



# Tipton County Sheriff's Office



## Jail Division - Employment Application

### Personal Information

Date of Application: \_\_\_\_\_

Last Name		First	Middle	Date of Birth:	
Street Address:			Phone Number:		
City:		State:	Zip:	Length at address:	
Were you previously employed by this agency? <input type="checkbox"/> Yes, Dates: _____ <input type="checkbox"/> No			SSN:		
Have you previously applied for employment to this agency? <input type="checkbox"/> Yes, Dates: _____ <input type="checkbox"/> No			Driver's License #:		State
Position Applying For:					
Emergency Contact:		Relation to you:		Phone No.	
Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No, Explain: _____				Date Available to Start:	
Email:					

### Education and Training

School	Name and Location of School	Course Studied	# of Years Completed	Did you graduate?	Diploma or Degree
High School					
College or University					
College or University					
Trade School					
Apprentice School					

List any other training, skills, certificates or license you possess: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional Employment Information**

A. Are you able to perform the job for which you are applying?     Yes     No

B. Can you verify your legal rights to work in the United States by providing a birth certificate, proof of U. S. Citizenship, or by some other means?     Yes     No

C. If you are under 18, can you furnish a work permit?     Yes     No

D. Have you ever been convicted of a crime?     Yes, explain below:     No

\_\_\_\_\_

\_\_\_\_\_

E. List any relatives or friends working for this organization:

	Name	Relationship
	_____	_____
	_____	_____
	_____	_____

**Previous Addresses in the Last Five (5) Years**

Address	City	State	From	To
Address	City	State	From	To
Address	City	State	From	To
Address	City	State	From	To
Address	City	State	From	To

**Job History/Experience – Beginning with most recent:**

- A. Have you ever been discharged or resigned to prevent from being discharged from a position of employment? \_\_\_\_\_. If yes, please explain fully on a separate sheet.
- B. List chronologically (most recent first) all past and current employment including part time. (Use additional sheets if necessary).

Name of Employer / Business \_\_\_\_\_  
Address of Business \_\_\_\_\_  
City \_\_\_\_\_ State & Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
Name/Title of Supervisor \_\_\_\_\_  Full Time  Part Time  Other  
Your Title \_\_\_\_\_ Date of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
MM, YYYY MM, YYYY  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

Name of Employer / Business \_\_\_\_\_  
Address of Business \_\_\_\_\_  
City \_\_\_\_\_ State & Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
Name/Title of Supervisor \_\_\_\_\_  Full Time  Part Time  Other  
Your Title \_\_\_\_\_ Date of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
MM, YYYY MM, YYYY  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

Name of Employer / Business \_\_\_\_\_  
Address of Business \_\_\_\_\_  
City \_\_\_\_\_ State & Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
Name/Title of Supervisor \_\_\_\_\_  Full Time  Part Time  Other  
Your Title \_\_\_\_\_ Date of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
MM, YYYY MM, YYYY  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

**\*If additional space is needed for employer information, please attach to this application.**

**Additional Remarks, Information you would like to advise, please list here:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Military History and Status**

A. Have you ever served in the military on active duty? (Include initial ADT with National Guard and Reserves.) <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a copy of DD214				
MILITARY BRANCH	DATES		HIGHEST RANK ATTAINED AND RANK AT SEPARATION	TYPE OF DISCHARGE AND REENLISTMENT CODE
	FROM	TO		
B. Are you eligible to re-enlist? <input type="checkbox"/> Yes <input type="checkbox"/> If no, explain fully on a separate sheet.				
C. Any citations and/or awards received: _____ _____				
D. Were you ever disciplined (court martial, article 15, captain's mast, etc.) while on duty? <input type="checkbox"/> If Yes, explain fully on a separate sheet. <input type="checkbox"/> No				

## **References: (Please do not list relatives as references)**

Name _____	Phone No. _____
Title _____	Business _____
City _____	State _____ Zip Code _____ Years Known _____
Name _____	Phone No. _____
Title _____	Business _____
City _____	State _____ Zip Code _____ Years Known _____
Name _____	Phone No. _____
Title _____	Business _____
City _____	State _____ Zip Code _____ Years Known _____
Name _____	Phone No. _____
Title _____	Business _____
City _____	State _____ Zip Code _____ Years Known _____

## **Applicant's Certification and Disclaimer**

1. Any material misrepresentation or deliberate omission of a fact in my application may justification for refusal of employment, or if employed termination from employment.
2. It is my understanding that T.C.S.O. will make a thorough investigation of my entire work history and may verify all data given by my application for employment, related papers, or oral interviews. I authorize such investigation and in giving and receiving of any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent me from being hired, or if hired, may subject me to immediate dismissal.
3. I agree that this department at any time may terminate my employment without liability for wages or salary except for wages earned at the date of such termination. If requested by the administration at any time, I agree to submit to a search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination.
4. Although the administration makes every effort to accommodate individual preference, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment.
5. I further understand that this is an application for employment and that no employment contract is being offered.
6. I understand that if I am employed, such employment is for no definite period of time, and that T.C.S.O. can change wages, benefits, and other conditions at any time.
7. I consent to agree to a pre-employment urine analysis provided by T.C.S.O. I also understand that I can be tested for illegal substances via urine analysis at any time and for any reason, if employed.
8. I furthermore agree to submit to a polygraph or voice stress test upon request.

I swear or affirm under penalty of perjury that all information contained in this application is true and accurate to the best of my knowledge.

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Signature

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Date

