



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**

Launa Pennell, Chairperson
Terry Lewis, Council Member
Doug Minter, Council Member
Tom Pierce, Alternate Council Member

W. Gary Hall
Executive Director

You must be a High School Graduate or have a GED to apply for any position. You must at least twenty-one (21) years old to apply for a Corrections Officer 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.

• Correctional Officer (Corrections Exam required)*	\$27,972.93/yr
• Communications Specialist I	\$27,972.93/yr
• Support Services Clerk (requires typing speed of 25 wpm)*	\$21,547.36/yr
• Property Officer	\$20,327.70/yr
• PBX/Receptionist	\$19,177.08/yr
• Assistant Kitchen Manager	\$22,840.20/yr
• Jail Commissary Assistant	\$18,091.58/yr
• Warrants Clerk (requires typing speed of 45 wpm)*	\$21,547.36/yr
• Maintenance Specialist	\$22,840.20/yr
• Registered Nurse (Entry level pay increases based on experience)	\$42,282.24/yr
• Licensed Practical Nurse (Entry level pay increases based on experience)	\$32,399.26/yr

(Typing tests will be given when application is turned in. Corrections Exam scheduled after application is processed)

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.

Cigna Consumer, Cigna Silver, Cigna Gold, Cigna Choice, Delta Dental, United Health EPO, and Spectera Vision are offered to all new employees. You may choose family, single, or single plus one coverage. However, it is not required that you take this insurance. Health insurance premiums and Dental insurance premiums are as follows:

Health	Family/Bi-Weekly	Single/Bi-Weekly	Single + 1/Bi-Weekly
Cigna Consumer	\$84.05	\$12.31	\$ 59.05
Cigna Silver	\$96.49	\$16.72	\$ 71.49
Cigna Gold	\$143.77	\$30.65	\$118.77
Cigna Traditional	\$153.77	\$33.15	\$128.77

Dental	Family/Bi-Weekly	Single/Bi-Weekly
Delta	\$39.14	\$13.42
United Health EPO	\$17.70	\$ 4.78

Spectera Eye Vision	Family/Bi-Weekly	Single/Bi-Weekly
	\$ 8.85	\$ 3.69

You accrue one (1) day sick leave per month, and one (1) day annual leave per month. That gives you twelve (12) sick days leave 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. Knox County also 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:

Launa Pennell, Council Chairperson
Terry Lewis, Council Member
Doug Minter, Council Member
Tom Pierce, Alternate Council Member
W. Gary Hall, Executive Director
Paula M. Taylor, Office Manager
Nina R. Lee, Personnel Investigator
Cindy D. Capps, 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 his 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,

Launa Pennell,
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 your aid in executing the application for employment. If there are questions, which are not applicable to you, please indicate this fact 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.

FINGERPRINTING

Go to Room 305 (City/County Building L-3) and ask to be fingerprinted for employment. **TAKE YOUR APPLICATION WITH YOU (COMPLETELY FILLED OUT)** when you go. The officer making your prints will date and initial your application to indicate you have completed this requirement. Fingerprints for applicants are made **TUESDAY AND WEDNESDAY FROM 8:00AM TILL 11:00AM AND FROM 1:00PM TILL 2:30PM**. Fingerprinting for out-of-town applicants will be scheduled through the Merit System Office. **There is no charge for fingerprinting for the candidates for employment.**

THE FOLLOWING MUST BE FILED WITH YOUR APPLICATION!!!

You may return your application to the Merit System Office on **TUESDAYS AND WEDNESDAY'S ONLY, FROM 8:00AM UNTIL 2:30PM. YOU MUST BE FINGERPRINTED PRIOR TO TURNING IN YOUR APPLICATION.** The Merit System office is located in the Andrew Johnson Office Building, 912 S. Gay Street, Suite L-100, Knoxville, Tennessee, 37902. The Merit System office number is (865) 215-4446.

- 1.) **A copy of your Birth Certificate**
- 2.) **A copy of your high school diploma, proof of GED or High School Equivalency Test in lieu of Diploma**
- 3.) **Recent full faced photograph**
- 4.) **DD-214 if you have served in the military**
- 5.) **A copy of your drivers license**

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 achieve the minimum score as set by the Council on any required examination
- 12) **All applications MUST be completed in blue or black ink (PLEASE PRINT)**



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DATE APPLIED: _____				PLEASE PRINT IN BLUE OR BLACK INK				
POSITION(S) DESIRED: 1) _____				2) _____ 3) _____				
PERSONAL HISTORY AND RESIDENT INFORMATION								
NAME IN FULL (PRINT) LAST		FIRST		MIDDLE		SOCIAL SECURITY NUMBER		
CURRENT ADDRESS-STREET			CITY		STATE	ZIPCODE	HOME 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 NAMES USED? IF YOU HAVE EVER LEGALLY CHANGED YOUR NAME GIVE DATE AND COURT.						CELL NUMBER		
						PLACE OF BIRTH		
PRESENT CITIZENSHIP (COUNTRY)			CITIZENSHIP ACQUIRED BY			DATE OF BIRTH		
						MO	DAY	YEAR
DATE AND PLACE NATURALIZED				NATURALIZATION CERTIFICATE NUMBER				
IN THE EVENT THIS INFORMATION BECOMES INVALID, PLEASE GIVE THE NAME AND PHONE NUMBER OF A RELATIVE THROUGH WHOM YOU MAY BE REACHED, OR SOMEONE WHO COULD FURNISH YOUR CURRENT ADDRESS AND PHONE NUMBER.								
NAME		RELATIONSHIP			PHONE NUMBER			
MILITARY SERVICE RECORD								
HAVE YOU EVER SERVED ON 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, COCAIN, 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	ZIPCODE	
RELATIONSHIP TO APPLICANT		HOME PHONE NUMBER		WORK PHONE NUMBER		OTHER METHOD OF CONTACT		

EDUCATION

NAME	ADDRESS	Years Attended	COURSE OF STUDY	GRADUATE? OR GED DATE
HIGH SCHOOL/ISSUER OF GED				
COLLEGE OR UNIVERSITY	LOCATION	FROM	MAJOR	G.P.A.
	DEGREE RECEIVED	TO	MINOR	

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, INCLUDING TRAFFIC TICKETS AND VIOLATIONS?
 YES NO

IF YOU ANSWERED YES TO THE ABOVE QUESTION, YOU MUST LIST THOSE BELOW PROVIDING ALL INFORMATION REQUESTED. THIS MEANS YOU MUST LIST ALL TRAFFIC TICKETS, ALL CHARGES AND/OR ALL ARRESTS NO MATTER HOW LONG AGO THEY OCCURRED OR IF THEY WERE DISMISSED. 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.

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:

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 U.S. POSTAL SERVICE. ALL APPLICATIONS WITH INCOMPLETE MAILING ADDRESSES WILL NOT BE ACCEPTED.

NAME OF EMPLOYER	PHONE NUMBER
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ADDRESS	CITY	STATE	ZIPCODE
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NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER	REASON FOR LEAVING
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DATES EMPLOYED FROM	TO	SALARY/EARNINGS STARTING \$ _____ PER _____	ENDING \$ _____ PER _____	SALARY/EARNINGS PER WEEK _____ FULL TIME/PER WEEK _____ PART TIME
------------------------	----	--	---------------------------	--

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

NAME OF EMPLOYER	PHONE NUMBER
------------------	--------------

ADDRESS	CITY	STATE	ZIPCODE
---------	------	-------	---------

NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER	REASON FOR LEAVING
---	--------------------

DATES EMPLOYED FROM	TO	SALARY/EARNINGS STARTING \$ _____ PER _____	ENDING \$ _____ PER _____	SALARY/EARNINGS PER WEEK _____ FULL TIME/PER WEEK _____ PART TIME
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DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE.

NAME OF EMPLOYER	PHONE NUMBER
------------------	--------------

ADDRESS	CITY	STATE	ZIPCODE
---------	------	-------	---------

NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER	REASON FOR LEAVING
---	--------------------

DATES EMPLOYED FROM	TO	SALARY/EARNINGS STARTING \$ _____ PER _____	ENDING \$ _____ PER _____	SALARY/EARNINGS PER WEEK _____ FULL TIME/PER WEEK _____ PART TIME
------------------------	----	--	---------------------------	--

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

EMPLOYMENT RECORD (CONT'D)

NAME OF EMPLOYER		PHONE NUMBER
ADDRESS	CITY	STATE ZIPCODE
NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER		REASON FOR LEAVING
DATES EMPLOYED FROM TO	SALARY/EARNINGS STARTING \$ PER ENDING \$ PER	SALARY/EARNINGS PER WEEK FULL TIME/PER WEEK PART TIME
DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE.		

NAME OF EMPLOYER		PHONE NUMBER
ADDRESS	CITY	STATE ZIPCODE
NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER		REASON FOR LEAVING
DATES EMPLOYED FROM TO	SALARY/EARNINGS STARTING \$ PER ENDING \$ PER	SALARY/EARNINGS PER WEEK FULL TIME/PER WEEK PART TIME
DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE.		

NAME OF EMPLOYER		PHONE NUMBER
ADDRESS	CITY	STATE ZIPCODE
NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER		REASON FOR LEAVING
DATES EMPLOYED FROM TO	SALARY/EARNINGS STARTING \$ PER ENDING \$ PER	SALARY/EARNINGS PER WEEK FULL TIME/PER WEEK PART TIME
DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE.		

Have you ever been dismissed or asked to resign from any employment or position you have held?

YES NO

If your answer is "YES", please explain on a separate sheet of paper indicating the name of the company, your dates of employment and reason(s) for your dismissal/resignation.

REFERENCES

PLEASE LIST FOUR 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	ZIPCODE
BUSINESS NAME	BUSINESS PHONE NUMBER	OCCUPATION	
COMPLETE NAME		YEARS ACQUAINTED	
ADDRESS	CITY	STATE	ZIPCODE
BUSINESS NAME	BUSINESS PHONE NUMBER	OCCUPATION	
COMPLETE NAME		YEARS ACQUAINTED	
ADDRESS	CITY	STATE	ZIPCODE
BUSINESS NAME	BUSINESS PHONE NUMBER	OCCUPATION	
COMPLETE NAME		YEARS ACQUAINTED	
ADDRESS	CITY	STATE	ZIPCODE
BUSINESS NAME	BUSINESS PHONE NUMBER	OCCUPATION	

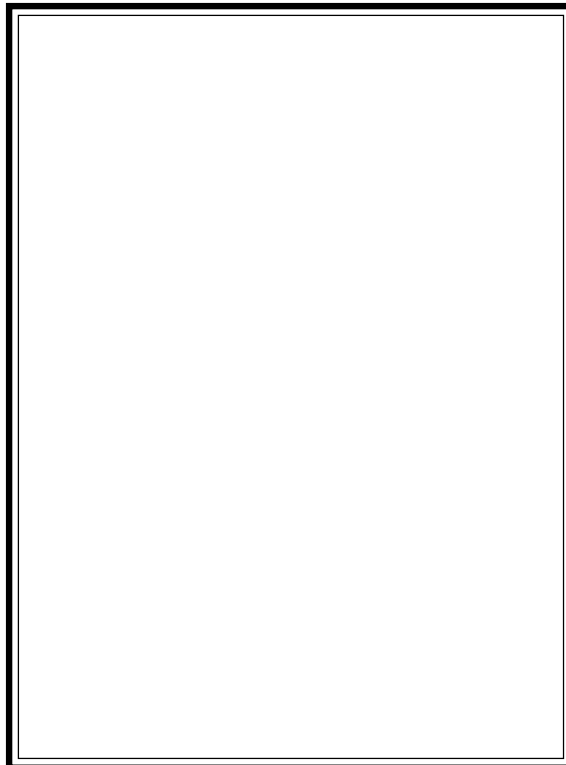
AVAILABILITY OF APPLICANT

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

IF YES, WHEN? _____ PLACE _____	EARLIEST DATE AVAILABLE FOR EMPLOYMENT	HOW MUCH NOTICE TO REPORT TO WORK DO YOU NEED?
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IF APPLYING FOR CLERICAL POSITIONS, PLEASE GIVE APPROXIMATE TYPING SPPED AND LIST ANY OTHER OFFICE SKILLS SUCH AS SHORTHAND, FILING, OFFICE MACHINE OPERATION, ETC., WHICH YOU HAVE:

PLEASE ATTACH A PHOTOGRAPH OF YOURSELF THAT WAS TAKEN WITHIN THE LAST 3 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 any 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 Extending 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 Forms 214 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

RECORDS CHECK INFORMATION
KNOX COUNTY SHERIFF'S OFFICE
MERIT SYSTEM COUNCIL

Last Name _____

First _____ Complete Middle _____

List the name you go by _____

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 ever legally changed your name, give date and court.

Date of birth _____ Place of birth _____

Social Security Number _____ DLN _____ State _____

Race _____ (This is used for criminal history checks only)

Female _____ Male _____

List all states of residence _____

Do Not Write below this line - for use by the Knox County Sheriff's Office only

Please perform criminal history and records checks on this candidate for employment with the Knox County Sheriff's Office. Attach all printouts, copies of card and warrants.

Criminal History _____ Checked by _____ Date _____

WW Wanted Check _____ Checked by _____ Date _____

QPO _____ Checked by _____ Date _____

Warrants Check _____ Checked by _____ Date _____

Local History _____ Checked by _____ Date _____

Card Check _____ Checked by _____ Date _____

Driving Record _____ Checked by _____ Date _____

