LAKE TANSI POLICE DEPARTMENT

2075 Cravens Drive, Crossville TN 38572
931-788-6388

www.laketansipd.com

APPLICATION FOR EMPLOYMENT

All questions contained in this application must be answered if applicable. If not, indicate NA (not applicable). Applications which are incomplete or illegible will not be considered. Any false or misleading information provided may be grounds for being denied employment or termination of employment. The Lake Tansi Police Department is an Equal Opportunity Employer.

Applicants must meet the following requirements:

1. Be at least (21) years of age.
2. Be a citizen of the United States.
3. Be a graduate of an accredited high school or possess a General Education Development (GED) diploma.
4. Possess a valid Tennessee driver's license.
5. Not have been convicted of, or plead guilty to, or entered a plea of nolo contendere to any felony charge, or to any violation of any federal or state laws or city ordinances relating to force, violence, theft, dishonesty, gambling, liquor, or controlled substances.
6. Must not have been convicted of domestic violence.
7. Not have been released or discharged under any other than honorable discharge from any of the armed forces of the United States.
8. Successfully complete the required background investigation, and a drug screen.
9. Must be able to pass a physical examination by a physician licensed to practice in the State of Tennessee
10. Must be able to be certified by a Tennessee Licensed Health Care Provider qualified in the psychiatric or psychological field as being free from any disorder that would, in the professional judgment of the examiner, impair the subject's ability to perform any essential function of the job.
11. Meet all the qualifications for a police officer set out in TCA 38-8-106; and be able to complete all required training.
12. Must be TN POST certified, POST certified in another state where the applicant is qualified to attend TN POST transition school or be able to complete TN basic training academy within six months of hire.
13. Be available to work any shift and be flexible.

I understand and accept these requirements. Furthermore, I understand that this application will remain on file for a period of one year, at which time it will be destroyed. I also understand that it is my responsibility to notify the department should any of the information in this application change.

Signature_____ Date_____

PERSONAL INFORMATION

ARE YOU A UNITED STATES CITIZEN? Y N				ARE YOU AT LEAST 21 YEARS OF AGE? Y N	
NAME:	LAST	FIRST		MIDDLE	
MAIDEN NAME AND/OR ALIAS/NICKNAMES USED					
SOCIAL SECURITY NUMBER		DATE OF BIRTH		CITY AND STATE OF BIRTH	
DRIVER'S LICENSE NUMBER & STATE		SEX	HEIGHT		WEIGHT
ADDRESS		CITY		STATE	ZIP
HOME PHONE		WORK PHONE		CELL PHONE	
CURRENT MARITAL STATUS:	MARRIED	SINGLE	WINDOWED	DIVORCED	SEPARATED
FULL NAME OF SPOUSE				SPOUSE'S DATE OF BIRTH	
CITY AND STATE OF MARRIAGE		DATE MARRIED		SPOUSE'S EMPLOYER	

FORMER SPOUSE(S) (IF DIVORCED OR SEPARATED)	
NAME	ADDRESS

CHILDREN (LIST ALL ADULT AND MINOR CHILDREN)	
NAME	ADDRESS

EDUCATION

NAME OF SCHOOL	LOCATION	DATES FROM	TO

LIST ANY SCHOLARSHIPS, LICENSES, CERTIFICATIONS, MEMBERSHIPS, OR OTHER INFORMATION YOU BELIEVE SHOULD BE CONSIDERED IN EVALUATING YOUR QUALIFICATIONS.

MILITARY

MALE APPLICANTS - ARE YOU REGISTERED FOR SELECTIVE SERVICE? Y N

HAVE YOU EVER OR ARE YOU NOW SERVING IN THE U.S. ARMED FORCES? Y N

BRANCH	DUTY STATUS (ACTIVE, RESERVE, GUARD, ETC.)	DATES FROM	TO

IF YOU SERVED IN THE ARMED FORCES, WERE YOU HONORABLY DISCHARGED? Y N

RESIDENCE HISTORY

LIST ALL ADDRESSES OF THE PLACES WHERE YOU HAVE LIVED FOR THE PAST **(10) TEN YEARS** STARTING WITH YOUR CURRENT ADDRESS. ALL PERIODS OF TIME MUST BE ACCOUNTED FOR IN YOUR LIST. NO PO BOXES.

DATES RESIDED FROM	TO	ADDRESS		
	PRESENT	CITY	STATE	ZIP
DATES RESIDED FROM	TO	ADDRESS		
		CITY	STATE	ZIP
DATES RESIDED FROM	TO	ADDRESS		
		CITY	STATE	ZIP
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		CITY	STATE	ZIP
DATES RESIDED FROM	TO	ADDRESS		
		CITY	STATE	ZIP
DATES RESIDED FROM	TO	ADDRESS		
		CITY	STATE	ZIP

EMPLOYMENT HISTORY

LIST ALL PLACES OF EMPLOYMENT BEGINNING WITH YOUR PRESENT EMPLOYER AND ALL PRIOR EMPLOYMENT FOR THE PAST **(10) TEN YEARS**. ALL PERIODS MUST BE ACCOUNTED FOR INCLUDING UNEMPLOYMENT & SELF-EMPLOYMENT

DATE EMPLOYED FROM	TO	EMPLOYER NAME	PHONE NUMBER	
		ADDRESS	CITY	STATE
STARTING ANNUAL SALARY		LAST ANNUAL SALARY	TITLE OR RANK OF POSITION	
AVERAGE HOURS WORKED PER WEEK		NAME OF YOUR IMMEDIATE SUPERVISOR		
REASON FOR LEAVING			MAY WE CONTACT YOUR EMPLOYER? Y N	
DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES				

DATE EMPLOYED FROM	TO	EMPLOYER NAME	PHONE NUMBER	
		ADDRESS	CITY	STATE
STARTING ANNUAL SALARY		LAST ANNUAL SALARY	TITLE OR RANK OF POSITION	
AVERAGE HOURS WORKED PER WEEK		NAME OF YOUR IMMEDIATE SUPERVISOR		
REASON FOR LEAVING			MAY WE CONTACT YOUR EMPLOYER? Y N	
DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES				

DATE EMPLOYED FROM	TO	EMPLOYER NAME	PHONE NUMBER	
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DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES				

QUESTIONNAIRE

Have you ever been fired, dismissed, or asked to resign from any place of employment? Y N Have you ever left a place of employment after learning you were about to be fired or dismissed? Y N If the answer to either or both questions is YES, explain fully below.

Have you ever had an Order of Protection against you? Y N If YES, please explain.

Have you ever been given a polygraph (lie detector) examination? Y N If YES, give date(s), location(s), and reason for the examination.

Have you ever been arrested, detained, held for questioning, or told that you were a suspect in any crime? Y N If YES, give date(s), location(s), name(s) of law enforcement agencies, and the circumstances of the matter(s).

Have you ever appeared in a court of any jurisdiction in which you were charged with a criminal offense? This includes offenses such as illegal possession of drugs or alcohol, criminal assault, child abuse, spousal abuse, theft, any firearms violations, or any other criminal offenses. (do not include minor traffic offenses) Y N If YES, give date(s), location(s), and circumstances.

Have you ever been sentenced in any court to a period of confinement after entering a plea of guilty to any offense or after having been found guilty by a jury, even if the sentence was suspended, you were placed on probation, you were assigned community service, or you were given anger management? Y N If YES, give date(s), name of court(s), and offense charged.

Have you ever been convicted or plead guilty to a charge, and then qualified for diversion or had the charges expunged? Y N If YES, give date(s), name of court(s), and offense charged.

How would you describe your health? Excellent Good Fair Poor

Do you have any existing medical conditions which would prevent you from carrying out the duties of the position for which you have applied? Y N If YES, please explain.

Have you ever used, possessed, or sold any illegal or controlled drugs such as marijuana, cocaine, crack, LSD, amphetamine, heroin, or similar drugs? Y N If YES, give date(s), location(s), and circumstances of the matter.

Have you ever undergone a drug screen for any reason? Y N If YES, give date(s), location(s), and reason for drug screen.

Do you have any debts which are linked with gambling, alcohol, or drugs? Y N If YES, give details

Has any of your family members (spouse, children, parents, siblings) ever been charged with or convicted of any criminal offense involving child abuse, spousal abuse, theft, robbery, assault, homicide, drugs, alcohol, or firearms? Y N If YES, give relationship to you, name of family member(s), date(s), type of offense either charged or convicted of and the final disposition.

Do you know of anything in your personal or professional life which you have not revealed in this application, which might reflect upon your suitability to perform the duties of the position applied for or on your eligibility for employment in general with the Lake Tansi Police Department? Y N If YES, please explain.

Are you physically able to do the following?

A.	Fire a handgun, shotgun, and a patrol rifle	Y	N
B.	Drive a car	Y	N
C.	Run (1) one mile	Y	N
D.	Do push-ups	Y	N
E.	Do sit-ups	Y	N
F.	Do flexibility exercises	Y	N

What are your feelings about the use of deadly force if it became necessary in the performance of your official duties?

CHARACTER REFERENCES

LIST THE NAMES, PHONE NUMBERS, RELATION, AND NUMBER OF YEARS KNOWN FOR EIGHT INDIVIDUALS, EXCLUDING EMPLOYERS, WHO CAN ATTEST TO YOUR CHARACTER. INCLUDE A MAXIMUM OF THREE RELATIVES.

NAME OF REFERENCE	PHONE NUMBER	RELATION	YEARS KNOWN

To the best of my knowledge and belief, I certify that the information I am providing in this application is true and correct. I understand that any false or misleading information which I have given may be grounds for denying my employment now or terminating my employment later. In connection with my background and investigation, I hereby authorize and grant permission to the Lake Tansi Police Department, and its representatives, to conduct any investigation necessary.

Signature_____ Date_____

AUTHORIZATION FOR RELEASE OF INFORMATION

By signing below, I authorize the Lake Tansi Police Department, through its administrators or authorized representatives, to conduct a background investigation in connection with my application for employment.

I further authorize any person or entity, including but not limited to, individuals, educational institutions, landlords, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, and business establishments, to release any and all information concerning me. Such information may include, but is not limited to, academic, residential, employment, financial, credit, criminal, arrest, and court records, as well as performance, attendance, and disciplinary histories.

I authorize the release of this information upon presentation of a copy of this authorization and proper credentials by Lake Tansi Police Department administrators or authorized representatives. I understand that the information obtained will be used solely for employment-related purposes and will not be disclosed otherwise except as permitted by law.

This authorization, including any copy thereof, shall be as valid as the original and shall remain in effect for five years from the date of signature or until the termination of my employment, whichever occurs first.

Signature_____ Date_____

FULL NAME			
SOCIAL SECURITY NUMBER	DATE OF BIRTH	DRIVER'S LICENSE NUMBER & STATE	
ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE		