

BRADLEY COUNTY SHERIFF'S OFFICE
WWW.BRADLEYSHERRIFF.COM



BRADLEY COUNTY JUSTICE CENTER
2290 Blythe Avenue SE, Cleveland, TN 37311
Phone: (423) 728-7300 Fax: (423) 473-1505

Pre-Employment Background Packet

Please **Read** carefully all of the instructions on the following pages **before** answering the questions contained within this questionnaire.

Upon completion of the packet, return it to the Personnel Department of the Bradley County Sheriff's Office at the above address.

****Application will not be considered without the following documentation included:**

1. Copy of Birth Certificate
2. Copy of Driver's License
3. Copy of Social Security Card
4. High School Diploma or GED – NO transcripts
5. Copy of DD214 (Military Discharge, if Applicable)

If applicable, the following documents will need to be provided upon employment with the BCSO:

- College Diploma
- College Transcript(s)
- Certified copies of arrests & affidavits, showing disposition(s)

Note: All Applications for the position of Deputy Sheriff must meet the criteria set forth in the 1997 Public Safety Federal Legislation, which states that it is illegal for any person convicted of a misdemeanor crime of domestic violence, to possess, ship, transport, or receive any firearm or ammunition whether government issued or privately owned.

Bradley County Sheriff's Office

Application for Employment

Bradley County Sheriff's Office
2290 Blythe Ave.
Cleveland, TN 37311
(423) 728-7300

Note: All applicants for employment must be at least 18 years old and be a high school graduate or equivalent. There are additional requirements for POST Certified Law Enforcement positions, and for Corrections positions certified by the Tennessee Corrections Institute.

These applicants:

1. Are **Preferred** to have an Associate Degree or 60 semester-hours of college credit toward a Bachelor Degree. (This requirement may be waived for individuals with equivalent military or law enforcement experience.)
2. **Must** not have been convicted or have plead guilty or entered a plea of Nolo Contendere to any felony charge, or to any federal or state law or city ordinance relating to force, violence, theft, dishonesty, gambling, liquor or controlled substance. (May be waived by POST Commission / TCI)
3. **Must** not have been convicted of any misdemeanor crime of domestic violence as defined by Tennessee State law.
4. **Must** not have been released or discharged under other than honorable conditions from any of the armed forces of the United States. (May be waived by POST commission / TCI.)
5. **Should** be a resident of Bradley County, or establish residence within 6 months of employment.
6. **Must** submit this application completed in the applicant's own handwriting, not typed.
7. **Must** not misstate or omit material facts, since the statements made herein will be used to determine qualifications for employment.
8. For officers who will be certified under P.O.S.T. or T.C.I., you must, before employment: submit fingerprints for a criminal history check to be placed on file with the FBI; pass a medical examination; pass a complete background investigation; participate in a psychological examination; pass a drug screen;. Certified employees will face a 12-month probationary period. Civilian employees will take a drug test and submit to a background investigation. Civilian employees will have a 12-month probation.

I understand and accept these requirements:

Signature _____ Date _____

Print Name _____

Note to Applicants

Thank you for applying with Bradley County Sheriff's Office.

We place employees in the following positions:

- **Correctional Facility Professional** (Corrections Officers)
- **Certified (academy trained) first response uniformed deputies** (Deputy Sheriff's Patrol)
- **Skilled experienced Investigators** (Criminal Investigator/Detective)
- **Court Security Officers**
- **Civilian Clerical, Bookkeeper, Data Entry**
- **Maintenance, Housekeeping, Auto Mechanics**
- **Other positions as deemed necessary by the Sheriff**
- **Volunteer Services**

Inquires concerning your application should be made by email to _____@bradleycountyttn.gov. Telephone calls cannot be returned to every applicant. You can call and leave a reminder message on the answering machine at (423) 728-7300. Please do not expect a return call until you enter into the interview stage.

It is not necessary to attach copies of all law enforcement courses you have attended. A list of courses completed will be sufficient. You will be required if employed to submit copies of certifications.

Please visit our Web site at www.bradleysheriff.com and become familiar with our mission statement and programs.

BE SURE YOUR APPLICATION IS TURNED IN WITH ALL REQUIRED DOCUMENTATION

Do not turn in this page with your package

Application for Employment

Position applying for: _____
(Be Specific)

Today's Date: _____

Full Name: _____
First Middle Last Suffix

Have you ever filed an application with us before? Yes No If yes, give date: _____

Do you have any close friends or relatives that work here? Yes No

If yes, state name and relationship

- 1. _____
Name Relationship
- 2. _____
Name Relationship
- 3. _____
Name Relationship

May we contact your present employer for reference? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No Proof of citizenship or immigration status will be required upon employment.

Employees of The Bradley County Sheriff's Office and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, creed, national origin, sex, age, disability (in the case of a qualified individual with a disability), veteran status or any other factor protected by applicable federal or state law.

Work History

Beginning with your present employer, and working back, list all employers, both full-time and part-time, for the past TEN (10) years.

List in sequence, including military service and/or unemployment. Use the narrative pages to include any additional employers or information. (Every month for the past 10 years should be accounted for)

From	To	Company Name / Address	Status
Mo _____ Yr _____	Mo _____ Yr _____	_____ _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary
Job Title: _____ Supervisor: _____ Work Performed: _____ Phone Number: _____ Reason for Leaving: _____			

From	To	Company Name / Address	Status
Mo _____ Yr _____	Mo _____ Yr _____	_____ _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary
Job Title: _____ Supervisor: _____ Work Performed: _____ Phone Number: _____ Reason for Leaving: _____			

From	To	Company Name / Address	Status
Mo _____ Yr _____	Mo _____ Yr _____	_____ _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary
Job Title: _____ Supervisor: _____ Work Performed: _____ Phone Number: _____ Reason for Leaving: _____			

Work History (Continued)

From	To	Company Name / Address	Status
Mo _____	Mo _____	_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary
Yr _____	Yr _____	_____	
Job Title: _____ Supervisor: _____ Work Performed: _____ Phone Number: _____ Reason for Leaving: _____			

From	To	Company Name / Address	Status
Mo _____	Mo _____	_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary
Yr _____	Yr _____	_____	
Job Title: _____ Supervisor: _____ Work Performed: _____ Phone Number: _____ Reason for Leaving: _____			

From	To	Company Name / Address	Status
Mo _____	Mo _____	_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary
Yr _____	Yr _____	_____	
Job Title: _____ Supervisor: _____ Work Performed: _____ Phone Number: _____ Reason for Leaving: _____			

If additional space is needed, please attach a supplemental page.

Education and Training

List below all schools you have attended, starting with your last school attended moving backward to your 9th grade year of High School. Include all technical schools and colleges:
 (You may list specialized schools if you desire)

From	To	School Name / Address	Grades Attended
Mo _____ Yr _____	Mo _____ Yr _____	_____ _____	
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Degree Earned: _____ Major: _____ Minor: _____	

From	To	School Name / Address	Grades Attended
Mo _____ Yr _____	Mo _____ Yr _____	_____ _____	
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Degree Earned: _____ Major: _____ Minor: _____	

From	To	School Name / Address	Grades Attended
Mo _____ Yr _____	Mo _____ Yr _____	_____ _____	
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Degree Earned: _____ Major: _____ Minor: _____	

Education and Training (Continued)

From	To	School Name / Address	Grades Attended
Mo _____ Yr _____	Mo _____ Yr _____	_____ _____	
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Degree Earned: _____ Major: _____ Minor: _____	

From	To	School Name / Address	Grades Attended
Mo _____ Yr _____	Mo _____ Yr _____	_____ _____	
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Degree Earned: _____ Major: _____ Minor: _____	

From	To	School Name / Address	Grades Attended
Mo _____ Yr _____	Mo _____ Yr _____	_____ _____	
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Degree Earned: _____ Major: _____ Minor: _____	

If additional space is needed, please attach a supplemental page.

REFERENCES

1. List three (3) references (other than relatives or previous employers). Preferably in the Cleveland area. Provide current addresses and phone number.

NAME	HOME ADDRESS & PHONE NO.	HOME PHONE #	CELL PHONE #

2. Give the names of two (2) relatives, which do not reside in the same house as you, preferably in the Cleveland area.

NAME	HOME ADDRESS & PHONE NO.	HOME PHONE #	CELL PHONE #

3. List the names of your five (5) closest friends.

NAME	HOME ADDRESS & PHONE NO.	HOME PHONE #	CELL PHONE #

4. List everyone with the Bradley County Sheriff's Office that you have had association with and give type of association:

NAME	TYPE OF ASSOCIATION

END OF REFERENCES SECTION

EEO Self-Identification Form

Equal Employment Opportunity

(Supplement to Employment Application)

The Bradley County Sheriff's Office is an equal employment opportunity/affirmative action employer. Certain laws and regulations regarding equal employment opportunity/affirmative action require us to compile annual statistical reports on applicants for employment. In order to comply with these laws and regulations, we are requesting your cooperation in completing this EEO Self-Identification Form.

The information provided on this EEO Self-Identification Form is being requested and will be used solely for equal employment opportunity/affirmative action record-keeping purposes. **Submission of this form by you is voluntary.** Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested, the information and this form will be processed and maintained separately from your application for employment and, in the event that you are hired by the Bradley County Sheriff's Office, your personnel file.

Attached to this application is a background questionnaire that requests personal information such as your race, age, and gender. This request for information is for the purpose of completing a check of your background should you be considered for employment. You are not required to provide any of the below listed information on that form and it will not negatively impact you being considered for employment. However, if you choose to provide the requested information, it will expedite the hiring process by allowing background investigators to begin at the earliest possible date.

MINORITY STATUS IDENTIFICATION

- White
- Black
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native

SEX IDENTIFICATION

- Male
- Female

Date of Birth _____
Month/Day/Year

POSITION APPLIED FOR (list only one):

- Full-time
- Part-time

I Agreed to Supply the information above:

Print Name _____

Signature _____ Date _____

INSTRUCTIONS TO APPLICANT

1. Each applicant is hereby advised that the contents of this packet are held strictly confidential and no information will be disseminated to any person except when essential to conduct official Sheriff's Office business.
2. Every question in this packet **MUST** be answered completely before a background check can be performed and you are considered for employment (with exception of EEO requested information). No question may be left blank. If a question does not apply to you, write **DNA** by the number. If you desire to make a long explanation in your reply, answer the questions briefly, as best you can, then put a check mark next to the question number. Go to the narrative pages at the end of the questionnaire to complete your explanation. **THE INTENTIONAL OMISSION OR FALSIFICATION OF ANY MATERIAL FACT IS CAUSE FOR DISQUALIFICATION OF THE APPLICANT OR TERMINATION OF THE EMPLOYEE IF DISCOVERED AFTER EMPLOYMENT.**
3. An in-depth **background investigation** and a **polygraph examination** may be used to verify your provided information and qualifications.
4. Print in ink your answers in this packet. If this packet is unstapled, please make sure that it is re-assembled in the proper order before you re-staple it.
5. At the end of this packet, is a blank for your signature. There is also an *Authorization for Release of Information Form* attached to this packet. **DO NOT SIGN ANY OF THESE BLANKS UNTIL YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC.**
6. **REMEMBER** if you do not have enough room to answer the question completely, go to the narrative pages to complete your answer.

Privacy Act Notice

Purpose and Uses

Information provided on this form will be furnished to individuals in order to obtain information regarding your activities in connection with an investigation to determine:

1. Fitness for Sheriff's Office employment
2. Clearance to perform employment for the county government
3. Eligibility for TN P.O.S.T or T.C.I. certification if applicable

The information obtained may be furnished to third parties as necessary for fulfillment of official responsibilities only.

PLEASE READ AND UNDERSTAND

SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC

I affirm that this application and questionnaire contains no misrepresentation or falsifications, omissions or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that the statements made by me on this application are subject to later investigation. I am further aware and understand that should any investigation disclose any such misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and my name removed from the eligible list. If already appointed, I may be dismissed.

Signature of Applicant

State of Tennessee
County of Bradley

Sworn to me this _____ day of _____, 20_____

Notary Public _____

My Commission Expires: _____

**BRADLEY COUNTY SHERIFF'S OFFICE
CRIMINAL HISTORY REQUEST**

Date: _____

Requesting Officer: Melissa Collins AGENCY: TN00600B0

Requesting Officer Signature: Melissa Collins

Supervisor's Signature: _____

****Print Legibly****

Full Legal Name: _____

Address: _____ Place of Birth: _____

DOB: _____ Sex: _____ Race: _____ SS#: _____

Height: _____ Weight: _____ Eye: _____ Hair: _____

States of Residence: _____

FBI #: _____ SID #: _____

Purpose Code: "C" Criminal History
 "J" Criminal Justice Employment
 "F" Firearms

Transactions: Master - QWO, QW, QH, QP0, QPO, IQ (TN), DQ01 (TN)
 QH - NCIC Criminal History Index
 IQ - INLETS Criminal History Index
 FQ - NLETS Criminal History Full Record Request
 QR - NCIC Criminal History Full Record Request
 AQ - INLETS Admin. Criminal History Check
 DQ05 - TN Drivers License _____
 KQ - Out of State DL for History _____

Case #: _____ Type Investigation: Pre Employment

Printed: () YES () NO
Secondary Dissemination: Did Not Print
(where will your copy of criminal history go)

Operator: _____ Response: () YES () NO

I am hereby requesting a criminal history inquiry on this subject. I understand that the information contained in this record is CONFIDENTIAL and may only be used in a case investigation. The printout of the history must be contained in the case file or destroyed in the proper manner with documentation in the file.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that this is crucial for ensuring the integrity of the financial statements and for providing a clear audit trail. The text also mentions that proper record-keeping is essential for identifying and correcting errors in a timely manner.

2. The second part of the document focuses on the role of internal controls in preventing and detecting fraud. It highlights that a strong internal control system is necessary to ensure that all transactions are properly authorized and recorded. The text also discusses the importance of segregation of duties and the need for regular monitoring and evaluation of the internal control system.

3. The third part of the document addresses the issue of asset protection. It discusses the various methods used to protect assets, such as physical security, insurance, and legal measures. The text also emphasizes the importance of regular asset verification and the need to update asset records as they change.



STATE OF TENNESSEE
 Department of Education
 ATTN: Duplicate Diplomas
 10th floor, Andrew Johnson Tower
 710 James Robertson Parkway
 Nashville, TN. 37243
 Phone 615-532-4867

Tennessee Public High Schools only - DUPLICATE DIPLOMA REQUEST:
 Send request to address above. No GED requests. GED requests need to go through TN Dept of Labor and Workforce Development, Adult Education Div.

Effective immediately, only written and signed requests will be accepted. The student who is requesting the duplicate diploma must sign the form, and must include the \$10.00 fee - Money Order only (NO CHECKS and NO CASH). NO REQUEST WILL BE COMPLETED WITHOUT THE FEE. Please make Money Order payable to: **TREASURER, STATE OF TENNESSEE**
 Please call 615-532-4867 for any questions.

The following is the information needed:

FULL NAME OF STUDENT: (as it was the year you graduated)

NAME OF TENNESSEE PUBLIC HIGH SCHOOL ATTENDED:

CITY & COUNTY WHERE SCHOOL IS LOCATED:

DATE OF GRADUATION (month & year):

Signature of Student making request:

SDE only

Current mailing address to mail diploma:

Telephone: _____

Please allow 2-3 weeks for request to be processed.

BRADLEY COUNTY SHERIFF'S OFFICE
CLEVELAND, TENNESSEE

AUTHORITY FOR RELEASE OF INFORMATION

To Whom It May Concern:

I hereby authorize any investigative or duly accredited representative of the Bradley County Sheriff's Office, bearing this release, or copy thereof, within one (1) year of its date, to obtain any information, relating to my actions, from schools, residential, financial institutions, armed forces, credit bureau, employers, criminal justice agencies, or individuals. This information may include, but is not limited to, academic, military, residential, credit rating, achievement, performance, attendance, personal history, disciplinary, arrest and conviction record.

I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Bradley County Sheriff's Office, and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance or any attempt to comply, with this authorization. Should there by any question as to the validity of this release, you may contact me as indicated below:

Signature (Full Name): _____

Full Name (Print): _____

Other Names Used: _____

Social Security Number: _____

DOB: _____

Current Address: _____

City

State

Zip Code

Telephone Number: () _____

State of Tennessee
County of Bradley

Sworn to me this _____ day of _____, 20_____

Notary Public _____ My Commission Expires: _____

PRIVACY NOTICE

Purpose and Uses

Information provided on this form will be furnished to individuals in order to determine: 1) fitness for Sheriff's Office employment, 2) clearance to perform employment service for the county government, 3) Eligibility for certified law enforcement certifications.

Effects of Nondisclosure

Furnishing the requested information is voluntary, but failure to provide all or part of the information will result in a lack of further consideration for employment, clearance, or access or in the termination of your employment.