

Dickson County Civil Service Board

Chip Miller
Chairman

Margaret Martindale
Board Member

Sarah-Ann Jones
Board Member

Barbara Poppendorf
Board Secretary

DICKSON COUNTY CIVIL SERVICE BOARD APPLICANT ELIGIBILITY REQUIREMENTS

The following eligibility requirements **MUST** be met in order to apply for a position with the Dickson County Sheriff's Office. **NO** person will be considered for a position with the Dickson County Sheriff's Office until after he/she has filed an application for employment containing the information the Dickson County Civil Service Board may require. Background and NCIC checks will be conducted on all applicants.

The eligibility requirements are as follows:

1. Patrol Deputy applicants must be **21 years of age** and a citizen of the United States of America. Correction Deputy, Tower Operators, Book-In Deputies and Clerical applicants must be **18 years of age** and a citizen of the United States of America.
2. Must be a high school graduate or obtained a GED
3. Must never have been convicted of a felony or a misdemeanor involving moral turpitude nor released or discharged from the armed forces of the United States of America under any other circumstances than an honorable discharge.
4. Per T.C.A. 41-4-143(a): Must not have been convicted or plead guilty or entered a plea of nolo contendere to any felony charge or to any violation of any federal or state laws or municipal ordinances relating to force, violence, theft, dishonesty, gambling, liquor or controlled substances.
5. Have a valid Driver's License
6. Must be a person of good and moral character as determined through any investigations done by the Dickson County Civil Service Board and/or the Dickson County Sheriff's Office.
7. Must be a registered voter
8. Must be in reasonable health and able to pass a physical examination by a licensed physician
9. Must be able to pass a psychological evaluation given by a licensed psychologist
10. Must be able to physically participate and pass P.A.C.E. (Physical Ability Course)

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY **BEFORE**
COMPLETING THIS APPLICATION

According to Civil Service rules, the Sheriff and/or his Chief Deputy will not interview or discuss this application with you until you have been interviewed and approved by the Civil Service Board. **DO NOT CONTACT THE SHERIFF'S OFFICE CONCERNING YOUR APPLICATION.** You will be contacted by the Civil Service Board once your application has been reviewed.

If applying in person complete and return the application to the secretary at the Dickson County Sheriff's Office. If applying electronically complete and return the application in person or via mail to the address on the cover sheet. Your application will be submitted to the Civil Service Board for review. The Civil Service Board will then contact you **only** if your application has been approved.

There should be **no** empty blanks on your application. If the question does not apply to you, then mark the blank "**N/A**". If any part of this application is left completely blank, the application will be immediately rejected.

This application will be kept on file with this office for one year. After one year, the process will have to be started all over again.

I have read and understand the statements above.

Applicant's Signature

Date

Please attach copies of the following documents, if applicable. Failure to do so may result in delay of the hiring process or possible disqualification.

1. Social Security Card – **Required**
2. Birth Certificate-Certified Copy – **Required**
3. Voter’s Registration Card - **Required**
4. Driver’s License – **Required**
5. High School Diploma/G.E.D. Certificate – **Required**
Be advised that we will verify High School Diplomas and G.E.D. for authenticity. The G.E.D. is verified through an outsourced company. You will be charged the fee of \$17.00 that the company charges us for this verification process. The money will be collected once you enter the background investigation portion of the application process.
6. College Diploma—If Applicable
7. Military Discharge Papers (DD-214 or NGB-22) - If Applicable
8. Documentation of Name Changes (Via Marriage, Divorce, ETC.) - If Applicable
9. P.O.S.T. Certification (If prior law enforcement) - If Applicable

Applicant Name: _____ DOB: _____ SSN: _____

Dickson County Tennessee
Sheriff's Civil Service Board

140 County Jail Drive
Charlotte, TN 37036

Chip Miller – Chairman
Sarah Ann Jones – Board Member
Margaret Martindale – Board Member

Tim Eads – Sheriff
Teddy Murphy – Chief Deputy
Barbara Poppendorf - Secretary

Application Date: _____

Full Name: _____

SS#: _____ Date of Birth: _____

Drivers License Number: _____ State: _____

Email Address: _____

RELEASE FROM LIBEL

I hereby authorize the Dickson County Sheriff's Civil Service Board to make any and all kinds of investigations concerning me, and do hereby release from any and all libel claims by me, and all persons and/or any and all others who furnish this board with information upon written or verbal request by the Chairman or Members of this Board, the Sheriff of Dickson County, and any other Dickson County Official.

Applicant's Signature

Date

Witness Signature (DCSO Secretary or a Notary)

Date

We consider applicants for all positions without regards to race, color, religion, creed, gender, national origin, age, disability, martial, veteran status, sexual orientation or any other legally protected status.

IMPORTANT

**PLEASE DO NOT SIGN THE 2ND PAGE OF THE
AUTHORIZATION FOR RELEASE OF INFORMATION
UNTIL YOU ARE IN FRONT OF A NOTARY.**

**IF THE 2ND PAGE IS ALREADY SIGNED PRIOR TO BEING IN
FRONT OF NOTARY, YOUR SIGNATURE WILL NOT BE
ACCEPTED BY THE NOTARY.**

Thank you!!

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____, **DO HEREBY AUTHORIZE** a review of and full disclosure of all records, or any part thereof, concerning myself, to any duly authorized agent of the DICKSON COUNTY SHERIFF'S OFFICE, whether said records are of a public, private, and/or confidential nature.

THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY CONSENT for full and complete disclosure of records including, but not limited to, those held by educational institutions, credit institutions, or credit agencies, including records of deposits, withdrawals, and balances in savings accounts and on loans; records of commercial retail agencies (including credit reports and/or credit ratings); medical and/or psychiatric treatment and/or consultations, including records held by hospital(s), clinics, private practitioners, and the United States Veteran's Administration; records held by public utility companies; employment and pre-employment records, including the results of background investigation reports, polygraph examination results, efficiency ratings and/or performance evaluations, records of complaints and/or grievances filed by or against me, and salary records; real and personal property records, and other financial statements and records, wherever filed; records of complaint, arrest, trial and/or convictions(s) for alleged or active violations of law, including criminal and/or traffic offense records, and records of civil nature made by and/or against me, whether representing me or another person in any case in which I presently am involved or have had an interest.

I REITERATE AND EMPHASIZE THAT THE INTENT OF THIS AUTHORIZATION is to provide full and free access to the background and history of my personal life, **for the specific purpose of pursuing a background investigation**, which may provide pertinent data for the DICKSON COUNTY SHERIFF'S OFFICE to consider in determining my suitability for employment by said Office.

IT IS MY SPECIFIC INTENT TO PROVIDE ACCESS TO PERSONAL INFORMATION, however personal, private, or confidential it may appear to be, and the source(s) of information specifically identified herein.

I UNDERSTAND THAT ANY INFORMATION OBTAINED during the course of the background investigation which is developed directly or indirectly, in whole or in part, upon this **AUTHORIZATION FOR RELEASE OF INFORMATION**, will be considered in determining my suitability for employment with the DICKSON COUNTY SHERIFF'S OFFICE.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I FURTHER UNDERSTAND in the event my employment application and/or resume is disapproved, not considered, or otherwise does not result in my appointment to, or employment with the DICKSON COUNTY SHERIFF'S OFFICE, the source(s) of confidential information **CANNOT AND WILL NOT BE RELEASED AND/OR REVEALED TO ME.**

ADDITIONALLY, I AGREE TO INDEMNIFY AND HOLD HARMLESS the person(s) to whom this AUTHORIZATION FOR THE RELEASE OF INFORMATION is presented and his/her agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of, or by reason(s) for complying with the request for information this AUTHORIZATION provides.

LASTLY, IT IS FURTHER UNDERSTOOD BY ME THAT A PHOTOCOPY, including a facsimile copy (FAX), or email of the actual original of this AUTHORIZATION FOR THE RELEASE OF INFORMATION will be valid as an original hereof, even though the said photocopy, facsimile (FAX), or email does not contain an original writing of my signature.

(Signature of Applicant)

(Date)

(Witness)

NOTARY ACKNOWLEDGEMENT

State of _____

County of _____

Personally appeared before me, _____, with whom I am personally acquainted, or who produced proper identification, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand this _____ day of _____, _____

Notary signature: _____ Date of Expiration _____

APPLICATION FOR EMPLOYMENT
Personal Information (please print)

Full Name: _____

Current Address: _____

City: _____ State/Zip Code: _____

Contact Phone Number(s): _____

How long have you lived at the above address? _____

Are you a registered voter? Yes _____ No _____

If yes, please list the county and state you are registered:

County: _____ State: _____

Marital Status: Married _____ Single _____ Divorced _____

Number of Dependents: _____

Have you ever filed an application with us before? Yes _____ No _____

If yes, date previously applied: _____

Have you ever been employed with the Dickson County Sheriff's Office? Yes _____ No _____

If yes, dates of previous employment: _____

Position applying for (check one): Full-time _____ Part-time _____

Patrol Deputy (**21 yrs old or older**) _____

Corrections Deputy (**18 yrs old or older**) _____

Tower Operator/Book-In Deputy (**18 yrs old or older**) _____

Clerical Position (**18 yrs old or older**) _____

Are you currently employed? Yes _____ No _____

If yes, may we contact your present employer? Yes _____ No _____

If hired, what date would you be available for work? _____

Are you prevented from lawfully becoming employed in this country due to Visa or Immigration status? Yes _____ No _____ (Proof of citizenship is required upon employment)

Education Information

Did you graduate from high school? Yes _____ No _____

If yes, date graduated: _____

Name of High School: _____

City: _____ State: _____

If no, did you obtain your G.E.D.? Yes _____ No _____

(There will be a fee of \$17.00 to verify the authenticity of a G.E.D.)

College Education: List course of study and degrees received: _____

List any specialized training, apprenticeship or skills you have: _____

Are you currently a POST Certified Officer? Yes _____ No _____

If yes, where were you certified: _____

If no, what was the last date you worked as a certified officer? _____

Military Service

Do you have prior or currently active military service? Yes _____ No _____

If yes, branch of service: _____ Rank: _____

Dates of service: _____

(A COPY OF YOUR DD214 MUST BE SUBMITTED WITH THIS APPLICATION)

Background Information

Have you ever been convicted of a felony and/or misdemeanor crime involving or relating to force, violence (including domestic), theft, dishonesty, gambling, alcoholic beverage/liquor and/or controlled substances? Yes _____ No _____

If yes, please explain: _____

Are you currently or have you ever been under an Order of Protection? Yes ____ No ____

If yes, please explain: _____

Have you ever been sued for a debt and/or filed for bankruptcy? Yes ____ No ____

If yes, please explain: _____

Date of bankruptcy discharge: _____

Personal References

Please do not list relatives

Name: _____

Address: _____

Relationship: _____

Phone Number: _____

Name: _____

Address: _____

Relationship: _____

Phone Number: _____

Name: _____

Address: _____

Relationship: _____

Phone Number: _____

Name: _____

Address: _____

Relationship: _____

Phone Number: _____

Name: _____

Address: _____

Relationship: _____

Phone Number: _____

Employment Experience

List your employment experience (**prior 5 years**) beginning with your current or most recent employer. Please include any job-related military service assignments and volunteer activities. If more spaces are needed, please attach a separate sheet with your application. Do not write on the back.

Employer: _____

Dates Employed: _____

Address of Employer: _____

Employer Phone Number: _____

Job Title: _____ Job Duties: _____

Starting rate of pay: _____ Ending rate of pay: _____

Reason for leaving: _____

Employer: _____

Dates Employed: _____

Address of Employer: _____

Employer Phone Number: _____

Job Title: _____ Job Duties: _____

Starting rate of pay: _____ Ending rate of pay: _____

Reason for leaving: _____

Employer: _____

Dates Employed: _____

Address of Employer: _____

Employer Phone Number: _____

Job Title: _____ Job Duties: _____

Starting rate of pay: _____ Ending rate of pay: _____

Reason for leaving: _____

Employer: _____

Dates Employed: _____

Address of Employer: _____

Employer Phone Number: _____

Job Title: _____ Job Duties: _____

Starting rate of pay: _____ Ending rate of pay: _____

Reason for leaving: _____

Employer: _____

Dates Employed: _____

Address of Employer: _____

Employer Phone Number: _____

Job Title: _____ Job Duties: _____

Starting rate of pay: _____ Ending rate of pay: _____

Reason for leaving: _____

Notice: The County of Dickson is a Drug Free Workplace. If you are hired by the County of Dickson, you will be subject to pre-employment and random drug screening testing.

Pre-Employment Drug History Questionnaire

Directions:

- A. Type or print answers in the desired block or section. Use black ink only.
- B. This information will be kept confidential and will only be reviewed by authorized personnel.
- C. If you are currently taking or have taken in the past any scheduled medication/narcotic **prescribed by a licensed Physician, respond “NO”** to the referenced question. If you have taken any scheduled medication/narcotic illegally or without a prescription, respond “YES” to the referenced question.
- D. Any person who has used a Scheduled I controlled substance is not eligible to work at the Dickson County Sheriff’s Office. A Schedule I drug is described as a drug that has a high risk of addiction or dependency and no legitimate medical use. Some of these drugs include Heroin, LSD, and mescaline.

Drug Category	Ever Used Yes/No	Injection Drug Use Yes/No	Date Last Used
Stimulates: Methamphetamine-speed, cocaine, ice, crank, crack-cocaine, etc			
Amphetamines/Other Stimulates: Ritalin, Benzedrine, Dexedrine, etc.			
Benzodiazepines/ Tranquilizers: Valium, Xanax, Diazepam, “Roofies” etc.			
Heroin			
Sedatives/Hypnotics/ Barbiturates: Quaalude, Amytal, Phenobarbital, etc.			
Street or illicit Methadone			
Other Opioids: Tylenol #2 / #3, Percocet, Opium, Morphine, Demerol, Dilaudid, Loritab, etc.			
Hallucinogens: LSD, PCP, MDA, DAT, peyote, mushrooms, ecstasy (MDMA) nitrous oxide, etc.			
Inhalants: Glue, Gasoline, aerosols, paint, paint thinners, etc.			
Marijuana			
Anabolic steroids			
Others: (Specify)			

Applicant’s Name: _____ DOB: _____ SSN: _____

The above referenced questions are answered honestly and as accurately to the best of my knowledge. I understand that any misrepresentations, exclusions or falsifications will permanently disqualify me from gaining employment with Dickson County Sheriff's Office. My signature below signifies that I have answered all questions truthfully and to the best of my recollection.

Applicant's Signature: _____ Date: _____

Employer's Statement:

If hired, you may be required to work Sundays, Nights, Holidays and Overtime.

I acknowledge and accept the employer's statement above as indicated by my signature below.

Applicant's Signature: _____

Please tell us how you heard about our employment opportunity:

Our Facebook Page _____

Our Sheriff's Office website _____

Job Fair _____

Newspaper Advertisement _____

Personal Source (i.e. family, friends, current employees, etc.) _____

Other (please list source if none of the above) _____

Applicant's Statement:

I certify that answers given herein are true and complete to the best of my knowledge.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand, also, that I am required to abide by all rules and regulations of the Dickson County Sheriff's Office.

Applicant's Signature

Date