

Employment Application
Davidson County Sheriff's Office

Equal Opportunity Employer

Position Applying for: _____

Recruitment Number: _____

Are you a Metro Civil Service Employee? yes no

What shifts are you available to work?

Day Evening Night Rotating Weekends On Call (as needed)

Name: Last	First	Middle Initial	Social Security #
Address (Street Name and Number)		Apt. #	Email Address:
City	State	Zip Code	Telephone: Home Phone: Alternate Phone:
Drivers License: Do you currently have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, driver's license number: _____ Type: _____ State: _____ Expiration Date: _____ Endorsement: _____ Have you ever had your driver's license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No The failure to have a driver's license will not always be considered grounds for disqualification, but will be weighed relative to the position sought.			Citizenship: Are you authorized to work in the United States <input type="checkbox"/> yes <input type="checkbox"/> no If you receive an offer of employment then employment authorization documentation will be required.

Education:

If you did not graduate from high school do you have a General Education Diploma (GED) yes no

	High School	Vocational/Technical	College/University	Graduate Professional
School Name				
City and State				
Year Completed	<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Dates Attended (Mo/yr)	From: To:	From: To:	From: To:	From: To:
Type of Diploma/Degree				
Major Field				

Please list any profession you are licensed or certified to practice, giving the type, number, expiration date, and state by which the license was issued:

Check "Yes" or "No" for each of the following questions. If you check "Yes" to any questions, give details in the area provided below.

1. Are you now or have you ever been an employee of the Metropolitan Government? If yes, please give employment dates and department. Yes No

2. Are you claiming Veteran's Preference for military service? If yes, the Long Form DD214 with "HONORABLE" discharge must be provided within two weeks of application. Yes No

3. Have you ever been discharged or forced to resign from employment? NOTE: Do not include business closures or general layoffs. Yes No

Use this section for giving complete details to all "Yes" answers to questions 1 through 3 above:

Question No.	Explanation
_____	_____
_____	_____
_____	_____

EMPLOYMENT EXPERIENCE: May we contact your present employer? Yes No

Start with your last or present job. Include any job related military assignments and volunteer activities. Ask for additional forms if more space is needed or use a blank sheet of paper.

Employer:		Job Title: Name of Supervisor:		Date Employed (Mo/Yr) From: To:	
Address:			Phone: ()	Starting Salary \$ per	Ending Salary \$ per
Total # of employees supervised by you		Reason for Leaving:			
Specific Job Duties:					
Equipment /Computer Software Used:					
Employer:		Job Title: Name of Supervisor:		Date Employed (Mo/Yr) From: To:	
Address:			Phone: ()	Starting Salary \$ per	Ending Salary \$ per
Total # of employees supervised by you		Reason for Leaving:			
Specific Job Duties:					
Equipment /Computer Software Used:					
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Total # of employees supervised by you		Reason for Leaving:			
Specific Job Duties:					
Equipment /Computer Software Used:					

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Address:			Phone: ()	Starting Salary \$ per	Ending Salary \$ per
Total # of employees supervised by you		Reason for Leaving:			
Specific Job Duties:					
Equipment /Computer Software Used:					

APPLICANT STATEMENT

- I. I hereby affirm that the information I have provided in this application, employment history attachment (and the accompanying resume, if any) is true and complete to the best of my knowledge. I understand that any falsified, misrepresented, incomplete or omitted information may disqualify me from consideration for employment or result in my dismissal from employment.
- II. I understand that nothing contained in this employment application, or in granting an interview, is intended to create an express or implied employment contract between Metropolitan Nashville Government and myself. No promises regarding employment or duration of employment have been made to me.
- III. I understand that any offer of employment will be conditional on successful completion of a number of requirements, including a health assessment, verification of credentials and experience, and similar screenings required for the position. I understand that drug and/or alcohol tests are required for appointment to health and safety related positions, and for CDL holders who may drive in the course of employment. The results of the above screenings or assessments will be released to the department coordinator and may be a factor in determining my suitability for the position for which I have applied.
- IV. I authorize Metropolitan-Nashville Government or its representatives to investigate and verify any and all of the information contained in this employment application, and to conduct a criminal background investigation. I also authorize all previous employers, schools, organizations and individuals listed herein to verify any and all information I have provided and to give any additional information in response to reference questions intended to determine my suitability for employment.
- V. I understand that in Compliance with Tennessee Law, all applications are subject to Public Disclosure.

Signature: _____ Date: _____
(Please sign when submitting by normal mail or in person)

(rev 11/15)



Requests for ADA accommodation should be directed to 615-862-6640

Equal Employment Opportunity Information

Metro Government is committed to equal employment opportunities and strives to have a work force that reflects the community we serve. To measure recruiting and to file statistical reports, which are periodically required, we request that you provide the following information. This will not be used in evaluating your application and will be removed before the application is forwarded to hiring authorities. Completion of this form is voluntary.

Name: _____ Date: _____

Social Security Number: _____

Position Applied for: _____

Sex: Female: Male:

Race: Native American Indian/Eskimo Asian/Pacific Islander
 Black Hispanic/Latino
 White Unknown

Veteran: Returned Peace Corps Volunteer AmeriCorps Alumni

Are you able to perform the tasks of the job for which you are applying with, or without a reasonable accommodation?

Please notify the interviewer of any accommodation you may need to participate in the selection process. If accommodation is needed for a written or oral exam, notify the Test Administrator at least 48 hours in advance.

How did you find out about us?

- | | |
|---|--|
| <input type="checkbox"/> Walk-In (11) | <input type="checkbox"/> Bill Board Ads (16) |
| <input type="checkbox"/> Internet (12) | <input type="checkbox"/> Bus Ads (17) |
| <input type="checkbox"/> Job-line (03) | <input type="checkbox"/> Theatre (18) |
| <input type="checkbox"/> Metro Employee (07) | <input type="checkbox"/> Radio (19) |
| <input type="checkbox"/> Newspaper/Magazine (01) | <input type="checkbox"/> N.C.A.C. (14) |
| <input type="checkbox"/> Channel 3 (13) | <input type="checkbox"/> School (05) |
| <input type="checkbox"/> Community Agency (06) | <input type="checkbox"/> Recruiting Presentation/Fair (08) |
| <input type="checkbox"/> Already employed with Metro (15) | |

DAVIDSON COUNTY SHERIFF'S OFFICE
PRISON RAPE ELIMINATION ACT
PRE-EMPLOYEE SCREENING QUESTIONS PURSUANT TO 28 CFR 115.17

Check Yes or No for each question. If Yes, provide the date, employer/contractor information, location of incident, and a brief description of the incident. If more space is needed, use the back of this page.

1) Have you ever engaged in sexual abuse in a confinement setting, i.e., prison, jail, lockup, community confinement facility, juvenile facility, or other institution?

Yes _____ No _____ If yes, explain: _____

2) Have you ever been convicted of engaging or attempting to engage in any of the following in the community:
a) Sexual activity facilitated by force, overt or implied threats of force, or coercion? Yes _____ No _____
b) Sexual activity in which the victim did not consent? Yes _____ No _____
c) Sexual activity in which the victim was unable to consent or unable to refuse? Yes _____ No _____

If yes, explain: _____

3) Have you ever been civilly or administratively adjudicated to have engaged in sexual abuse in the community or a confinement setting?

Yes _____ No _____ If yes, explain: _____

4) Have you ever resigned from employment after a substantiated allegation of sexual abuse or resigned while an investigation into such abuse was still pending?

Yes _____ No _____ If yes, explain: _____

Applicant Name (Printed)

Date

Applicant Signature (Required)

DCSO HR Staff Signature