

APPLICATION FOR EMPLOYMENT Carter County Sheriff's Office



ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought:				
How did you learn about the position	?			_
Name		Date		
Address	City	State	Zip	
Home Phone	Office Phone	D.O.B		
Email Address:				
On what date would you be available	for work?	Desired Wage	e/Salary \$	
Are you a U.S. citizen, or are you oth Have you ever been convicted of a fel				
Have you ever been involuntarily term If yes, please describe circumstances:				[] No
If selected for employment, are you w	villing to submit to a pre-emp	ployment drug screeni	ing test? [] Yes	_ [] No
EDUCATION				
School Name	Location	Years Attended	Degree Received	Major
	•			<u> </u>
Other training, certifications, or licens	ses held:			
				_
List other information pertinent to the	e employment you are seekin	g:		

EMPLOYMENT

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1. Employer			Job Title	
Dates Employed	Prior Positio	n Held within	Company (if any):	
Address		City	State Supervisor	Zip
Phone	Job Title		Supervisor	
Starting Salary		Enc	ling Salary	
Duties Performed				
Reason for Leaving				
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2. Employer			Job Title	
Dates Employed	Prior Positio	n Held within	Company (if any):	
Address		City	State	Zıp
Phone	Job Title		State Supervisor ling Salary	
Starting Salary		End	ling Salary	
Duties Performed				
Reason for Leaving				
3. Employer			Job Title Company (if any):	
Dates Employed	Prior Positio	n Held within	Company (if any):	
Address		City	State	Zip
Phone	Job Title		Supervisor	
Starting Salary		End	ling Salary	
Duties Performed				
Reason for Leaving				
4. Employer			Job Title	
			Company (if any):	
Address		City	State	Zip
Phone	Job Title		Supervisor	
Starting Salary		End	ling Salary	
Duties Performed				
Reason for Leaving				
PERSONAL REFEREN	CE			
1. Name			Relationship	
Years Known			<u> </u>	
Address		City	State	Zip
Phone				
	_			
2. Name			Relationship	·····
Years Known			1	
		City	State	Zip
Phone				r
	_			
3. Name		Relationship		
Years Known				
		City	State	Zip
Phone				

ACKNOWLEDGMENT AND AUTHORIZATION

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 employer.

Signature of Applicant		Date
Approved by:		
		Date
DO NOT WR	ITE BELOW THIS I	LINE
Application Date		-
Testing Date		Result
Oral Board Date		Result
Sheriff's Interview Date		Result
Criminal Background Check		Hirable Not Hirable
Reference Check Conducted By	Date	Result
Correspondence Date		BY
Conditional Job Offer Date:		Start Date