Williamson County Sheriff's Office

408 Century Court

Franklin, Tennessee 37064

(615) 786-1540

www.williamsoncountysheriff-tn.com

Sheriff Dusty Rhoades

Application for Employment

The Williamson County Sheriff's Office is an equal opportunity employer, dedicated to a place of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, military service, or disability that does not prohibit performance of essential job functions.

***ANY INCOMPLETE APPLICATION SUBMITTED WILL NOT BE PROCESSED FOR FURTHER CONSIDERATION.**

Clear Form

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

Introductory Benefits for Employees of the Williamson County Sheriff's Office[1]

Starting Pay Rate for Civilian Jail Staff (amount subject to change)
Booking: $16.66 Food Services: $16.38

Starting Pay Rate for T.C.I. Certified Tower Operator (amount subject to change)
$15.60

Starting Pay Rate for T.C.I. Certified Deputy Sheriff(amount subject to change)
$18.00 (experience pay up to 5 years added extra)

Starting Pay Rate P.O.S.T. Certified Deputy Sheriff (amount subject to change)
$19.00 and $20.61 (depending on division assignment)

These additions are NOT included in the pay rates above:
Shift differentials – 2nd shift = $0.57
3rd shift = $0.86

Education Incentive – Associate's degree = $0.36
Bachelor's degree = $0.72

Employer paid Life Insurance: $40,000

Different Insurance plans to choose from (reference Williamson County Benefits)
Medical Coverage Offered to Employee: Medical Coverage, Prescription Coverage, Dental Coverage
(Optional coverage for spouse & dependents for a cost)
Flexible Spending Account (money taken out pre-taxed)

Employee Assistance Program – Free, 24/7, 365 days a year, (reference Williamson County EAP)

Retirement Plan – employee portion taken out pre-taxed (5%), County adds a portion as well (TCRS)

Voluntary Benefits – are paid 100% by the employee

401K additional Retirement Plan
Supplemental life for employee, spouse or dependents
Short term disability, long term disability,
Vision insurance for employee, spouse or dependents
Accident insurance, Critical Illness, Long & short term care.

13 paid Holidays each year

8 sick hours per month (after first month of employment) – can be used for spouse or dependents

6.66 hours up to 16 hours vacation per month (after first month of employment) – based on years of service

Longevity Pay – after 5 years of continual service ($50 per year)

Paid 6 week Detention Training Academy

Uniforms & equipment provided

Opportunities for Advancement

[1] These benefits are representative of the current benefits offered to Williamson County Sheriff's Office employees. They are not contractual in nature and may change at any time upon determination by the employer.

Williamson County Sheriff's Office
Application for Employment

General Instructions:

This application should be submitted as soon as you have all questions answered and all requested documents copied and ready to submit. A National Crime Information Center ("NCIC") check will be completed, and if you meet the criteria to move forward in the process, you will be contacted. Applicants for Deputy Sheriff will undergo a functional fitness test, an initial interview, and a keyboarding test. If you are applying for a position other than a Deputy Sheriff, you will have an initial interview.

In the application process, the information requested is obtained to determine applicant suitability to work at the Williamson County Sheriff's Office. Do not misstate or omit any facts since the statements made herein are subject to verification. If any misrepresentations are found, the applicant will be permanently disqualified.

Applications may be submitted by: Drop off in person at 408 Century Court, Franklin, TN 37064

Mail – 408 Century Court, Franklin, TN 37064
Scan and email:
Vickie.Pittenger@williamsoncounty-tn.gov

Williamson County Sheriff's Office
Franklin, Tennessee

Application for position of: Date:

GENERAL INSTRUCTIONS: USE BLACK INK ONLY

Typewrite or print answers to every question. If the question does not apply to you, put N/A. If additional space is needed, use a separate sheet of paper and identify each answer with the number of the question, page number, or section being answered. DO NOT MISSTATE OR OMIT material facts since the statements made herein are subject to verification to determine your qualifications for employment.

1. Last Name	**First Name**	**Middle Name**

2. Alias(es), Nickname(s), Other changes in name	**3. Social Security No.**

4. Present Residential Address	**City**	**State**	**Zip Code**

5. Home Phone	**6. Cell Phone**	**7. Work Phone**	**8. Email Address:**

The best time to call, if necessary, is: _____. Preferred contact number ☐ Cell ☐ Home ☐ Work

May we contact you at work? ☐ Yes ☐ No If **Yes,** what time is best to call: _____

Have you submitted an application here before? ☐ Yes, when ____/____/____ ☐ No

Have you ever been employed here before? ☐ Yes, from ____/____/____ to ____/____/____ ☐ No

Is this application a request for re-employment following an extended military leave of absence from the county?

☐ Yes ☐ No

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Are you legally eligible to work in the United States? ☐ Yes ☐ No

FOR THOSE APPLYING FOR DEPUTY POSITIONS <u>ONLY</u>:

Are you a permanent legal Resident of the U.S? ☐ Yes ☐ No

Have you served in the U.S. Armed Forces? ☐ Yes ☐ No

Are you currently P.O.S.T Certified? ☐ Yes ☐ No If yes, what state? _____

9. Employment:

a. Have you ever been discharged, asked to resign, laid-off, or put on inactive status for cause, subjected to disciplinary action while in any position (except Military)? ☐ Yes ☐ No

b. Have you ever resigned (quit) after being informed that your employer intended to discharge you for any reason? ☐ Yes ☐ No

If you answered yes to either question, please attach a separate sheet of paper explaining the reason, including the name and location of the agency/company and the date of your departure.

c. At this time do you agree to allow the Williamson County Sheriff's Office to contact your present employers? ☐ Yes ☐ No

_____ _____

SIGNATURE OF APPLICANT DATE

Start with your **present** employer and work backwards for 10 years. Include ALL part-time, temporary, and/or seasonal employment. During periods of unemployment or attending school, indicate where appropriate. Ensure that there are NO GAPS. If more space is needed, include extra sheets of paper with your information on it.

***Any law enforcement experience prior to the 10 year requirement must be listed.**

List complete address (number, street, city, state and zip code) and telephone numbers with area codes.

Employer #1		Telephone #		Dates Employed:
Street Address	City	State	Zip	Starting Salary:
Starting Job Title/Final Job Title:				Final Salary:
Immediate supervisor and title (for most recent position held)				
Why did you leave?				
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?				

List complete address (number, street, city, state and zip code) and telephone numbers with area codes.

Employer #2		Telephone #		Dates Employed:
Street Address	City	State	Zip	Starting Salary:
Starting Job Title/Final Job Title:				Final Salary:
Immediate supervisor and title (for most recent position held)				
Why did you leave?				
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 #3		Telephone #		Dates Employed:
Street Address	City	State	Zip	Starting Salary:
Starting Job Title/Final Job Title:				Final Salary:
Immediate supervisor and title (for most recent position held)				
Why did you leave?				
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?				

List complete address (number, street, city, state and zip code) and telephone numbers with area codes.

Employer #4		Telephone #		Dates Employed:
Street Address	City	State	Zip	Starting Salary:
Starting Job Title/Final Job Title:				Final Salary:
Immediate supervisor and title (for most recent position held)				
Why did you leave?				
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 #5		Telephone #		Dates Employed:
Street Address	City	State	Zip	Starting Salary:
Starting Job Title/Final Job Title:				Final Salary:
Immediate supervisor and title (for most recent position held)				
Why did you leave?				
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?				

10. Pre-Employment Drug History Questionnaire

Directions:

A. Type or print answers in the correct block or section. **Use only black ink.**

B. **This questionnaire pertains only to illegal or illicit drug use. If you are currently taking, or have taken in the past, any scheduled medications/narcotics prescribed by a licensed physician, respond "NO" to the referenced question.**

C. If you have taken any scheduled medications/narcotics illegally, respond **"YES"** to the referenced question.

DRUG CATEGORY	Ever used? Yes/no	Total times used?	Bought/Sold/ Transported? Yes/No	Total times b/s/t?	Injection drug use? Yes/No	Date last used?
Stimulants: Methamphetamine- speed, cocaine, ice, crank, crack cocaine, etc.						
Illegal Use of Amphetamines/Other Stimulants: Ritalin, Benzedrine, Dexedrine, etc.						
Illegal Use of Benzodiazepines/ Tranquilizers: Valium, Xanax, Diazepam, "Roofies", etc.						
Heroin						
Illegal Sedatives/ Hypnotics/ Barbiturates: Quaalude, Amytal, Phenobarbital, etc.						
Street or illicit Methadone						
Illegal Use of Other Opioids: Tylenol #2/ #3, Percocet, Opium, Morphine, Demerol, Dilaudid, Lortab, etc.						
Hallucinogens: LSD, PCP, MDA, DAT, peyote, mushrooms, ecstasy (MDMA), nitrous oxide, etc.						
Inhalants: Glue, gasoline, aerosols, paint, paint thinners, etc.						
Illegal Use of Marijuana: Dabs, Wax, THC oil, Hash oil, vape juice w/THC, edibles, etc.						
Anabolic Steroids						
Others: (Specify) _____						

11. PREA: The Prison Rape Elimination Act (PREA) requires that all applicants for employment with the Williamson County Sheriff's Office answer the following questions:

a. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? ☐ Yes ☐ No

b. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☐ Yes ☐ No

c. Have you ever been civilly or administratively adjudicated to have engaged in the activity described above in subsection b.? ☐ Yes ☐ No

If you answered yes to any of these questions, please provide an explanation on a separate piece of paper.

12. Criminal History and Litigation: Show all convictions including juvenile and traffic, excluding parking tickets. Arrests and convictions are not an absolute bar to employment. However, pursuant to state law, applicants with a felony conviction will not be eligible for deputy positions. Pursuant to Sheriff's Office Policy, individuals with misdemeanor convictions for crimes related to force, violence, theft, dishonesty, gambling, alcoholic beverages (other than a first offense DUI that is over three years old), controlled substances, domestic violence, sexual misconduct, abuse of authority, bribery, destruction or tampering with government records, criminal impersonation, or misuse of official information are also disqualified from employment as a deputy.

a. Have you ever been arrested for any reason? ☐ Yes ☐ No
b. Have you ever been convicted of, pled guilty to, or pled no contest to a felony? ☐ Yes ☐ No
c. Have you ever been convicted of, pled guilty to, or pled no contest to a misdemeanor? ☐ Yes ☐ No
d. Have you ever been convicted of a traffic offense, excluding parking violations? ☐ Yes ☐ No
e. Have you ever been involved in any CIVIL court action? ☐ Yes ☐ No
f. Have you ever had a civil order (Order of protection, restraining order, injunction against harassment) placed against you? ☐ Yes ☐ No
g. Have the police been called to your residence for any domestic related issues in the past 10 years? ☐ Yes ☐ No

If the answer to any of the above questions is Yes, list an explanation below. Include the date and place of incident, a brief explanation and final outcome of the incident (court action).

_____
_____
_____

13. Military Record:

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

Branch of Service: _____ Service Number: _____

Dates of Service: ____/____/____ to ____/____/____

Was your release an honorable discharge? ☐ Yes ☐ No

a. While in the military service, were you ever convicted of an offense in a trial by deck court or by summary, special or general court martial? ☐ Yes ☐ No

If **Yes,** give the date, place, law enforcement authority or type of court or court martial, charge and action taken for each incident, using a separate sheet of paper.

b. Are you presently a member of the U.S. Reserve/National/State Guard organization? ☐ Yes ☐ No **If YES, Complete the following:**		
Grade and Service No./SSN:	**Service and Component:**	
Organization and State or Unit and Location:		
Indicate Reserve Obligation, if any:		
Selective Service:		
Selective Service No.	**Last Classification**	**Date Classified**
Local Board	**Address**	

14. Education:

a. List all elementary, junior high and high schools attended.

NAME OF SCHOOL	LOCATION	DATE GRADUATED

b. List all colleges or universities attended.

NAME & LOCATION OF SCHOOL	CREDIT HRS/# OF SEMESTERS COMPLETED	DEGREE RECEIVED	DATE GRADUATED

Major and Minor: _____

Were you ever dismissed from school, or subject to any disciplinary action, including scholastic probation?

☐ Yes ☐ No

If Yes:

School: _____ Date: _____ Type of action: _____

c. Other schools or training (trade, vocational, business or military). Give the name and location of each school, dates attended, subjects studied, certificate and any other pertinent information:

_____

_____

15. Foreign Language: Enter foreign language and your aptitude by checking your appropriate 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

16. Special Qualifications and Skills:

a. Indicate type of special license such as pilot, radar 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 or equipment you can use (for example: short wave radio, comptometer, key punch, turret lathe, transcribing machines, scientific or professional devices).

_____

_____

_____

c. Special qualifications not covered in the application (for example: patents or inventions, public speaking and publications, membership in professional or scientific societies, honors or fellowships received).

_____

_____

_____

17. Vehicle Operator's License: (Driver's, Chauffeur's, etc.) Give the following information concerning any vehicle operator's license you have or now hold:

License Number	Class	State	Date of Expiration	Restrictions

Have you ever been denied issuance of a license of have you ever had a license suspended or revoked? ☐ Yes ☐ No
Explain: _____

_____

Have you ever had auto insurance withdrawn or revoked or have you ever been refused auto insurance? ☐ Yes ☐ No
If Yes, give details including reasons, names of companies, dates, etc. _____

_____

Current Insurance Company (Name and Address) _____

_____

Do you have, at minimum, limited liability auto coverage? ☐ Yes ☐ No
List all traffic accidents in which you were determined to be at fault, include the approximate date and location:

_____

_____

_____

18. Subversive Organizations:

a. Are you now or have you ever advocated the overthrow of our constitutional form of government, or 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 sought to alter the form of government of the United States by unconstitutional means? ☐ Yes ☐ No

b. Are you now or have you ever been a member of an organization that advocates the overthrow of our constitutional form of government or approves the commission of acts of force (other than in self-defense or defense of others) or violence? ☐ Yes ☐ No

c. Are you now or have you ever been associated with any gang, club or other organization that is or has been involved in any illegal conspiracy, drug trafficking, or other unlawful activity or criminal act? ☐ Yes ☐ No

[**T.C.A. 40-35-121.** Criminal Gang Offenses – Enhanced Punishment – Procedure.
(a) As used in this section, unless the context otherwise requires:
(1) "Criminal Gang" means a formal or informal on-going organization, association, or group consisting of three (3) or more persons that has:
(a) As one (1) of its activities the commission of criminal acts; and
(b) Two (2) or more members who, individually or collectively, engage in or have engaged in a pattern of criminal gang activity.]

If the answer to any of the above questions is Yes, describe the circumstances in detail on a separate sheet and attach it to the application.

19. Equal Treatment:

The Williamson County Sheriff's Office is dedicated to maintaining a work environment without discrimination on any basis including, age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, military service, or disability. As an employee of the Williamson County Sheriff's Office, you would interact with other employees, inmates and arrestees, and the general public. Is there any reason that you would be unable to refrain from unfavorable treatment toward an individual on any prohibited basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political beliefs, or disability? ☐ Yes ☐ No

If yes, please include an explanation on a separate sheet and attach it to this application.

20. References:

CHARACTER REFERENCES: LIST 8 REFERENCES (Do not include relatives, former employers, or persons living outside of the United States or its territories). List only character references who have definite knowledge of your qualifications and fitness for the position in which you are applying.

NAME	YEARS KNOWN	ADDRESS	PHONE NUMBER

21. Residences: List all residences for the past 10 years beginning with your present address and including the dates you lived at each place.

ADDRESS (STREET, CITY, COUNTY, STATE)	FROM	TO

22. Marriages: Please list the names of your current spouse and all former spouses, if applicable, and provide the requested information.

Name of Spouse	Place of Marriage	Date of Marriage
Reason for end of marriage: (death, divorce, annulment, separation)		Date ended
Spouse's Current Address		Phone Number

Name of Spouse	Place of Marriage	Date of Marriage
Reason for end of marriage: (death, divorce, annulment, separation)		Date ended
Spouse's Current Address		Phone Number

Name of Spouse	Place of Marriage	Date of Marriage
Reason for end of marriage: (death, divorce, annulment, separation)		Date ended
Spouse's Current Address		Phone Number

23. Financial Information: Are you currently overdue or behind on payments for child support or student loans?

☐ Yes ☐ No

Applicants Name: _____ DOB: _____ SSN: _____

AFFIRMATION AND CONSENT TO NCIC INQUIRY

I affirm that all information on this application is correct to the best of my information and belief and that my application will be immediately rejected if false information is provided. I understand that as part this Employment Application, the Williamson County Sheriff's Office will submit an inquiry regarding any criminal history I may have to the National Crime Information Center (NCIC). I understand that if I have been convicted of or pled guilty or no contest to a felony or certain misdemeanor offenses as outlined in Williamson County policy, I will be disqualified from service. I authorize this inquiry by the Williamson County Sheriff's Office.

_____ _____

Application Signature Date

SIGNATURE MUST BE DONE IN THE PRESENCE OF THE NOTARY!!!

Read each of the following statements carefully. You must place your initials at the beginning of each statement indicating that you have read and understand each statement. If you do not understand one of the statements, ask for an explanation prior to initialing.

24. _____ I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above, are true and complete to the best of my knowledge and belief and are made in good faith.

25. _____ I agree and consent in advance to being immediately disqualified and/or discharged if any of the above information contains any misrepresentations or falsifications or **if any material is missing.**

26. _____ I further verify that the initials noted above are my initials and made by me. I also verify that I have read and understand each of the statements listed above.

Notary Acknowledgments

Acknowledgment of Individual

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20_____, before me personally appeared _____, to me known to be the person (or person's) described here in and who executed the foregoing, instrument, and acknowledged that such person (or person's) executed the same as such (or person's) free act and deed.

_____

Notary Public

Printed Name: _____

Commission expires: _____

PERSONAL INQUIRY WAIVER

THIS FORM MUST BE SIGNED IN THE PRESENCE OF THE NOTARY

TO: _____
(For Sworn Personnel ONLY)

I respectfully request and authorize you to furnish the Williamson County Sheriff's Office any and all information that you may have concerning my work record, my school record, my reputation, my financial and credit status, and my criminal record. This information is to be used to assist the Williamson County Sheriff's Office in determining my qualifications and fitness for the position I am seeking with them.

I understand that the source of any negative information will remain confidential. I further understand that all information and materials gathered are property of the investigating agency. I hereby release you, your organization or others from the liability or damage which may result from furnishing the information requested above.

_____ _____
Applicant Signature Date

Address: _____
Numerical Street City State Zip Code

NOTARY ACKNOWLEDGMENT

State of _____

County of _____

Personally appeared before me, the undersigned notary public for said county and state, _____, to me known (or proved to me on the basis of satisfactory evidence) to be the person who executed the within instrument for the purpose therein contained.

Witness my hand, at office, this _____ Day of _____, _____.

_____
Notary Public

My Commission expires: _____

CURRENT PHOTO

OF APPLICANT

MUST BE

AFFIXED HERE.

(PICTURES PRINTED ON REGULAR PAPER ARE ACCEPTABLE)

Please attach copies of the following documents, if applicable. **Failure to do so may result in a delay of the hiring process or possible disqualification.**

1. Driver's License – **Required**
2. High School diploma/G.E.D. Certificate – **Required**
3. Military Discharge papers (DD-214 or NGB-22) – If applicable
4. **Credit Report - Obtained within the last six months (entire report, not just credit score - Required**
5. College Diploma - If Applicable
6. Documentation of Name Changes - If Applicable
7. P.O.S.T. / T.C.I. Certificates - If Applicable