

WORK HISTORY (Cont'd.)

Employer Name		Address		
Official Job Title	Supervisor/Phone Number	From (Month/Year)	To (Month/Year)	
Hours Per Week	Starting Salary	Ending Salary	Reason for Leaving	May we contact employer
	\$ _____ Per _____	\$ _____ Per _____		___ Yes ___ No
Details of Duties				
Was position subject to drug and alcohol testing under Federal guidelines? Yes <input type="checkbox"/> No <input type="checkbox"/>				

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Have you ever applied for a job with the Carter County Sheriff's Department in the past? Yes No
 If yes, please give the date of application and the position for which you applied. (State your name at that time, if different from present name.) _____

Have you ever been employed by the Carter County Sheriff's Department in the past? Yes No
 If yes, please give the dates of employment and position(s) held. (State your name while employed, if different from present name.) _____

DRIVER'S LICENSE NUMBER _____ STATE _____ EXPIRATION DATE _____

OTHER LICENSE OR CERTIFICATION _____

RELATIVES WORKING FOR THE CARTER COUNTY SHERIFF'S DEPARTMENT

List below any relatives (first cousins or closer) employed by the Carter County Sheriff's Department.

<u>Full Name</u>	<u>Relationship</u>	<u>Department Where Working</u>	<u>Position</u>
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Do you have any experiences from your military service that would be relevant to the job(s) for which you are applying? If yes, please explain: Yes No

Do you have any commitments to another employer that might affect your employment with the Carter County Sheriff's Department? If yes, please explain: Yes No

If hired, can you furnish proof that you are 18 years of age? Yes No

If hired, can you furnish proof that you are eligible to work in the United States? (If unsure of the documents needed to prove eligibility to work in the U.S., we will be happy to explain the legal requirements). If no, please explain: Yes No

Have you been convicted of a crime (felony or misdemeanor), or released on probation or released from a federal, state or local detention facility in the past? Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date and type of job for which you are applying will be considered. If yes, please explain: Yes No

Are you presently charged with a pending criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial or a dropping of the charge)? Note: A yes answer will not automatically disqualify you from employment. If yes, please explain fully: Yes No

MILITARY SERVICE

<u>Branch of Service</u>	<u>Date Entered</u>	<u>Date of Discharge</u>	<u>Position</u>
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REFERENCES

List three persons who are not related to you and who have knowledge of your qualifications for the position(s) for which you are applying, such as former co-workers, teachers, etc. Do not repeat names of supervisors listed under Employment History. Do not list the name of your minister or religious leader.

<u>Full Name</u>	<u>Years Known</u>	<u>Occupation</u>	<u>Address</u>	<u>Phone</u>

IMPORTANT

Please Read Carefully and Initial Each Paragraph Before Signing

By my signature and initials placed below, I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify the Carter County Sheriff's Department if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired.

_____ Initials

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I authorize the Carter County Sheriff's Department to contact my present employer (unless otherwise noted in this application form), past employers, and listed references. I understand that the Carter County Sheriff's Department may request an investigative consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools and others. I understand that under the Federal Fair Credit Reporting Act I have the right to make a written request to the city within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

_____ Initials

I authorize any person, school, current employer (except as previously noted), past employer(s), and organizations named in this application form (and accompanying resume, if any) to provide the Carter County Sheriff's Department with relevant information and opinion that may be useful to the Carter County Sheriff's Department in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

_____ Initials

I give permission for a complete post offer employment physical examination and drug screening, and I consent to the release to the Carter County Sheriff's Department of any and all medical information, as may be deemed necessary by the Carter County Sheriff's Department in judging my capability to do the work for which I am applying.

_____ Initials

I understand that if my employment is terminated by the Carter County Sheriff's Department for dishonesty, breach of trust or any criminal acts the authorities may be notified; and I may be notified and criminally prosecuted.

_____ Initials

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME. I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM.

_____ Initials

SIGNED _____ DATE _____

CARTER COUNTY SHERIFF'S DEPARTMENT

APPLICANT SELF IDENTIFICATION FORM

This Applicant Self Identification Form is totally voluntary for statistical information only.

Name _____ SS# _____

Date _____ Sex: Male Female

The Carter County Sheriff's Department's commitment to equal opportunity, nondiscrimination, and Affirmative Action is realized through its Affirmative Action Plan. This plan and legal* responsibilities to equal employment opportunity require reports of job applicants by race/ethnic categories, sex, disability, and status as a disabled or Vietnam era veteran.

Although this information is entirely voluntary, we would appreciate it if you would check the applicable categories in A and B below** and return at your earliest convenience.

- A. White, Non-Hispanic Black, Non-Hispanic Hispanic
 Asian or Pacific Islander American Indian or Alaskan Native
- B. Vietnam Era Veteran Disabled Veteran
 Veteran Other Disabled Veteran Other

If there are any positions or types for which you should not be considered or duties you cannot perform because of physical or mental disability, please describe: _____

Signature

*Laws and Regulations: Civil Rights Act of 1964; Equal Pay Act; Age Discrimination Act; Rehabilitation Act; Education Amendments; Vietnam Veterans Readjustment Act; Executive Order 11246; Americans with Disabilities Act of 1990.

**The categories are defined as follows:

- A. White (not of Hispanic origin): Any person having origin in any of the original peoples of Europe, North Africa, or the Middle East

Black (not of Hispanic origin): Any person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race

Asian or Pacific Islander: Any person having origin in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa, or the Indian Subcontinent.

American Indian or Alaskan Native: Any person having origin in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.

- B. Disabled Veteran: Any person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30 percent or more, or any person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Disabled Individual: Any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such impairment.

EQUAL OPPORTUNITY EMPLOYER