



Hamilton County Sheriff's Office

600 Market Street

Chattanooga, TN 37402

Application for Employment

An Equal Opportunity Employer

Phone: (423)209-7000 - Fax: (423)209-7265



Score

General Information

Date	Social Security Number	Position Applying For	Date of Birth	Date Available
Last Name	First Name	Middle or Maiden Name	Driver's License Number	DL State
Street Address		Home Phone Number	Work Phone Number	
City	State	Zip Code	County	E-mail Address

Have you ever been convicted of an offense against the law or are you now under charges for any offense against the law? You may omit one traffic violation for which you paid a fine of \$75.00 or less - and any offense committed before your 18th birthday which was finally adjudicated in a juvenile court under youth offender law. *NOTE: A conviction does not automatically mean you cannot be appointed. What you were convicted of and how recently will be evaluated in relation to the position for which you are applying.*

<input type="radio"/> Yes <input type="radio"/> No	If You Answered yes to the above question, please explain:	Will you accept Temporary Work? - Acceptance or refusal of temporary does not affect your consideration for other appointments.	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Yes <input type="radio"/> No	Have you ever been discharged or forced to resign from employment? If so, please explain:		

General Education Information

Highest Grade Completed in High School	Diploma or GED Correspondence Course? <input type="radio"/> High School Diploma <input type="radio"/> GED or Correspondence Course	Year Graduated	Name of Institution where High School Diploma or GED obtained
Other Schools or Training (Trade, Vocational Military, Business, Etc.)		Length of Courses	Year Certificate Completed
List Any Additional Experience, Training, or Education Related to Position Applied For:			

College Information

College Attended	Dates Attended From / To	Type of Degree
Major	Minor	Year Awarded
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College Attended	Dates Attended From / To	Type of Degree
Major	Minor	Year Awarded
List any school or College Honors:		

Military Information

Have you ever served in the U.S. Armed Forces?	<input type="radio"/> Yes <input type="radio"/> No	Active Duty Dates From/To:	Character of Service



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Reference Information

List any Three persons who are not related to you and who have knowledge of your qualifications for the position for which you are applying, such as former co-workers, teachers, etc. Do not repeat the names of supervisors who will listed under employment history.

Name	Business or Home Address	Phone Number	Business or Occupation

Personal Data

Place of Birth (City/State)	Eye Color	Hair Color	Weight in Pounds	Height (Feet/Inches)
	<input type="radio"/> Brown <input type="radio"/> Green <input type="radio"/> Amber <input type="radio"/> Red <input type="radio"/> Blue <input type="radio"/> Hazel <input type="radio"/> Gray <input type="radio"/> Violet	<input type="radio"/> Brown <input type="radio"/> Blonde <input type="radio"/> Red <input type="radio"/> Black <input type="radio"/> Auburn <input type="radio"/> Gray or White		

Please note: The following information is requested on a voluntary basis. The information will be used for research and analysis purposes only and will not be used in making an employment decision.

Sex	Marital Status	Race	Do you have any disabilities?	Describe
<input type="radio"/> Male <input type="radio"/> Single <input type="radio"/> Female <input type="radio"/> Married	<input type="radio"/> Black <input type="radio"/> Spanish <input type="radio"/> Other <input type="radio"/> White <input type="radio"/> Indian	<input type="radio"/> Yes <input type="radio"/> No		

If you feel you have been discriminated against in the application process or Equal Employment Opportunity within Hamilton County Sheriff's Office, contact:

HCSO Human Resources
 Room G-25 City/County Building
 (423)209-7014

Release Authorization

Notice to Applicant: This is to inform you that as part of our application procedure, an investigation will be made of your background. Your authorization is necessary to process your application.

I, _____ hereby authorize the Hamilton County Sheriff's Office access to any of my personnel employment records, and any other information pertaining to my previous employment. I also authorize any educational institution to release my transcripts or any police departments to release my police records.

Date: _____ Signature: _____

Witness: _____ Witness: _____

I certify that all of the statements made in this application are true, complete, and correct, to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of my application, and if employed could be grounds for termination.

Date: _____ Signature: _____

For Office Use Only - Do Not Mark Below This Section

1. Proof of Education	Y	N	Examination Date	Promotional Entrance	Final Grade	Register Number	Technician's Signature
2. Educational Requirements	Y	N		<input type="checkbox"/>			
3. Experience Requirements	Y	N					
4. References Checked	Y	N					

	Written	Oral Expression	Educational Experience	Performance Test
Raw Score				
Percentage				
Grade				

Interviewers Comments



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Employment Phone Number				Hours per Week	Immediate Supervisor			Employment Address			
Reason for Wanting to Leave								City		State	Zip Code
Duties											

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