



## Knox County Sheriff's Office Merit System Council

**Andrew Johnson Office Building  
912 South Gay Street, Suite L-100  
Knoxville, Tennessee 37902  
(865) 215-4446 • FAX (865) 215-4448**

Jim Jennings, Chairperson  
Jim Wright Jr., Council Member  
Regina Oster, Council Member  
William Schaad, Alternate Council Member

Paula Taylor  
Executive Director

**You must be a High School Graduate or have a GED to apply for any position. You must be at least twenty-one (21) years old to apply for a Correctional Officer Recruit or Patrol Recruit Position and eighteen (18) years old for all other positions.**

The following positions are all entry-level positions that may be applied for through the Merit System. Please understand you may be required to work any shift after employment.

- |   |  |                 |
|---|--|-----------------|
| • | Correctional Officer   | \$32,688.10/yr. |
| • | Patrol Recruit   | \$32,688.10/yr. |
| • | Support Services Clerk   | \$25,393.96/yr. |
| • | Property Officer   | \$23,953.33/yr. |
| • | Receptionist   | \$26,924.75/yr. |
| • | Assistant Kitchen Manager  | \$29,175.99/yr. |
| • | Jail Commissary Assistant  | \$23,953.33/yr. |
| • | Maintenance Specialist   | \$26,924.75/yr. |
| • | Med Tech   | \$32,057.80/yr. |
| • | Registered Nurse (Entry level pay increases based on experience)         | \$53,939.66/yr. |
| • | Licensed Practical Nurse (Entry level pay increases based on experience) | \$40,409.80/yr. |

### Benefits:

Retirement deductions are mandatory; the mandatory amount withheld is 6% of your gross pay. You may choose to have a higher amount withheld; however 6% is automatically deducted.

Blue Cross/Blue Shield of Tennessee Option 1, 2, or 3, Delta Dental, and EyeMed are offered to all new employees. You may choose employee, employee plus spouse, employee plus child (ren), or family coverage. However it is not required that you take this insurance. Health insurance premiums and dental insurance are as follows:

Health:	Employee/Bi-Weekly	Employee + Spouse/Bi-Weekly	Employee + Child(ren)/Bi-Weekly	Family/Bi-Weekly
BC/BS #1	\$15.00	\$85.00	\$74.00	\$120.00
BC/BS #2	\$36.00	\$126.00	\$105.00	\$176.00
BC/BS #3	\$73.00	\$253.00	\$219.00	\$308.00

  

Dental:	Employee/Bi-Weekly	Employee + 1/Bi-Weekly	Family/Bi-Weekly
Delta (Standard)	\$7.80	\$20.09	\$31.25
Delta (High)	\$16.48	\$31.34	\$58.52

  

Vision:	Employee/Bi-Weekly	Employee + 1/Bi-weekly	Family/Bi-Weekly
EyeMed	\$2.96	\$5.42	\$8.31

You accrue one (1) sick leave per month and one (1) annual leave per month. That gives you twelve (12) sick days per year and twelve (12) annual days leave your first year (annual leave is vacation leave). Questions regarding leave can be answered at your employment interview. Also, Knox County has an Employees Credit Union which offers savings accounts, checking accounts, and loan services



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Dear Applicant:

Thank you for your interest in employment with the Knox County Sheriff's Office. The office you will be dealing with during the application process is the Knox County Sheriff's Office Merit System Council. The Merit Council is made up of community volunteers, appointed by the Knox County Board of Commissioners. The purpose of the Merit Council is "To set forth and enforce a structured set of rules and guidelines to favorably influence the professionalism of law enforcement in Knox County through fair hiring, promotion and management practices: and to protect law enforcement personnel from coercion or loss of employment because of political activities of the administration." The Merit Council employs a staff to assist them in these duties. The members of the Council and their staff are:

Jim Jennings, Chairperson  
Jim Wright Jr., Council Member  
Regina Oster, Council Member  
William Schaad, Alternate Council Member  
Paula Taylor, Executive Director  
Nina Walker, Office Manager  
Tonya Wilson, Personnel Investigator  
Tori McMurray, Administrative Secretary

The Tennessee State Legislature enacted legislation in 1970 enabling counties within certain population categories to establish a Merit System for Sheriff's Departments in those counties. The purpose of the legislation is stated above.

The Knox County Sheriff's Office Merit Council also exists to assure that all applicants have equal access and opportunity to apply for employment with the Knox County Sheriff's Office and after new employees have completed a one-year probation period, to assist and protect those employees according to the Policy and Procedures as adopted by the Merit Council.

If you have questions about the hiring and application process, please do not hesitate to contact our Executive Director and the staff at the number listed above.

Again, thank you for your interest and please do not hesitate to contact us if you need assistance or have questions. We wish the best in your pursuit of employment and a long and successful career should you be offered and accept employment with the Knox County Sheriff's Office.

Sincerely,

Jim Jennings  
Council Chairperson

## **NOTICE: INCOMPLETE INFORMATION WILL RESULT IN THE DELAY OF THE PROCESSING OF YOUR APPLICATION**

### **INSTRUCTIONAL INFORMATION SHEET**

This sheet has been prepared for you to aid in executing the application for employment. If there are questions, which are not applicable to you, please indicate this fact with the notation "N/A" in the appropriate area.

If additional space is needed for any section or question on the application, or if you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond to the questions.

### **PURPOSE AND USE**

The principal purpose of employment application forms is to collect information needed to determine qualifications and suitability of applicants for employment. Your completed application may be used to examine, rate and/or assess your qualifications.

### **EFFECTS OF NON-DISCLOSURE**

Because the employment application forms request both optional (other skills, training, social security number, etc.) and mandatory (qualifications and biographical, etc.) data, it is in your best interest to answer all questions. Omission of an item means you may not receive full consideration for a position in which this information is needed. A false answer to a question in the employment application will be grounds for not employing you, or for dismissing you after you begin work. All statements are subject to investigation, including a check of your fingerprints, police records, credit records, and former employers. All information you give will be considered in reviewing your statement.

### **THE FOLLOWING MUST BE FILED WITH YOUR APPLICATION!**

You may return your application Monday-Friday from 8:30 a.m. - 4:30 p.m. to the Merit System Office or it can be emailed to [merit.systems@knoxcounty.org](mailto:merit.systems@knoxcounty.org).

- 1) A copy of your Birth Certificate
- 2) Original high school diploma, or Original GED, or High School Equivalency Test in lieu of Diploma (a copy will be made and original will be returned)
- 3) Recent full faced photograph
- 4) A copy of your driver's license
- 5) DD-214 if you have served in the military (if applicable)
- 6) A copy of your nursing license (if applicable)
- 7) A copy of POST Certificate (if POST Certified)
- 8) A copy of Basic Police Academy Certificate (if POST Certified)
- 9) A copy of hourly breakdown of academy curriculum (if POST Certified outside the State of Tennessee)

**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT ALL OF THE ABOVE INFORMATION ATTACHED!!**

## AMERICAN DISABILITIES ACT – NOTICE TO APPLICANTS

Applicants are considered for all positions without discrimination on the basis of race, sex, color, religion, national origin, disability, or veteran status in employment opportunities or benefits.

This Application is but one part of the hiring and employment process. Other parts may include an interview, an employment examination or test, and a demonstration of an ability to perform the essential functions of the job. If you need an accommodation in order to complete any part of the hiring and employment process, including this application, please call one of the following numbers:

- (865) 215-4446 – Merit Council
- (865) 215-2952 – ADA Office

## MINIMUM REQUIREMENTS FOR POSITIONS WITH THE KNOX COUNTY SHERIFF'S OFFICE

A. Applicants for positions in the Sheriff's Office shall meet the following minimum requirements:

- 1) Be at least twenty-one (21) years of age and bondable (required only for employees in law enforcement). Other employees must be at least eighteen (18) years of age.
- 2) Be a citizen of the United States
- 3) Be a high school graduate or its equivalent (GED)
- 4) Can "not have been convicted of, or pleaded guilty to, or entered a plea of nolo contendere to any felony charge or to any violation of any federal or state laws or municipal ordinances relating to force, violence, theft, dishonesty, gambling, liquor or controlled substances," this includes misdemeanor convictions and moving violations that include alcohol and/or controlled substances such as driving under the influence. (Chapter No. 849, Senate Bill No. 3189, July 2006)
- 5) Can "not have been released or discharged under any other than honorable discharge from any of the armed forces of the United States."
- 6) Must have fingerprints on file with the Tennessee Bureau of Investigation. This is arranged for candidates, as the Knox County Sheriff's Office for employment purposes must fingerprint every candidate. Fingerprints from any other agency are not accepted.
- 7) Must have or be eligible for a valid Tennessee Driver's License. For those employees normally required to operate motor vehicles.
- 8) Must be free of all latent or apparent mental disorders as verified by a qualified professional selected by the Knox County Merit System Council for any positions in Law Enforcement, Corrections, or Civilian classifications, and in all other positions unless waived by the Council.
- 9) Must have passed the departmental physical examination by a licensed physician
- 10) Have a good moral character as determined by background investigation
- 11) Must have passed an entry level exam.
- 12) **All applications MUST be completed in blue or black ink (PLEASE PRINT)**



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<i><u>PLEASE PRINT IN BLUE OR BLACK INK</u></i>		<i><u>YOU MAY BE ASSIGNED TO ANY SHIFT</u></i>	
DATE APPLIED: _____			
POSITION(S) DESIRED: 1) _____ 2) _____ 3) _____			
PERSONAL HISTORY AND RESIDENT INFORMATION			
NAME IN FULL (PRINT) LAST		FIRST	MIDDLE
			SOCIAL SECURITY NUMBER
CURRENT STREET ADDRESS		CITY	STATE ZIP CODE
			CONTACT NUMBER
LIST ALL OTHER NAMES YOU HAVE USED INCLUDING NICKNAMES; IF FEMALE, FURNISH MAIDEN NAME. IF YOU HAVE EVER USED ANY SURNAMES OTHER THAN YOUR TRUE NAME, DURING WHAT PERIOD AND UNDER WHAT CIRCUMSTANCES WERE THESE NAMED USED? IF YOU HAVE EVER LEGALLY CHANGED YOUR NAME GIVE DATE AND COURT.			EMAIL ADDRESS
			PLACE OF BIRTH
PRESENT CITIZENSHIP (COUNTRY)		CITIZENSHIP ACQUIRED BY	
			DATE OF BIRTH
			MO DAY YEAR
DATE AND PLACE NATURALIZED		NATURALIZATION CERTIFICATE NUMBER	
MILITARY SERVICE RECORD			
HAVE YOU EVER SERVED IN ACTIVE DUTY IN THE ARMED FORCES OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>		BRANCH OF MILITARY SERVICE	
		DATES OF ACTIVE DUTY	
		FROM TO	
TYPE OF DISCHARGE	BASIS	IF YOUR DD214 IS NOT HONORABLE, i.e., UNCHARACTERIZED, UNDER HONORABLE CONDITIONS, MEDICAL; PLEASE EXPLAIN	
SERIAL NUMBER	MEMBER OF RESERVE? YES <input type="checkbox"/> NO <input type="checkbox"/> READY <input type="checkbox"/> STANDBY <input type="checkbox"/>		
BRANCH OF SERVICE	WAS ANY TYPE OF DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE SERVICE? (INCLUDE NONJUDICIAL PUNISHMENT(S), IF APPLICABLE) YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain:		
ARE YOU OR HAVE YOU BEEN A MEMBER OF THE NATIONAL GUARD? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YOU ATTEND DRILLS, MEETINGS, OR CAMPS GIVE THE NAME OF THE UNIT AND ITS LOCATION	
PERSONAL DECLARATIONS			
DO YOU USE OR HAVE YOU EVER USED INTOXICANTS? YES <input type="checkbox"/> NO <input type="checkbox"/>		DO YOU USE OR HAVE YOU EVER USED SUCH ITEMS AS MARIJUANA, HASISH, COCAINE, LSD, AMPHETAMINES, HEROIN, OR DRUGS OF A SIMILAR NATURE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
EMERGENCY CONTACT			
NAME OF PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY		ADDRESS	
		CITY STATE ZIP CODE	
RELATIONSHIP TO APPLICANT	HOME PHONE NUMBER	WORK PHONE NUMBER	OTHER MEHOD OF CONTACT

**YOU MUST HAVE AND MAINTAIN THE ABILITY TO WORK ANY SHIFT DURING YOUR CAREER.**

**EDUCATION**

HIGH SCHOOL OR ISSUER OF GED NAME		ADDRESS		GRADUATION OR GED DATE	
COLLEGE OR UNIVERSITY NAME	ADDRESS	YEARS ATTENDED	MAJOR	GPA	
		FROM TO	MINOR	GRADUATION DATE	

SPECIALIZED TRAINING SCHOOLS (INCLUDE NAME, ADDRESS, WHEN ATTENDED, AND AREAS OF STUDY)

**COURT RECORD**

HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH ANY VIOLATION OF LOCAL, STATE OR FEDERAL LAW OR ORDINANCE?  
 YES  NO

**THESE CHARGES WILL SHOW UP WHEN YOUR CRIMINAL HISTORY IS CHECKED. IF YOU DO NOT LIST THEM AND THEY SHOW UP ON THE HISTORY CHECK, YOU WILL HAVE SUBMITTED A FALSE APPLICATION AND WILL BE ELIMINATED FROM ANY CONSIDERATION FOR EMPLOYMENT UNLESS THEY HAVE BEEN DISMISSED.**

**PLEASE BE AWARE IF YOU HAVE BEEN CONVICTED OF, PLED GUILTY TO OR ENTERED A PLEA OF NOLO CONTENDRE TO ANY FELONY CHARGE OR TO ANY MISDEMEANOR VIOLATION OF ANY FEDERAL OR STATE LAWS OR MUNICIPAL ORDINANCES RELATING TO FORCE, VIOLENCE, THEFT, DISHONESTY, GAMBLING, LIQUOR (INCLUDING DRIVING WHILE INTOXICATED, OR CONTROLLED SUBSTANCES, YOU ARE NOT ELIGIBLE FOR EMPLOYMENT WITH THE KNOX COUNTY SHERIFF'S OFFICE AND SHOULD NOT PROCEED WITH THIS APPLICATION.**

NAME USED	DATE OCCURRED	PLACE/CITY/COUNTY/STATE	CHARGE	DISPOSITION	DETAILS

HAVE YOU EVER BEEN A PLAINTIFF OR DEFENDANT IN A COURT ACTION? YES  NO

IF YOU ANSWERED "YES," PLEASE GIVE DATE, PLACE, COURT, NAMES OR PARTIES INVOLVED, NATURE OF ACTION AND FINAL DISPOSITION

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**EMPLOYMENT RECORD**

**NOTE: LIST LAST POSITION FIRST. INCLUDE CHRONOLOGICAL HISTORY OF EMPLOYMENT STARTING WITH CURRENT OR MOST RECENT POSITION. ACCOUNT FOR ALL PERIODS INCLUDING CASUAL EMPLOYMENT AND ALL PERIODS OF UNEMPLOYMENT. BE SURE TO INCLUDE MILITARY EXPERIENCE IF APPLICABLE. IF ADDITIONAL SPACE IS NEEDED FOR EMPLOYMENT HISTORY, ATTACH ADDITIONAL SHEETS OF THE SAME SIZE AS THIS APPLICATION. ALL REFERENCE CHECKS ARE CONDUCTED THROUGH THE US POSTAL SERVICE. ALL APPLICATIONS WITH INCOMPLETE MAILING ADDRESSES WILL NOT BE ACCEPTED.**

NAME OF EMPLOYER	PHONE NUMBER		
ADDRESS	CITY	STATE	ZIP CODE

NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER	REASON FOR LEAVING					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">DATES EMPLOYED</td> <td style="width:50%;">SALARY/EARNINGS</td> <td style="width:30%;">SALARY/EARNINGS PER WEEK</td> </tr> <tr> <td>FROM            TO</td> <td>STARTING \$                      PER                      ENDING \$                      PER</td> <td>FULL TIME                      PART TIME</td> </tr> </table>	DATES EMPLOYED	SALARY/EARNINGS	SALARY/EARNINGS PER WEEK	FROM            TO	STARTING \$                      PER                      ENDING \$                      PER	FULL TIME                      PART TIME
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FROM            TO	STARTING \$                      PER                      ENDING \$                      PER	FULL TIME                      PART TIME				

DESCRIPTIOPN OF WORK: DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIEND, IF APPLICABLE.

NAME OF EMPLOYER	PHONE NUMBER		
ADDRESS	CITY	STATE	ZIP CODE

NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER	REASON FOR LEAVING					
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DESCRIPTIOPN OF WORK: DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIEND, IF APPLICABLE.

<b>EMPLOYMENT RECORD (CONT'D)</b>							
NAME OF EMPLOYER				PHONE NUMBER			
ADDRESS		CITY		STATE		ZIP CODE	
NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER				REASON FOR LEAVING			
DATES EMPLOYED		SALARY/EARNINGS			SALARY/EARNINGS PER WEEK		
FROM	TO	STARTING \$	PER	ENDING \$	PER	FULL TIME	PART TIME
DESCRITIONP OF WORK: DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORTY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIEND, IF APPLICABLE.							
NAME OF EMPLOYER				PHONE NUMBER			
ADDRESS		CITY		STATE		ZIP CODE	
NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER				REASON FOR LEAVING			
DATES EMPLOYED		SALARY/EARNINGS			SALARY/EARNINGS PER WEEK		
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DESCRITIONP OF WORK: DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORTY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIEND, IF APPLICABLE.							
NAME OF EMPLOYER				PHONE NUMBER			
ADDRESS		CITY		STATE		ZIP CODE	
NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER				REASON FOR LEAVING			
DATES EMPLOYED		SALARY/EARNINGS			SALARY/EARNINGS PER WEEK		
FROM	TO	STARTING \$	PER	ENDING \$	PER	FULL TIME	PART TIME
DESCRITIONP OF WORK: DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORTY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIEND, IF APPLICABLE.							
<p>Have you ever been dismissed or asked to resign from any employment or position you have held? <b>YES</b> or <b>NO</b> (Please circle one)</p> <p>If your answer is "<b>YES</b>," please explain on a separate sheet of paper indicating the name of the company, your dates of employment, and reason(s) for you r dismissal/resignation. If you answer "<b>NO</b>" to the above question and your employment background check finds that you have been terminated, you will have submitted a false application and will be eliminated from any consideration of employment.</p>							



**REFERENCES**

PLEASE LIST YOUR REFERENCES (NOT RELATIVES, FORMER OR PRESENT EMPLOYERS, OR FELLOW PRESENT EMPLOYEES) WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITIES, SUCH AS PROPERTY OWNERS, NEIGHBORS, BUSINESS OR PROFESSIONAL MEN OR WOMEN, WHO HAVE KNOWN YOU WELL FOR AT LEAST FIVE YEARS, PREFERABLY THOSE WHO HAVE KNOWN YOU DURING THE PAST THREE YEARS. YOU MUST PUT COMPLETE MAILING ADDRESSES. APPLICATIONS WITH INCOMPLETE ADDRESSES WILL NOT BE ACCEPTED.

COMPLETE NAME	YEARS ACQUAINTED		
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	<b>EMAIL ADDRESS</b>		
COMPLETE NAME	YEARS ACQUAINTED		
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	<b>EMAIL ADDRESS</b>		
COMPLETE NAME	YEARS ACQUAINTED		
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	<b>EMAIL ADDRESS</b>		
COMPLETE NAME	YEARS ACQUAINTED		
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	<b>EMAIL ADDRESS</b>		

**AVAILABILITY OF APPLICANT**

HAVE YOU PREVIOUSLY SUBMITTED AN APPLICATION FOR EMPLOYMENT WITH THE KNOX COUNTY SHERIFF'S OFFICE?      YES       NO

IF YES,    WHEN \_\_\_\_\_ EARLIEST DATE AVAILABLE FOR EMPLOYMENT    HOW MUCH NOTICE TO REPORT TO WORK DO YOU NEED?  
PLACE \_\_\_\_\_

IF APPLYING FOR CLERICAL POSITIONS, PLEASE GIVE APPROXIMATE TYPING SPEED AND LIST ANY OTHER OFFICE SKILLS SUCH AS SHORTHAND, FILING, OFFICE MACHING OPERATION, ETC., WHICH YOU HAVE

**PLEASE ATTACH A PHOTOGRAPH OF YOURSELF THAT WAS TAKEN WITHIN THE LAST THREE MONTHS**



**ATTENTION THIS STATEMENT MUST BE SIGNED**

I understand that all appointments are probationary for a period of one year at the discretion of the Sheriff, subject to rules and regulations set forth by the Knox County Sheriff's Office Merit System. I agree to submit to a physical examination and all other testing when requested. I understand that an appointment tendered me will be contingent upon the results of a complete character and fitness investigation. I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the Knox County Sheriff's Office and may constitute a violation of various criminal statutes. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

\_\_\_\_\_

Date

\_\_\_\_\_

Please print or type name

**AUTHORITY TO RELEASE INFORMATION AND RECORDS (PLEASE PRINT CLEARLY)**

I AGREE TO AND UNDERSTAND THE FOLLOWING:

In authorizing a background investigation, it is understood that an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

To: Any person having knowledge of my conduct or activities; or any past or present employer; or any Credit Bureau, Retail Merchants Association, Bank, Financial Institution, or any other Credit Expending Organization; or any Dean, Registrar, Principal, Counselor, Instructor, or other authorized person at a school, (University, College, High School, Trade School, or other); or any Doctor, Hospital, Clinic or Sanitarium, or any Department or Agency of a City, County, or State Government, or of the Federal Government.

I, \_\_\_\_\_ hereby authorize the Knox County Sheriff's Office or its duly authorized representative, to conduct a background check including, but not limited to, personal interviews for determination of my eligibility to occupy a position of trust in maintaining the public health and safety. I authorize all persons who may have information relevant to this check to disclose it to the Knox County Sheriff's Office or its agents, and I release all persons providing information to the Knox County Sheriff's Office from liability on account of such disclosure. This would include a review of my military service personnel and medical records in the same manner as would be permitted if I represented myself for this purpose. Information to be reviewed may include un-deleted DD 214 Forms and drug/alcohol related information. I hereby further authorize that a photocopy of this authorization may be considered as valid as an original.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

**AUTHORITY TO RELEASE INFORMATION AND RECORDS**

TO: Any person having knowledge of my conduct or activities, any Credit Bureau, Retail Merchants Association, Bank, Financial Institution, or any other Credit Extending Organization.

I, \_\_\_\_\_ hereby authorize the Knox County Sheriff's Office or its duly authorized representative, to conduct a credit check to determine my eligibility to occupy a position of trust in maintaining the public health and safety. I authorize all persons who may have information relevant to this check to disclose it to the Knox County Sheriff's Office or its duly authorized representative and I release all persons providing information to the Knox County sheriff's Office from liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I acknowledge by my signature hereto that this Release constitutes advanced written notice, from the Knox County Sheriff's Office or its duly authorized representative, that a consumer report may be requested for employment purposes.

---

Print or Type Complete Name

---

Social Security Number  
*(For identification only)*

---

Print or Type Complete Address

---

Area Code & Phone Number

---

Signature

---

Date

Criminal History check for: Merit System/Employment

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Complete Middle Name \_\_\_\_\_

List all other names you have used, including nicknames; if female, furnish maiden name. If you have ever used any surnames other than your true name. If you have legally changed your name, give date and court.

\_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (City/State) \_\_\_\_\_

List ALL States of Residence \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ (used for criminal history check only)

Social Security Number \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

\*\*\*\*\*Do Not Write Below This Line – KCSO Use ONLY\*\*\*\*\*

QH \_\_\_\_\_ IQ (list states queried) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

IQ Results \_\_\_\_\_ QWA \_\_\_\_\_ QPO \_\_\_\_\_

Local Warrants \_\_\_\_\_ JIMS History \_\_\_\_\_

Driving Record \_\_\_\_\_ Expiration Date \_\_\_\_\_

SOR \_\_\_\_\_ SOR Status \_\_\_\_\_

(Printouts Attached for all Positive Results)

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_