

MERIT SYSTEM COUNCIL
912 S. GAY STREET, SUITE L-100
KNOXVILLE, TN 37902
TELEPHONE (865) 215-4446 FAX (865) 215-4448

APPLICATION FOR EMPLOYMENT

The following positions are all entry-level positions that maybe applied for through the Merit System. Please understand you may be required to work any shift after employment. Please visit our website at www.knoxcounty.org/meritsystem for immediate openings and benefit information.

➤ Correctional Officer	\$34,329.21/yr.
➤ Patrol Officer (active P.O.S.T. certified only)	\$38,875.75/yr.
➤ Support Services Tech	\$25,901.84/yr.
➤ Property Officer	\$24,432.40/yr.
➤ Assistant Kitchen Manager	\$29,759.51/yr.
➤ Jail Commissary Assistant	\$24,432.40/yr.
➤ Med Tech	\$32,698.96/yr.
➤ Licensed Practical Nurse (Entry level pay increases based on experience)	\$41,218.00/yr.
➤ Registered Nurse (Entry level pay increases based on experience)	\$55,018.45/yr.

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 position and eighteen (18) years old for all other positions.

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 section 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.

A COPY OF THE FOLLOWING ITEMS MUST BE ATTACHED TO YOUR APPLICATION:

- 1). Birth Certificate
- 2). High School Diploma, GED, or High School Equivalency
- 3). Driver's License
- 4). DD-214 (if applicable)
- 5). Nursing License (if applicable)
- 6). P.O.S.T. Certificate, Basic Police Academy Certificate, and hourly breakdown of academy curriculum (if P.O.S.T. Certified outside the state of Tennessee) (if applicable)

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, and an ability to perform the essential functions of the job. If you need accommodations in order to complete any part of the hiring and employment process, including this application, please call one of the following numbers: (865) 215-2952 ADA Office or (865) 215-4446 Merit System Council.

MINIMUM REQUIREMENTS FOR POSITIONS WITH KNOX COUNTY SHERIFF'S OFFICE

- 1). Be at least 21 years of age and bondable (required only for employees in law enforcement). Other employees must be at least 18 years of age.
- 2). Be a citizen of the United States
- 3). Be a high school graduate or its equivalent (GED)
- 4). Cannot be convicted of, or plead 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 substance such as driving under the influence. (Chapter No. 849, Senate Bill No.3189, July 2006)
- 5). Cannot 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 Merit System for any position 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 a background investigation.
- 11). Must have passed an entry-level exam.

MERIT SYSTEM COUNCIL
APPLICATION FOR KNOX COUNTY SHERIFF'S OFFICE

Position(s) applied for: _____

Name: _____
 (First) (Middle) (Last)

List all other names you have used: including maiden name or other legal name change(s):

Address: _____
 (Street) (City) (State) (Zip Code)

Telephone Number(s): _____

U.S. Citizen YES _____ NO _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Email Address: _____

High School or Issuer of GED: _____

Graduation Date or GED Date: _____

Military Service: YES _____ NO _____ (If answer is yes, please answer questions below)

Date of Discharge: _____ Type of Discharge: _____

PERSONAL DECLARATIONS

Have you ever used any illegal drugs? YES _____ NO _____

Do you use or have you used any of the following in the last 12 months: Marijuana, Cocaine, or any other illegal drugs? YES _____ NO _____

Have you ever been accused of any previous incidents of institutional or community sexual misconduct or sexual abuse? YES _____ NO _____

COURT RECORD

Have you ever been arrested or charged with any violation of local, state or federal ordinances?

YES _____ NO _____

➤ **If you have a conviction that has been expunged, please attach a copy of the court documents.**

If you answered “yes” to the question above, please fill out the information below.

Date: _____ Place: _____ Charge: _____

Disposition: _____

Date: _____ Place: _____ Charge: _____

Disposition: _____

Date: _____ Place: _____ Charge: _____

Disposition: _____

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 or expunged. 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, State or Municipal ordinances relating to force, violence, theft, dishonesty, gambling, liquor (including D.W.I) or controlled substances, you are not eligible for employment with the Knox County Sheriff’s Office and should NOT proceed with this application.

Have you ever been a plaintiff or defendant in a court action? YES _____ NO _____

Do you have any pending cases? YES _____ NO _____

If you answered “YES” to either question please give the date, place, names or parties involved, nature of action and disposition.

EMPLOYMENT HISTORY

Beginning with your current employer please list the last ten years of employment. Please include any casual employment and all period(s) of unemployment. Be sure to include any military experience if applicable. If additional space is needed to complete your employment history, please attach.

Name of Employer: _____ *Position/Title:* _____

Address: _____ *City:* _____ *State:* _____

Zip Code: _____ *Phone Number:* _____ *Dates Employed:* _____

Reason for Leaving: _____

Description of work duties be sure to include any supervisory or managerial experience if applicable.

Name of Employer: _____ *Position/Title:* _____

Address: _____ *City:* _____ *State:* _____

Zip Code: _____ *Phone Number:* _____ *Dates Employed:* _____

Reason for Leaving: _____

Description of work duties be sure to include any supervisory or managerial experience if applicable.

Name of Employer: _____ *Position/Title:* _____

Address: _____ *City:* _____ *State:* _____

Zip Code: _____ *Phone Number:* _____ *Dates Employed:* _____

Reason for Leaving: _____

Description of work duties be sure to include any supervisory or managerial experience if applicable.

**Please list any previous law enforcement position(s) you have held:
Specify if the position was patrol, jailor, or civilian related.**

Agency: _____

Position: _____

Dates of Employment: _____

Agency: _____

Position: _____

Dates of Employment: _____

Agency: _____

Position: _____

Dates of Employment: _____

Have you previously submitted an application for employment with the Knox County Sheriff's Office?

YES _____ NO _____

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

YES _____ NO _____

If you answered "YES" please explain below indicating the name of the company, dates of employment, and the reason(s) for your resignation/dismissal. If you answered "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.

PERSONAL REFERENCES

Please list your references (please exclude relatives and present co-workers) 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 for at least five (5) years. **You must list a complete mailing address or a complete email address for each reference.**

Complete Name: _____ Years Acquainted: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone Number _____

Email: _____

Complete Name: _____ Years Acquainted: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone Number _____

Email: _____

Complete Name: _____ Years Acquainted: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone Number _____

Email: _____

Complete Name: _____ Years Acquainted: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone Number _____

Email: _____

EMERGENCY CONTACT

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Relationship to Applicant: _____

Phone Number(s): Cell: _____ Work: _____

ATTENTION: THIS STATEMENT MUST BE SIGNED

I also understand that all appointments are probationary for a period of one year at the discretion of the Sheriff, subject to the rules and regulations of the Merit System Council. I agree to submit to a physical examination and all other testing when requested. I understand that an appointment tendered to 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.

PRINT OR TYPE COMPLETE NAME:

APPLICANT SIGNATURE:

DATE: _____

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 to receive additional, detailed information about the nature and scope of the investigation.

To: Any person having knowledge of my conduct or activities, or any past employer; Credit Bureau, Retail Merchant Association, Bank, Financial Institution, or any other Credit Extending Organization; or any Dean, Registrar, Principal, Counselor, Instructor, or other authorized person at 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, State, or 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 the original.

APPLICANT 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 your maiden name. IF you have used any surnames other than your true name. If you have legally changed your name, give a date and court.

Date of birth: _____ Place of birth (City/State): _____

List all states of residence: _____ , _____ , _____ , _____ , _____ , _____

Driver's License Number _____ State: _____ Expiration 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: _____