



# Morgan County Sheriff's Office

## Sheriff Wayne Potter

414 Main Street  
Wartburg, Tennessee 37887

Phone (423) 346-6262 Fax (423) 346-3904

<i>PLEASE PRINT IN BLUE OR BLACK INK</i>		<i>YOU MAY BE ASSIGNED TO ANY SHIFT</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, HASHISH, 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 METHOD 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
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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 CONTENDERE 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 MORGAN 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 US POSTAL SERVICE. ALL APPLICATIONS WITH INCOMPLETE MAILING ADDRESSES WILL NOT BE ACCEPTED.

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

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

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ADDRESS	CITY	STATE	ZIP CODE
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**EMPLOYMENT RECORD (CONT'D)**

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

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

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FROM            TO	STARTING \$                      PER                      ENDING \$                      PER	FULL TIME                      PART TIME

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NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER	REASON FOR LEAVING
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DATES EMPLOYED	SALARY/EARNINGS	SALARY/EARNINGS PER WEEK
FROM            TO	STARTING \$                      PER                      ENDING \$                      PER	FULL TIME                      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** or **NO** (Please circle one)  
 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. If you answer "NO" 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.

**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 ADDRESSED. APPLICATIONS WITH INCOMPLETE ADDRESSES WILL NOT BE ACCEPTED.

COMPLETE NAME	YEARS ACQUAINTED		
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	EMAIL ADDRESS		

COMPLETE NAME	YEARS ACQUAINTED		
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	EMAIL ADDRESS		

COMPLETE NAME	YEARS ACQUAINTED		
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	EMAIL ADDRESS		

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ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	EMAIL ADDRESS		

COMPLETE NAME	YEARS ACQUAINTED		
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	EMAIL ADDRESS		

**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 Morgan County Sheriff's Department. 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 Morgan 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.

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Date

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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 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 Morgan 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 Morgan County Sheriff's Office or its agents, and I release all persons providing information to the Morgan 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.

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Date

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Signature

Criminal History check for: **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 – MCSO 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: \_\_\_\_\_