



COFFEE COUNTY SHERIFF'S DEPARTMENT



Chad Partin, Sheriff

76 County Jail Lane, Manchester, TN 37355
(931) 728-3591 Office (931) 723-5149 Fax

APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

Coffee County Sheriff Department is an equal opportunity employer and does not discriminate in any aspect of employment on the basis of race, color, religion, sexual orientation, national origin, marital status, age, ancestry, veteran status, physical or mental disability, or any other legally protected status, and we request that you exclude any information which might indicate any of the above.

Please Print Neatly

Position or Type of Work Desired: (Deputy Sheriff – Corrections / Patrol Deputy / Civilian Employee)

<u>Position (1)</u>	<u>Position (2)</u>	<u>Position (3)</u>
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Print Full Name (Last)	(First)	(Middle)	(DOB)	(SSN)
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Date available	Salary Desired
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Current Address	Street	City	State	Zip Code
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Telephone #	Home	Work	Other
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Email Address

EDUACTION AND TRAINING

We require proof of your education and/or training before a final offer of employment is offered.

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+

High School	Address	City/State	Zip Code	Did you graduate? YES NO
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If you did not graduate from High School, did you complete your G.E.D.? YES NO

College	Address	City/State	Zip Code	Did you graduate? YES NO
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Post Graduate	Address	City/State	Zip Code	Did you graduate? YES NO
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EMPLOYMENT HISTORY

Complete your history back to age 15.

Employer	Address	City/State	Zip Code
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Type of Business	Last Supervisor	Name	Phone #
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Position	Duties	Equipment Operated	Salary: starting/ending
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Reason for leaving?	May we contact employer? YES NO		
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Employer	Address	City/State	Zip Code
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Type of Business	Last Supervisor	Name	Phone #
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Position	Duties	Equipment Operated	Salary: starting/ending
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Reason for leaving?	May we contact employer? YES NO		
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Employer	Address	City/State	Zip Code
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Type of Business	Last Supervisor	Name	Phone #
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Position	Duties	Equipment Operated	Salary: starting/ending
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Reason for leaving?	May we contact employer? YES NO		
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If additional information is needed or if your history exceeds the provided blocks, please use an additional sheet with the requested information. Please neatly print and attach to your application.

GENERAL INFORMATION:

Have you submitted a previous application for employment with Coffee County Sheriff Department?
YES NO circle answer

If yes? When:

Date	Position Applied for
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Have you previously worked for Coffee County Government?
YES NO circle answer

If yes? When:

Department	Position	Dates	Reason for leaving?
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Do you have any relatives (by blood or marriage) who work for the Coffee County Government?
YES NO circle answer

If yes,

Name	Department
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Have you applied for any other Police/Sheriff Department?
YES NO circle answer

If yes? When:

Department	Address	City/State	Zip Code	Phone #
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MILITARY SERVICE:

Are you a veteran? YES NO circle answer

If yes, Circle your branch of service:

Army, Air Force, Marines, Navy, Coast Guard, and Active/Reserve/National Guard (Air Guard)

Type of Discharge	Rank when Discharged	Period of Service: start/end dates
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IDENTITY INFORMATION:

Do you have a driver's license? YES NO circle answer

State of issue: _____ License #: _____ Expiration date: _____

Valid: YES NO circle answer

For verification purposes, have you ever changed your name? YES NO circle answer

If yes:

Name	Date of name change	Reason
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CRIMINAL HISTORY:

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?

YES NO circle answer

If yes:

Date	Place/Court	Convicted of	Disposition

Explanation

PERSONAL REFERENCE INFORMATION:

You must provide name, address, and phone numbers for all references listed below. State relationship to you; friend, acquaintance, spouse, and/or family member.

Name	Address	Phone Number	Relationship to you
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Name	Address	Phone Number	Relationship to you
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Name	Address	Phone Number	Relationship to you
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Name	Address	Phone Number	Relationship to you
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Name	Address	Phone Number	Relationship to you
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Name	Address	Phone Number	Relationship to you
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If additional information is needed or if your history exceeds the provided blocks, please use an additional sheet with the requested information. Please neatly print and attach to your application.

ADDITIONAL SKILLS AND/OR QUALIFICATIONS:

Please list any special skills, certifications, licenses, education, training, and/or other pertinent information you feel will help the Coffee County Sheriff Department in determining whether you are a good candidate for the position you have applied for.

POLICY NOTIFICATION:

Our policy regarding drugs in the work place:

Coffee County Government is committed to protecting the health and safety of its employees. Our policy prohibits the unlawful manufacture, distribution, dispensation, possession, or use of alcohol or illegal controlled substances on county premises or while conducting business off county premises. It is also against our disciplinary rules to report to work with impaired ability as the result of, or signs of recent prior use of alcohol or illegal controlled substances. Employees who are required to take prescription and/or over the counter medications shall notify the proper supervisory personnel before the employee goes on duty. In addition, all employees must comply with the Tennessee “Non-Smoker Protection Act”, Which prohibits smoking in certain places of employment.

As part of our pre-employment examination, we require that prospective employees undergo a drug screening and a psychological evaluation before a conditional offer of employment will be tendered. Those individuals who test positive for (that is, showing signs of prior use) illegal controlled substances (e.g. stimulants, depressants, hallucinogens, opiates, or non-prescription medications and/or abuse of legal and/or prescription drugs) will not be hired by the Coffee County Government.

PLEASE READ CAREFULLY

Applicant’s Certification & Agreement

I understand that the filing of this application merely places my name in consideration for employment with the Coffee County Sheriff Department and in no way guarantees me a job or a right to any job. I further understand that any falsification or omission of a material fact as stated or implied, in my application, other employment documents, or interview(s) may be sufficient reason for not hiring me and/or termination of employment.

I authorize Coffee County Sheriff Department to accomplish whatever background investigation is deemed necessary, and further authorize all parties to furnish the Coffee County Sheriff Department with any and all information they may have concerning me, and release all such parties from any and all liability for any and all damages whatsoever incurred in furnishing this information. I agree to conform Coffee County Sheriff Department’s drugs in the workplace policy and agree to submit to pre-employment drug screening and random drug screening if I am employed.

SIGNATURE OF APPLICANT

DATE

Application must be signed to be valid.