

GILES COUNTY SHERIFF'S OFFICE

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GILES COUNTY CRIMINAL JUSTICE CENTER
200 Thomas Gatlin Dr., Pulaski, TN 38478
Phone: (931) 363-2460 Fax: (931) 424-7039

Pre-Employment Background Packet

Please Read carefully all of the instructions on the following pages before answering the questions contained within this questionnaire.

Upon completion of the packet, return it to the front desk at the Giles County Sheriff's Office at the above address. DO not sign until in front of a Notary Public, there is a notary located at the Sheriff's Office that can assist you if you need one free of charge.

****Application will not be considered without the following documentation included:**

1. Copy of Birth Certificate
2. Copy of Driver's License
3. Copy of Social Security Card
4. High School Diploma or GED - NO transcripts
5. Copy of DD214 (Military Discharge, if Applicable)
6. If certified, POST Certificate of Certification (Sworn Positions Only)

If applicable, the following documents will need to be provided upon employment with the GCSO:

- College Diploma
- College Transcript(s)
- Certified copies of arrests & affidavits, showing disposition(s)
- Other related certificates of training

Note: All Applications for the position of Deputy Sheriff must meet the criteria set forth in the 1997 Public Safety Federal Legislation, which states that it is illegal for any person convicted of a misdemeanor crime of domestic violence, to possess, ship, transport, or receive any firearm or ammunition whether government issued or privately owned.

Giles County Sheriff's Office

Application for Employment

Giles County Sheriff's Office 200
Thomas Gatlin Dr.
Pulaski, TN 38478
(931) 363-2460

Note: All applicants for employment must be at least 18-years old and be a high school graduate or equivalent. There are additional requirements for POST Certified Law Enforcement positions, and for Corrections positions certified by the Tennessee Corrections Institute.

These applicants:

1. Are **Preferred** to have an Associate Degree or 60 semester-hours of college credit toward a Bachelor Degree.
2. **Must** not have been convicted or have pled guilty or entered a plea of Nolo Contendere to any felony charge, or to any federal or state law or city ordinance relating to force, violence, theft, dishonesty, gambling, liquor or controlled substance. (May be waived by POST Commission / TCI)
3. **Must** not have been convicted of any misdemeanor crime of domestic violence as defined by Tennessee State law.
4. **Must** not have been released or discharged under other than honorable conditions from any of the armed forces of the United States. (May be waived by POST commission / TCI.)
5. **Must** submit this application completed in the applicant's own handwriting, not typed.
6. **Must** not misstate or omit material facts, since the statements made herein will be used to determine qualifications for employment.
7. For officers who will be certified under P.O.S.T. or T.C.I, you must, before employment: submit fingerprints for a criminal history check to be placed on file with the FBI; pass a medical examination; pass a complete background investigation; participate in a psychological examination; pass a drug screen;. Civilian employees will take a drug test and submit to a background investigation.

I understand and accept these requirements:

Signature _____

Thank you for applying with Giles County Sheriff's Office.

We place employees in the following positions:

- Correctional Facility Professional (Corrections Officers)
- Certified (academy trained) first response uniformed deputies (Deputy Sheriff's Patrol)
- Skilled experienced Investigators (Criminal Investigator/Detective)
- Court Security Officers
- Civilian Clerical, Bookkeeper, Data Entry, Accountants, Administrative Assistant
- Other positions as deemed necessary by the Sheriff
- Volunteer Services

It is not necessary to attach copies of all law enforcement courses you have attended. A list of courses completed will be sufficient. You will be required if employed to submit copies of certifications.

Please visit our Web site at www.gilessd.com and become familiar with our mission statement and programs.

BE SURE YOUR APPLICATION IS TURNED IN WITH ALL REQUIRED DOCUMENTATION

Do not turn in this page with your package

Application for Employment

Position applying for: _____
(Be Specific)

Today's Date _____

Full Name _____
First Middle Last Suffix

Have you ever filed an application with us before? Yes No if yes, give date: _____

Do you have any close friends or relatives that work here? Yes ___ No ___

If yes, state name and relationship

1. _____ Name	_____ Relationship
2. _____	_____ Relationship
3. _____	_____ Relationship

May we contact your present employer for reference? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No *Proof of citizenship or immigration status will be required upon employment.*

Employees of The Giles County Sheriff's Office and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, creed, national origin, sex, age, disability (in the case of a qualified individual with a disability), veteran status or any other factor protected by applicable federal or state law.

Work History

Beginning with your present employer, and working back, list all employers, both full-time and part-time, for the past TEN (10) years.

List in sequence, including military service and/or unemployment. Use the narrative pages to include any additional employers or information. (Every month for the past 10 years should be accounted for)

From	To	Company Name / Address	Status
Mo ____	Mo ____	_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary
Yr ____	Yr ____		

Job Title: _____ Supervisor: _____

Work Performed: _____ Phone Number: _____

Reason for Leaving: _____

From	To	Company Name / Address	Status
Mo ____	Mo ____	_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary
Yr ____	Yr ____		

Job Title: _____ Supervisor: _____

Work Performed: _____ Phone Number: _____

Reason for Leaving: _____

From	To	Company Name / Address	Status
Mo ____	Mo ____	_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary
Yr ____	Yr ____		

Job Title: _____ Supervisor: _____

Work Performed: _____ Phone Number: _____

Reason for Leaving: _____

Work History (Continued)

From	To	Company Name / Address	Status
Mo ____	Mo ____	_____	<input type="checkbox"/> Full Time
Yr ____	Yr ____		<input type="checkbox"/> Part-Time
			<input type="checkbox"/> Voluntary
Job Title: _____ Supervisor: _____			
Work Performed: _____ Phone Number: _____			
Reason for Leaving: _____			

From	To	Company Name / Address	Status
Mo ____	Mo ____	_____	<input type="checkbox"/> Full Time
Yr ____	Yr ____		<input type="checkbox"/> Part-Time
			<input type="checkbox"/> Voluntary
Job Title: _____ Supervisor: _____			
Work Performed: _____ Phone Number: _____			
Reason for Leaving: _____			

From	To	Company Name / Address	Status
Mo ____	Mo ____	_____	<input type="checkbox"/> Full Time
Yr ____	Yr ____		<input type="checkbox"/> Part-Time
			<input type="checkbox"/> Voluntary
Job Title: _____ Supervisor: _____			
Work Performed: _____ Phone Number: _____			
Reason for Leaving: _____			

If additional space is needed, please attach a supplemental page.

Education and Training (Continued)

From	To	School Name / Address	Grades Attended
Mo ____	Mo ____	_____	
Yr ____	Yr ____	_____	

Did You Graduate? YES NO

Type of Degree Earned: _____

Major: _____ Minor: _____

From	To	School Name / Address	Grades Attended
Mo ____	Mo ____	_____	
Yr ____	Yr ____	_____	

Did You Graduate? Yes No

Type of Degree Earned: _____

Major: _____ Minor: _____

From	To	School Name / Address	Grades Attended
Mo ____	Mo ____	_____	
Yr ____	Yr ____	_____	

Did You Graduate? Yes No

Type of Degree Earned: _____

Major: _____ Minor: _____

If additional space is needed, please attach a supplemental page.

REFERENCES

1. List three (3) references (other than relatives or previous employers). Preferably in the Pulaski area. Provide current addresses and phone number.

NAME	HOME ADDRESS & PHONE NO.	HOME PHONE #	CELL PHONE #

2. Give the names of two (2) relatives, which do not reside in the same house as you, preferably in the Pulaski area.

NAME	HOME ADDRESS & PHONE NO.	HOME PHONE #	CELL PHONE #

3. List the names of your five (5) closest friends.

NAME	HOME ADDRESS & PHONE NO.	HOME PHONE #	CELL PHONE #

4. List everyone with the Giles County Sheriff's Office that you have had association with and give type of association:

NAME	TYPE OF ASSOCIATION

END OF REFERENCES SECTION

EEO Self-Identification Form

Equal Employment Opportunity

(Supplement to Employment Application)

The Giles County Sheriff's Office is an equal employment opportunity/affirmative action employer. Certain laws and regulations regarding equal employment opportunity/affirmative action require us to compile annual statistical reports on applicants for employment in order to comply with these laws and regulations, we are requesting your cooperation in completing this EEO Self-identification Form.

The information provided on this EEO Self-Identification Form is being requested and will be used solely for equal employment opportunity/affirmative action record-keeping purposes. Submission of this form by you is voluntary. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested, the information and this form will be processed and maintained separately from your application for employment and, in the event that you are hired by the Giles County Sheriff's Office, your personnel file.

Attached to this application is a background questionnaire that requests personal information such as your race, age, and gender. This request for information is for the purpose of completing a check of your background should you be considered for employment. You are not required to provide any of the below listed information on that form and it will not negatively impact you being considered for employment. However, if you choose to provide the requested information, it will expedite the hiring process by allowing background investigators to begin at the earliest possible date.

MINORITY STATUS IDENTIFICATION

- White
- Black
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native

SEX IDENTIFICATION

- Male
- Female

Date of Birth _____
Month/Day/Year

POSITION APPLIED FOR (list only one):

- Full-time
- Part-time

I Agreed to Supply the information above:

Print Name _____

Signature _____ Date _____

INSTRUCTIONS TO APPLICANT

1. Each applicant is hereby advised that the contents of this packet are held strictly confidential and no information will be disseminated to any person except when essential to conduct official Sheriff's Office business.
2. Every question in this packet **MUST** be answered completely before a background check can be performed and you are considered for employment (with exception of EEO requested information). No question may be left blank. If a question does not apply to you, write **DNA** by the number. If you desire to make a long explanation in your reply, answer the questions briefly, as best you can, then put a check mark next to the question number. Go to the narrative pages at the end of the questionnaire to complete your explanation. **THE INTENTIONAL OMISSION OR FALSIFICATION OF ANY MATERIAL FACT IS CAUSE FOR DISQUALIFICATION OF THE APPLICANT OR TERMINATION OF THE EMPLOYEE IF DISCOVERED AFTER EMPLOYMENT.**
3. An in-depth **background investigation** and a **polygraph examination** may be used to verify your provided information and qualifications.
4. Print in ink your answers in this packet. If this packet is unstapled, please make sure that it is re-assembled in the proper order before you re-staple it.
5. At the end of this packet, is a blank for your signature. There is also an *Authorization for Release of Information Form* attached to this packet. **DO NOT SIGN ANY OF THESE BLANKS UNTIL YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC.**
6. **REMEMBER** if you do not have enough room to answer the question completely, go to the narrative pages to complete your answer.

Privacy Act Notice

Purpose and Uses

Information provided on this form will be furnished to individuals in order to obtain information regarding your activities in connection with an investigation to determine:

1. Fitness for Sheriff's Office employment
2. Clearance to perform employment for the county government
3. Eligibility for TN P.O.S.T or T.C.I. certification if applicable

The information obtained may be furnished to third parties as necessary for fulfillment of official responsibilities only.

PLEASE READ AND UNDERSTAND

SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC

I affirm that this application and questionnaire contains no misrepresentation or falsifications, omissions or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that the statements made by me on this application are subject to later investigation. I am further aware and understand that should any investigation disclose any such misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and my name removed from the eligible list. If already appointed, I may be dismissed.

Signature of Applicant

State of Tennessee

County of Giles

Sworn to me this _____ Day of _____, 20_____

Notary Public _____

My Commission Expires: _____

**GILES COUNTY SHERIFF'S OFFICE
CRIMINAL HISTORY REQUEST**

Date: _____

Requesting Officer: _____ AGENCY: TN0280000

Requesting Officer Signature: _____

Supervisor's Signature: _____

Name: _____

Address: _____ Place of Birth: _____

DOB: _____ Sex: _____ Race: _____ SS#: _____

Height: _____ Weight: _____ Eye: _____ Hair: _____

States of Residence: _____

FBI #: _____ SID #: _____

Purpose Code: "C" Criminal Hist01y
 "J" Criminal Justice Employment
 "F" Firearms

Transactions: Master - QWO, QW, QH, QPO, QPO, IQ (TN), DQ05 (TN)
 QH -NCIC Criminal Hist01y Index
 IQ -INLETS Criminal Hist01y Index
 FQ -NLETS Criminal Hist01y Full Record Request
 QR -NCIC Criminal Hist01y Full Record Request
 AQ -INLETS Admin. Criminal Hist01y Check

 DQ05 - TN Driver's License _____

 KQ - Out of State DL for Hist01y _____

Case #: _____ Type Investigation: _____

Printed: YES NO

Secondary Dissemination: _____
(Where will your copy of criminal history go?)

Operator: _____ Response: YES NO

I am hereby requesting a criminal history inquiry on this subject. I understand that the information contained in this record is CONFIDENTIAL and may only be used in a case investigation. The printout of the history must be contained in the casefile or destroyed in the proper manner with documentation in the file.



STATE OF TENNESSEE
 Department of Education
 ATTN: Duplicate Diplomas
 10th Floor Andrew Johnson Tower
 710 James Robertson Parkway
 Nashville, TN. 37243
 Phone 615-532-4867

Tennessee Public High Schools only - DUPLICATE DIPLOMA REQUEST:

Send request to address above. No GED requests. GED requests need to go through TN Dept. of Labor and Workforce Development, Adult Education Div.

Effective immediately, only written and signed requests will be accepted. The student who is requesting the duplicate diploma must sign the form, and must include the \$10.00 fee - Money Order only (NO CHECKS and NO CASH). NO REQUEST WILL BE COMPLETED WITHOUT THE FEE. Please make Money Order payable to: TREASURER, STATE OF TENNESSEE Please call 615-532-4867 for any questions.

The following is the information needed:

FULL NAME OF STUDENT: (as it was the year you graduated)

NAME OF TENNESSEE PUBLIC HIGH SCHOOL ATTENDED:

CITY & COUNTY WHERE SCHOOL IS LOCATED:

DATE OF GRADUATION (month & year):

Signature of Student making request:

SOE only _____ _____ _____

Current mailing address to mail diploma:

Telephone: _____

Please allow 2-3 weeks for request to be processed.