

**RUTHERFORD COUNTY SHERIFF'S OFFICE  
MURFREESBORO, TENNESSEE**

**PERSONAL HISTORY SHEET**

FULL NAME:

DATE:

General Instructions **TYPE OR PRINT ANSWER TO EVERY QUESTION. USE BLACK INK ONLY.** If a question does not apply to you, indicate so with N/A. If the space available is insufficient, use a separate sheet of paper and precede each answer with the number of the referenced question. **LIST COMPLETE ADDRESSES (NUMERICAL, STREET, CITY, STATE ZIP CODE)** **DO NOT MISSTATE OR OMIT ANY MATERIAL FACTS SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION. FAILURE TO FOLLOW INSTRUCTIONS WILL SUBJECT YOU TO DISQUALIFICATION.**

Please indicate which Department is your first choice and place a checkmark beside any other department if you are interested.

_____	_____ Administration	_____ Food Service	* Must be state certified
First Choice	_____ Civil Warrants	_____ Medical	
	_____ Communications	_____ Patrol	
	_____ Criminal Warrants *	_____ School Resource *	_____
	_____ Detective *	_____ Special Enforcement *	[Certification Number]
	_____ Detention	_____ Warrants/Records	
	_____ Transport	_____ Reserve	

1. LAST NAME FIRST MIDDLE

2. PRESENT ADDRESS

3. MALE FEMALE 4. ALIAS(ES), NICKNAMES, MAIDEN NAME OR OTHER CHANGES

<input type="checkbox"/>	<input type="checkbox"/>
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5. DATE OF BIRTH 6. PLACE OF BIRTH (CITY,COUNTY,STATE) 7. U. S. CITIZEN

8. SOCIAL SECURITY # 9. DRIVERS LICENSE # AND STATE

10. TELEPHONE # AND ALTERNATE # 11. HEIGHT 12. WEIGHT

13. EYE COLOR 14. HAIR COLOR

16. MARRIAGE STATUS  
single \_\_\_\_\_ engaged \_\_\_\_\_ married \_\_\_\_\_ separated \_\_\_\_\_ divorced \_\_\_\_\_ widowed \_\_\_\_\_

17. NAME AND ADDRESS OF FIANCÉE OR SPOUSE (IF APPLICABLE)

<b>18. MILITARY RECORD:</b>					
HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? YES _____ NO _____					
BRANCH OF SERVICE: _____					
SERVED FROM : _____ TO: _____					
A. WHILE IN THE MILITARY WERE YOU EVER CONVICTED FOR AN OFFENSE IN A TRIAL BY DECK COURT OR BY SUMMARY, SPECIAL, OR GENERAL COURT-MARTIAL? ADDITIONALLY, HAVE YOU BEEN SUBJECT TO ANY DISCIPLINARY ACTION? YES _____ NO _____					
IF YES, GIVE DATE, PLACE, LAW ENFORCING AUTHORITY, TYPE OF COURT OR COURT MARTIAL, OR UNIT WHERE ACTION OCCURRED, AND CHARGE AND ACTION TAKEN FOR EACH INCIDENT. ATTACH ALL THIS INFORMATION ON A SEPARATE SHEET OF PAPER.					
B. ARE YOU PRESENTLY A MEMBER OF THE U.S. RESERVE, NATIONAL OR STATE GUARD ORGANIZATION? YES _____ NO _____					
GRADE					
UNIT AND ADDRESS		INACTIVE <input type="checkbox"/>	STANDBY <input type="checkbox"/>		
C. DO YOU PRESENTLY HAVE ANY RESERVE OBLIGATION? YES _____ NO _____					
IF YES, LENGTH OF TIME REMAINING. _____					
<b>19. EDUCATION:</b>					
A. LIST ALL SENIOR HIGH SCHOOLS ATTENDED					
NAME AND COMPLETE ADDRESS		DATES ATTENDED		GRADUATED	
		FROM	TO	YES	NO
B. HIGHER EDUCATION. LIST ALL COLLEGES AND/OR UNIVERSITIES ATTENDED					
NAME AND COMPLETE ADDRESS					
1					
2					
3					
4					
IN THE FOLLOWING SPACES PROVIDE THE INFORMATION REQUESTED. INSURE THAT THE INFORMATION CORRESPONDS WITH THE APPROPRIATE COLLEGE AND/OR UNIVERSITY LISTED ABOVE					
DATES ATTENDED		CREDIT HOURS		DEGREE RECEIVED	YEAR RECEIVED
FROM	TO	semester	quarter		
1					
2					
3					
4					

COLLEGE COURSE MAJOR: \_\_\_\_\_  
 COLLEGE COURSE MINOR: \_\_\_\_\_

**B. (CONTINUED)**

HAVE YOU EVER BEEN DISMISSED FROM COLLEGE OR HAD ANY DISCIPLINARY ACTION?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES COMPLETE BELOW.

SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPE OF ACTION: \_\_\_\_\_

**C.** OTHER SCHOOLS OR TRAINING (TRADE, VOCATIONAL, BUSINESS, OR MILITARY) GIVE THE NAME OF SCHOOL, LOCATION, DATES ATTENDED, SUBJECTS(S), STUDIED, DATE GRADUATED, AND ANY OTHER PERTINENT INFORMATION.

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

**20. FOREIGN LANGUAGE: ENTER LANGUAGE KNOWN AND INDICATE YOUR KNOWLEDGE OF EACH BY PLACING AN "X" IN THE PROPER COLUMN.**

LANGUAGE	READING		SPEAKING			UNDERSTANDING		
	EXC.	GOOD	EXC.	GOOD	FAIR	EXC.	GOOD	FAIR

**21. SPECIAL QUALIFICATIONS AND SKILLS:**

**A.** INDICATE TYPE OF SPECIAL LICENSE SUCH AS PILOT, RADIO OPERATOR, ETC. SHOWING LICENSING AUTHORITY, WHERE THE LICENSE WAS FIRST ISSUED, AND DATE CURRENT LICENSE EXPIRES. (EXCEPT VEHICLE OPERATOR LICENSE)

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

**B.** SPECIAL QUALIFICATIONS NOT COVERED IN APPLICATION. FOR EXAMPLE, YOUR MOST IMPORTANT PUBLICATIONS (DO NOT SUBMIT COPY), YOUR PATENTS OR INVENTIONS, PUBLIC SPEAKING AND PUBLICATION EXPERIENCE IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, AND HONORS AND FELLOWSHIPS RECEIVED.

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

**22. VEHICLE OPERATOR'S LICENSE (DRIVER'S, CHAUFFEUR, ETC.)**

GIVE THE FOLLOWING INFORMATION CONCERNING ANY VEHICLE OPERATOR'S LICENSE YOU HAVE HELD OR NOW HOLD.

LICENSE # AND STATE OF ISSUE		RESTRICTIONS

A. HAVE YOU EVER BEEN DENIED ISSUANCE OF A VEHICLE OPERATOR LICENSE, OR HAVE YOU EVER HAD A VEHICLE OPERATOR LICENSE SUSPENDED, REVOKED, OR CANCELLED? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES EXPLAIN FULLY BELOW.

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B. HAVE YOU EVER HAD AUTO INSURANCE WITHDRAWN, REVOKED, OR HAVE YOU EVER BEEN REFUSED AUTO INSURANCE? YES \_\_\_\_\_ NO \_\_\_\_\_ (IF YES EXPLAIN REASON, NAME AND ADDRESS OF COMPANY, AND DATE(S) OF OCCURRENCE(S)).

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C. LIST THE NAME AND ADDRESS OF THE INSURANCE COMPANY WITH WHOM YOU PRESENTLY HAVE AUTO INSURANCE. TENNESSEE LAW REQUIRES THAT YOU HAVE AT LEAST LIABILITY INSURANCE ON ALL MOTOR VEHICLES.

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D. LIST ALL TRAFFIC ACCIDENTS IN WHICH YOU WERE A DRIVER. INDICATE WHETHER THE ACCIDENT WAS CHARGEABLE OR NON-CHARGEABLE, AND THE APPROXIMATE DATE AND LOCATION.

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**23. FAMILY:**

LIST IN THE ORDER GIVEN, SHOWING RELATIONSHIP, PARENTS, GUARDIANS, STEP-PARENTS  
FOSTER PARENTS, PARENTS-IN-LAW, BROTHERS, SISTERS, HALF OR STEP, EVEN THOUGH  
THE INDIVIDUAL MAY BE DECEASED.

RELATIONSHIP	NAME		TELEPHONE NUMBER
FATHER			
MOTHER			
Spouse's Father			
Spouse's Mother			

**24. ARREST, CONVICTIONS, AND LITIGATION:**

- A. HAVE YOU EVER BEEN ARRESTED FOR A CRIMINAL OFFENSE; FELONY, MISDEMEANOR, MISDEMEANOR ARREST CITATION? YES \_\_\_\_\_ NO \_\_\_\_\_ [If Yes, Attach Explanation]
  - B. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE; FELONY, MISDEMEANOR, OR MISDEMEANOR ARREST CITATION? YES \_\_\_\_\_ NO \_\_\_\_\_
  - C. HAVE YOU EVER RECEIVED AND/OR BEEN CONVICTED OF A TRAFFIC OFFENSE, INCLUDING PARKING VIOLATIONS? (CONVICTIONS ALSO MEANS THE PAYMENT OF FINES)  
YES \_\_\_\_\_ NO \_\_\_\_\_
  - D. HAVE YOU EVER BEEN INVOLVED IN ANY CIVIL COURT ACTION? YES \_\_\_\_\_ NO \_\_\_\_\_
  - E. HAVE YOU EVER BEEN FINGERPRINTED FOR ANY REASON (OTHER THAN ARREST NOTED ABOVE)? YES \_\_\_\_\_ NO \_\_\_\_\_
  - F. HAVE YOU EVER BEEN SERVED WITH A CRIMINAL SUMMONS? YES \_\_\_\_\_ NO \_\_\_\_\_
- IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, LIST EXPLANATION BELOW.  
INCLUDE DATE OF INCIDENT, PLACE OF INCIDENT, BRIEF EXPLANATION OF INCIDENT, AND FINAL OUTCOME OF INCIDENT(COURT ACTION).

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1. HAVE THE POLICE EVER BEEN CALLED TO YOUR RESIDENCE FOR ANY REASON? IF YES EXPLAIN WHEN WHERE, ETC...

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2. HAVE YOU EVER BEEN IN A PHYSICAL CONFRONTATION OR ALTERCATION WITH YOUR SPOUSE, EX-SPOUSE OR CHILDREN, RELATIVES, BOYFRIENDS, PARENTS OR ANYONE ELSE?(IF YES, EXPLAIN WHERE, WHEN, ETC.)

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3. HAVE YOU EVER HAD A CIVIL ORDER PLACED AGAINST YOU? (ORDER OF PROTECTION, RESTRAINING ORDER, INJUNCTION AGAINST HARASSMENT.)

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**25. RESIDENCES:**

LIST ALL RESIDENCES FOR THE LAST 10 YEARS. START WITH PRESENT ADDRESS.

FROM	TO	ADDRESS(NUMERICAL, STREET, CITY, STATE, ZIP CODE)

**26. REFERENCES:**

CHARACTER REFERENCES (DO NOT INCLUDE RELATIVES, FORMER EMPLOYERS, OR PERSONS LIVING OUTSIDE THE UNITED STATES OR IT'S TERRITORIES.) LIST THREE CHARACTER REFERENCES THAT HAVE A DEFINITE KNOWLEDGE OF YOUR SKILLS AND QUALIFICATIONS FOR WHICH YOU ARE APPLYING.

NAME	ADDRESS (NUMERICAL, STREET, CITY, ST, ZIP)	HOME PHONE
		( )
		( )
Next Door Neighbor	Address (numerical, street, city, state, zip)	Home Phone
		( )
		( )
		( )

**27. SUBVERSIVE ORGANIZATIONS:**

- A.** ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION(S) ANYWHERE? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
- B.** ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A RACIST ORGANIZATION? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
- C.** ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? THIS IS TO INCLUDE HATE TYPE GROUPS. EXAMPLES-KU KLUX KLAN, SKINHEADS, ARYAN NATIONS, ETC.  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_
- D.** ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE, AS AN AGENT, OFFICIAL, OR EMPLOYEE? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
- E.** ARE YOU NOW ASSOCIATING WITH OR HAVE ASSOCIATED WITH ANY INDIVIDUALS, INCLUDING RELATIVES, WHO YOU KNOW OR HAVE REASON TO BELIEVE ARE OR HAVE BEEN MEMBERS OF ANY ORGANIZATIONS IDENTIFIED ABOVE? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
- F.** HAVE YOU EVER BEEN ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OF ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE: CONTRIBUTION(S) TO, ATTENDANCE OF OR PARTICIPATION IN ANY ORGANIZATION, SOCIAL, OR OTHER ACTIVITIES, OR DISTRIBUTION OF ANY WRITTEN, PRINTED, OR OTHER MATTER, PREPARED, REPRODUCED, OR PUBLISHED, BY THEM OR ANY OF THEIR AGENTS?  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_
- G.** ARE YOU NOW OR HAVE YOU EVER BEEN ASSOCIATED WITH ANY GANG, CLUB OR OTHER ORGANIZATION THAT IS OR HAS BEEN INVOLVED IN ANY ILLEGAL CONSPIRACY, DRUG TRAFFICKING, OR OTHER UNLAWFUL ACTIVITY OR CRIMINAL ACT. **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
- [TCA 40-35-121. CRIMINAL GANG OFFENSES - ENHANCED PUNISHMENT - PROCEDURE.**  
(a) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:  
(1) "CRIMINAL GANG" MEANS A FORMAL OR INFORMAL ONGOING ORGANIZATION, ASSOCIATION, OR GROUP CONSISTING OF THREE (3) OR MORE PERSONS THAT HAS:  
(A) AS ONE (1) OF ITS ACTIVITIES THE COMMISSION OF CRIMINAL ACTS; AND  
(B) TWO (2) OR MORE MEMBERS WHO, INDIVIDUALLY OR COLLECTIVELY, ENGAGE IN OR HAVE ENGAGED IN A PATTERN OF CRIMINAL GANG ACTIVITY." ]
- IF YES TO ANY OF THE ANSWERS ABOVE, DESCRIBE THE CIRCUMSTANCES IN DETAIL ON A SEPARATE SHEET AND ATTACH TO APPLICATION.**

28. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO TAKE OR WHICH MIGHT REQUIRE FURTHER EXPLANATION? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

29. HAVE YOU APPLIED FOR A POSITION WITH ANY OTHER LAW ENFORCEMENT OR GOVERNMENT AGENCY? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF AGENCY	ADDRESS(NUMERICAL, STREET ETC.	APPROX. DATE APPLIED

30. HOBBIES AND SPORTS:

ACTIVITY	AWARDS/CERTIFICATIONS

31. LIST ALL RELATIVES EMPLOYED OR FORMERLY EMPLOYED BY THE RUTHERFORD COUNTY SHERIFF'S DEPARTMENT.

NAME	RELATION	ADDRESS	PHONE

32. FRIENDS OR ACQUAINTANCES EMPLOYED BY THE RUTHERFORD COUNTY SHERIFF'S DEPARTMENT

NAME	ADDRESS	PHONE

**33. EMPLOYMENT:**

A. HAVE YOU EVER BEEN DISCHARGED, ASKED TO RESIGN, LAID -OFF, OR PUT ON INACTIVE STATUS FOR CAUSE, OR SUBJECTED TO DISCIPLINARY ACTION WHILE IN ANY POSITION (EXCEPT MILITARY)?  
YES \_\_\_\_\_ NO \_\_\_\_\_

B. HAVE YOU EVER RESIGNED (QUIT) AFTER BEING INFORMED YOUR EMPLOYER INTENDED TO DISCHARGE YOU FOR ANY REASON?                      YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YES TO EITHER QUESTION, LIST EXPLANATION ON A SEPARATE SHEET EXPLAINING REASON, NAME OF AGENCY, LOCATION OF AGENCY, AND DATE LEFT.**

C. WILL YOUR PRESENT POSITION BE IN JEOPARDY IF CONTACTED BY THE RUTHERFORD COUNTY SHERIFF'S OFFICE?                      YES \_\_\_\_\_ NO \_\_\_\_\_

D. AT THIS TIME DO YOU AGREE TO ALLOW THE RUTHERFORD COUNTY SHERIFF'S OFFICE TO CONTACT ANY AND AND/OR ALL PRESENT EMPLOYERS? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

BEGINNING ON PAGE 10 START WITH PRESENT EMPLOYER AND WORK BACKWARDS FOR THE PAST 10 YEARS. INCLUDE ALL PART-TIME, TEMPORARY, AND/OR SEASONAL EMPLOYMENT. DURING PERIODS OF UNEMPLOYMENT OR ATTENDING SCHOOL, INDICATE THIS WHERE APPROPRIATE. INSURE THAT THERE ARE NO GAPS.

**LIST COMPLETE ADDRESSES(NUMERICAL, STREET, CITY, STATE AND ZIP CODES, TELEPHONE NUMBERS WITH AREA CODES.**

**EMPLOYMENT CONTINUED**

FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	

**EMPLOYMENT CONTINUED**

FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME/ADDRESS OF EMPLOYER	REASON LEFT	JOB TITLE
TO DATE		TELEPHONE NUMBER	
SALARY		NAME OF SUPERVISOR	

**READ EACH OF THE FOLLOWING STATEMENTS CAREFULLY YOU MUST PLACE YOUR INITIALS AT THE END OF EACH STATEMENT INDICATING THAT YOU HAVE READ AND UNDERSTAND EACH STATEMENT. IF YOU DO NOT UNDERSTAND ONE OF THE STATEMENTS, ASK FOR AN EXPLANATION PRIOR TO INITIALING.**

34. I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS, AND THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH.

\_\_\_\_\_

35. I AGREE AND CONSENT IN ADVANCE TO BEING IMMEDIATELY DISQUALIFIED AND/OR DISCHARGED IF ANY OF THE ABOVE INFORMATION CONTAINS ANY MISREPRESENTATIONS, OR FALSIFICATIONS OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED. HOWEVER, I DO REALIZE THAT I WILL HAVE THE OPPORTUNITY TO DISCUSS THIS MATTER BEFORE BEING DISQUALIFIED AND/OR DISCHARGED.

\_\_\_\_\_

36. I FURTHER VERIFY THAT THE INITIALS NOTED ABOVE ARE MY INITIALS AND MADE BY ME. I ALSO VERIFY THAT I HAVE READ AND UNDERSTAND EACH OF THE STATEMENTS LISTED ABOVE.

\_\_\_\_\_

**NOTARY ACKNOWLEDGEMENT**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

PERSONALLY APPEARED BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC FOR SAID COUNTY AND STATE, \_\_\_\_\_, TO ME KNOWN (OR PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE) TO BE THE PERSON WHO EXECUTED THE WITHIN INSTRUMENT FOR THE PURPOSES THEREIN CONTAINED.

WITNESS MY HAND, AT OFFICE, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_ MY COMMISSION EXPIRES \_\_\_\_\_

NOTARY PUBLIC

**THIS APPLICATION IS TO BE NOTARIZED. THEREFORE, SIGNATURE OF APPLICANT MUST BE AFFIXED BEFORE AUTHORIZED NOTARY PUBLIC.**

**PERSONAL INQUIRY WAIVER**

TO: \_\_\_\_\_  
(FOR POLICE PERSONNEL ONLY)

I RESPECTFULLY REQUEST AND AUTHORIZE YOU TO FURNISH THE RUTHERFORD COUNTY SHERIFF'S OFFICE ANY AND ALL INFORMATION THAT YOU MAY HAVE CONCERNING MY WORK RECORD, MY SCHOOL RECORD, MY REPUTATION, MY FINANCIAL AND CREDIT STATUS, AND MY CRIMINAL RECORD. THIS INFORMATION IS TO BE USED TO ASSIST THE RUTHERFORD COUNTY SHERIFF'S OFFICE IN DETERMINING MY QUALIFICATIONS AND FITNESS FOR THE POSITION I AM SEEKING WITH THEM.

I UNDERSTAND THAT THE SOURCE OF ANY NEGATIVE INFORMATION WILL REMAIN CONFIDENTIAL.

I FURTHER UNDERSTAND THAT ALL INFORMATION AND MATERIALS GATHERED ARE PROPERTY OF THE INVESTIGATING AGENCY.

I HEREBY RELEASE YOU, YOUR ORGANIZATION OR OTHERS FROM ANY LIABILITY OR DAMAGE WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED ABOVE.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS (NUMERICAL, STREET, CITY, STATE, ZIP CODE)

**NOTARY ACKNOWLEDGEMENT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

PERSONALLY APPEARED BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC FOR SAID COUNTY AND STATE, \_\_\_\_\_, TO ME KNOWN (OR PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE) TO BE THE PERSON WHO EXECUTED THE WITHIN INSTRUMENT FOR THE PURPOSE THEREIN CONTAINED.

WITNESS MY HAND, AT OFFICE, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES \_\_\_\_\_

**THE FOLLOWING FORMS AND INFORMATION ARE REQUESTED TO COMPLETE THE NECESSARY BACKGROUND INVESTIGATION TO SATISFY REQUIREMENTS. YOU ARE REQUIRED TO ATTACH COPIES OF EACH OF THE LISTED ITEMS BELOW WITH YOUR APPLICATION IF THEY APPLY TO YOU. FAILURE TO DO SO MAY RESULT IN DISQUALIFICATION FROM HIRING PROCESS.**

1. SOCIAL SECURITY CARD
2. BIRTH CERTIFICATE-NOTARIZED COPY
3. HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE
4. COLLEGE DIPLOMA AND TRANSCRIPT
5. MILITARY DISCHARGE PAPERS (DD-214)
6. DRIVER'S LICENSE
7. DOCUMENTATION OF NAME CHANGES (VIA MARRIAGE, DIVORCE, ETC.)
8. P.O.S.T. CERTIFICATION( IF PRIOR LAW ENFORCEMENT)
9. CERTIFICATE OF LAW ENFORCEMENT BASIC TRAINING (IF COMPLETED)
10. CONFIRMATION OF MEDICAL EXAMINATION (IF REQUIRED BY DEPARTMENT)

ATTACH ANY ADDITIONAL CERTIFICATES, DIPLOMAS AS WELL AS REFERENCE LETTERS TO APPLICATION ALSO.

**PLEASE REMEMBER THERE ARE TWO PLACES FOR NOTARY PUBLIC SIGNATURES. THEY ARE BOTH TO BE SIGNED OR YOUR APPLICATION WILL BE RENDERED INCOMPLETE.**