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

Bill Lindsey, Chairperson
Roy Kruse, Council Member
Jim Jennings, Council Member
Jim Wright Jr., 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 Corrections Officer 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 $30,812.96/yr.
- Patrol Recruit $30,812.96/yr.
- Support Services Clerk $24,407.88/yr.
- Property Officer $21,767.96/yr.
- Receptionist $25,879.23/yr.
- Assistant Kitchen Manager $25,879.23/yr.
- Jail Commissary Assistant $23,023.19/yr.
- Maintenance Specialist $25,879.23/yr.
- Registered Nurse (Entry level pay increases based on experience) $51,845.12/yr.
- Licensed Practical Nurse (Entry level pay increases based on experience) $38,840.64/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.

Humana Option 1,2, or 3, Delta Dental, United 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**
Humana #1	$12.00	$79.00	$71.00	$114.00
Humana #2	$31.00	$116.00	$100.00	$166.00
Humana #3	$65.00	$235.00	$211.00	$290.00

Dental:	**Employee/Bi-Weekly**	**Employee + 1/Bi-Weekly**	**Family/Bi-Weekly**
Delta	$16.27	$30.92	$55.33
Met Life	$7.66	$23.40	$31.06

Vision:	**Employee/Bi-Weekly**	**Employee + 1/Bi-weekly**	**Family/Bi-Weekly**
EyeMed	$2.79	$5.11	$7.83

You accrue one (1) sick leave per month and one (1) annual leave per month. That gives you twelve (12) sicks 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

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

Bill Lindsey, Chairperson
Roy Kruse, Council Member
Jim Jennings, Council Member
Jim Wright Jr., Alternate Council Member

Paula Taylor
Executive Director

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:

Bill Lindsey, Chairperson
Roy Kruse, Council Member
Jim Jennings, Council Member
Jim Wright Jr., Alternate Council Member
Paula Taylor, Executive Director
Nina Lee, 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,

Bill Lindsey
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.) date, 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, Floor 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 UNTIL 11:00AM AND FROM 1:00PM UNTIL 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 TUESDAY OR WEDNESDAY ONLY, FROM 8:30AM 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) 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)

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) **All applications MUST be completed in blue or black ink (PLEASE PRINT)**

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

PLEASE PRINT IN BLUE OR BLACK INK ***YOU MAY BE ASSIGNED TO ANY SHIFT***

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 AQUIRED BY		DATE OF BIRTH MO DAY YEAR
DATE AND PLACE NATURALIZED		NATURALIZATION CERTIFICATE NUMBER	

THE KNOX COUNTY SHERIFF'S OFFICE HAS A DUTY TO SCREEN APPLICANTS BEFORE HIRING INTO LAW ENFORCEMENT EMPLOYMENT. PUSUANT TO T.C.A. § 50-1-1003(B)(6)(b), PLEASE LIST ALL OF YOUR SOCIAL MEDIA ACCOUNTS AND USERNAMES **(DO NOT LIST PASSWORDS)** IN THE SPACE PROVIDED BELOW.

MILITARY SERVICE RECORD

HAVE YOU EVER SERVED IN ACTIVE DUTY IN THE ARMED FORCES OF THE UNITED STATES? YES ☐ NO ☐	BRANCH OF MILITARY SERVICE	DATES OF ACTIVE DUTY FROM TO

TYPE OF DISCHARGE	BASIS	IF YOUR DD214 IS NOT HONORABLE, i.e., UNCHARACTERIZED, UNDER HONARABLE CONDITIONS, MEDICAL; PLEASE EXPLAIN
SERIAL NUMBER	MEMBER OF RESERVE? YES ☐ NO ☐ READY ☐ STANDBY ☐	
BRANCH OF SERVICE	WAS ANY TYPE OF DISCLIPINARY ACTION TAKEN AGAINST YOU IN THE SERVICE? (INCLUDE NONJUDICAL PUNISHMENT(S), IF APPLICABLE YES ☐ NO ☐ If yes, please explain:	
ARE YOU OR HAVE YOU BEEN A MEMBER OF THE NATIONAL GUARD? YES ☐ NO ☐	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 ☐ NO ☐	DO YOU USE OR HAVE YOU EVER USED SUCH ITEMS AS MARIJUANA, HASISH, COCAIN, LSD, AMPHETAMINES, HEROIN, OR DRUGS OF A SIMILAR NATURE? YES ☐ NO ☐

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 OR EMPLOYMENT WITH THE KNOX COUTNY 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 UNEMPOLOYMENT. 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

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

DESCRITIOPN 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

DESCRITIOPN 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

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

EMPLOYMENT RECORD (CONT'D)

NAME OF EMPLOYER			PHONE NUMBER	
ADDRESS	CITY		STATE	ZIP CODE
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 PART TIME
DESCRITIOPN 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 FROM TO	SALARY/EARNINGS STARTING $ PER	ENDING $ PER		SALARY/EARNINGS PER WEEK FULL TIME PART TIME
DESCRITIOPN 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 FROM TO	SALARY/EARNINGS STARTING $ PER	ENDING $ PER		SALARY/EARNINGS PER WEEK FULL TIME PART TIME
DESCRITIOPN OF WORK: DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORTY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIEND, 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 you r 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 THEREE YEARS. YOU MUST PUT COMPLETE MAILING ADDRESSED. APPLICATIONS WITH INCOMPLETE ADDRESSES WILL NOT BE ACCEPTED.

COMPLETE NAME		YEARS ACQUAINTED	
ADDRESS	CITY	STATE	ZIP CODE
BUSINESS NAME	BUSINESS PHONE NUMBER	OCCUPATION	
COMPLETE NAME		YEARS ACQUAINTED	
ADDRESS	CITY	STATE	ZIP CODE
BUSINESS NAME	BUSINESS PHONE NUMBER	OCCUPATION	
COMPLETE NAME		YEARS ACQUAINTED	
ADDRESS	CITY	STATE	ZIP CODE
BUSINESS NAME	BUSINESS PHONE NUMBER	OCCUPATION	
COMPLETE NAME		YEARS ACQUAINTED	
ADDRESS	CITY	STATE	ZIP CODE
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 _____ EARLIEST DATE AVAILABLE FOR EMPLOYMENT HOW MUCH NOTICE TO REPORT TO WORK DO YOU NEED?

PLACE

IF APPLYING FOR CLERICAL POSITIONS, PLEAS 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 personas 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

KNOX COUNTY SHERIFF'S OFFICE

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 _____

(Printouts Attached for all Positive Results)

Completed By: _____ Date: _____

INFORMATION NEEDED FOR FINGERPRINTING
PLEASE FILL OUT AND GIVE TO THE OFFICER WHO FINGERPRINTS YOU

FULL NAME _____ _____ _____
LAST FIRST MIDDLE

ALIASES/MAIDEN _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY NUMBER _____

SEX _____

RACE _____

EYES _____

HAIR _____

WEIGHT _____