individuals who are members of theses organizations, then list the individuals and the organizations with which they were or are affiliated.

28. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation? Yes ____ No ____ if YES, give details.

29. Have you ever applied for a position with any other governmental agency? Yes _____ No ____ is so, give details

WILLIAMSON COUNTY SHERIFF'S OFFICE
BACKGROUND INVESTIGATION QUESTIONNAIRE

PERSONAL INQUIRY WAIVER
AUTHORIZATION FOR THE RELEASE OF INFORMATION TO
THE WILLIAMSON COUNTY SHERIFF'S OFFICE

I respectfully request and authorize you to furnish the Williamson County Sheriff's Office any and all information that you may have concerning me, my work record, school record, criminal record/history, reputation, my financial and/or credit status. Please include any and all documentation requested as evidence of such information. This information is to be used to assist the Williamson County Sheriff's Office in determining my qualifications and fitness for employment with the Williamson County Sheriff's Office.

I hereby expressly release you, your organization, agents and employees from any liability or damage which my result from the furnishing of the information requested above.

Applicant's Signature: _____ Date: _____

Applicant's Address: _____

AFFIDAVIT

STATE OF: _____ COUNTY OF: _____

Before me _____ personally appeared who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____ , 20_____ .

My Commission expires on _____ , 20_____ .

Notary Public: _____

Personally Known _____ - or -Produced Identification _____. Type of identification produced: _____

CURRENT PHOTO

OF APPLICANT

MUST BE

AFFIXED HERE.

THIS QUESTIONNAIRE IS TO BE NOTARIZED.

THEREFORE SIGNATURE OF APPLICANT MUST BE

AFFIXED IN THE PRESENCE OF

AN AUTHORIZED NOTARY PUBLIC.