



# Tipton County Sheriff's Office



## Employment Application

### Personal Information

Last Name		First	Middle	Date of Application
Street Address			Phone Number	
City	State	Zip		How Long at address?
Were you previously employed by this agency? <input type="radio"/> Yes, Dates: _____ <input type="radio"/> No			Social Security Number	
Have you previously applied for employment to this agency? <input type="radio"/> Yes, Dates: _____ <input type="radio"/> No			Driver's License Number and State	
Position Applying For			Date of Birth	
Emergency Contact		Relation to you		Phone Number
Are you willing to work overtime? <input type="radio"/> Yes <input type="radio"/> No, Explain: _____			Date Available for Work	

### 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**

List any relatives or friends working for this organization:	Name	Relationship
	_____	_____
	_____	_____

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous Addresses in Last Five Years**

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

Additional Remarks or Information you Would Like to Advise:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Experience – Beginning with most recent**

Company/Agency Name	Phone
Address	Employed (Month and year) From: _____ To: _____
Name and Title of Supervisor	Employed <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Other
Last Job Title	Wages Starting: _____ Last: _____
Duties: _____ _____ _____ _____	Reason for leaving: _____ _____ _____ _____
Company/Agency Name	Phone
Address	Employed (Month and year) From: _____ To: _____
Name and Title of Supervisor	Employed <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Other
Last Job Title	Wages Starting: _____ Last: _____
Duties: _____ _____ _____ _____	Reason for leaving: _____ _____ _____ _____
Company/Agency Name	Phone
Address	Employed (Month and year) From: _____ To: _____
Name and Title of Supervisor	Employed <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Other
Last Job Title	Wages Starting: _____ Last: _____
Duties: _____ _____ _____ _____	Reason for leaving: _____ _____ _____ _____

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

## **References**

Name	Title	Business	Phone Number	Years Known
Name	Title	Business	Phone Number	Years Known
Name	Title	Business	Phone Number	Years Known
Name	Title	Business	Phone Number	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.D. 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.D. 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.D. 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

**DO NOT WRITE BELOW – FOR DEPARTMENT USE ONLY**

Offer to be extended?     Yes     No

Notified on (date): \_\_\_\_\_ By: \_\_\_\_\_

Telephone                   In writing                   Other: \_\_\_\_\_

Job Title	Wages	Starting Date
	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually Detail: _____	

Full Time Correctional Officer         Full Time Cook         Other: \_\_\_\_\_

Part Time Correctional Officer         Part Time Cook

Hours Per Week	Scheduled Work Days	Benefits
		<input type="checkbox"/> Full <input type="checkbox"/> Prorated <input type="checkbox"/> None

In addition, the applicant will be advised of the following conditions and terms as part of this offer of employment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved    or    Denied

\_\_\_\_\_  
Sheriff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Jail Commander

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed: \_\_\_\_\_

\_\_\_\_\_  
Date