



# *The Town of Collierville*

## *Human Resources Department*

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Dear applicant,

Thank you for your interest in our Dispatcher position with the Town of Collierville. We must have an application filled out for this position and you may include your resume in the application if you wish. When applying for this position with the Collierville Police Department, there are certain items **that must be supplied at the time you turn in our application for consideration.**

**Acknowledgement Form (Enclosed in Background Information Packet)**

**Copy of your high school diploma\* OR high school transcript**

\*If applicant has GED, GED diploma and transcript must be supplied.

Please be advised that if you turn your application in without these requested documents, your application will not be forwarded to the Police Department.

Thank you.

# TOWN OF COLLIERVILLE EMPLOYMENT APPLICATION



## THE TOWN OF COLLIERVILLE IS AN EQUAL OPPORTUNITY DRUG FREE WORKPLACE EMPLOYER

**Overview of the hiring and employment process:** 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 the application or any part of the hiring and employment process, please call the following number: **901-457-2290**. Prior to completing this application, be sure to read the **JOB DESCRIPTION** of the position for which you are applying.

As you complete the application, please bear in mind the following: if an item does not apply to you, write N/A; we reserve the right to check all information for accuracy and completeness; all applications for employment are a matter of public record. Any misstatements or omissions of material fact herein may cause any offer of employment made by the Town of Collierville to be withdrawn or employment with the Town of Collierville terminated. **Failure to fully complete this application in a legible manner may result in immediate rejection.**

This application will be considered active only until the position for which it has been submitted has been filled. Any applicant wishing to be considered for employment other than the position applied for should inquire as to when applications are being accepted and reapply.

## GENERAL INFORMATION

Date: \_\_\_\_\_ Job Number (see job advertisement) 1. \_\_\_\_\_ 2. \_\_\_\_\_

Position Desired 1. \_\_\_\_\_ 2. \_\_\_\_\_

Are you applying for: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal

If Part Time, what days/hours are you available: \_\_\_\_\_

Have you applied with the Town of Collierville before? (Circle) Yes No

Have you been employed by the Town of Collierville before? (Circle) Yes No

If YES, please complete the following: Length of Service: \_\_\_\_\_

Position Held: \_\_\_\_\_ Department: \_\_\_\_\_

## PERSONAL INFORMATION

Your Name: \_\_\_\_\_  
Last First Middle

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street

City State Zip Code

Email Address: \_\_\_\_\_

**PERSONAL INFORMATION (cont.)**

Do you have a legal right to work in the U.S.? (Circle) Yes No

Are you over the age of 18? (Circle) Yes No

Are you related to any town official or employee? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please state name, department and relationship: \_\_\_\_\_

Do you possess a valid driver's license? Yes No For what state? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CDL? Yes \_\_\_\_\_ No \_\_\_\_\_ Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Have you read the job description for the position(s) you are applying for? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you perform the essential functions of this/these position(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

List any job related special qualifications and skills (licenses, certifications, skills with machines, etc.): \_\_\_\_\_

List computer software programs and number of years' experience: \_\_\_\_\_

How did you find out about this position? Please select all that apply:

TOC HR Department \_\_\_\_\_ TOC Employee (please specify) \_\_\_\_\_

Website (please specify) \_\_\_\_\_ Newspaper (please specify) \_\_\_\_\_

Career Fair (please specify) \_\_\_\_\_ Other \_\_\_\_\_

**YOUR EDUCATION AND TRAINING**

Circle highest grade completed:

HIGH SCHOOL				COLLEGE				GRADUATE SCHOOL			
1	2	3	4	1	2	3	4	1	2	3	4

SCHOOLS	NAME & ADDRESS OF SCHOOL	CHECK IF GRAD	DEGREE OBTAINED	S/Q HRS	MAJOR COURSE WORK
HIGH SCHOOL/ GED					
COLLEGE OR UNIVERSITY					
GRADUATE SCHOOL					
VOCATIONAL/ BUSINESS					
MILITARY SCHOOLS					
OTHER STUDIES/ SPECIAL TRAINING					

**EXPERIENCE**

***A RESUME OF YOUR EMPLOYMENT RECORD WILL NOT BE ACCEPTED  
IN PLACE OF THE REQUESTED EMPLOYMENT INFORMATION***

Starting with your current or last job, list your last three (3) employers since age 18. If your last three (3) employers do not cover a period of ten (10) years, list previous employers, including self-employment, military service and volunteer work, **to account for ten (10) years of employment. Use an additional sheet, if necessary.** Account for all periods of unemployment, but if you were unemployed because of medical reasons do not give any specific information, just state "medical." A resume may be included as a supplement to the application.

**PRESENT OR LAST EMPLOYER**

Street Address, City, State \_\_\_\_\_

Phone Number \_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Hours/Week \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Your Job Title \_\_\_\_\_ May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Brief description of job duties: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

**NEXT PREVIOUS EMPLOYER**

Street Address, City, State \_\_\_\_\_

Phone Number \_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Hours/Week \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Your Job Title \_\_\_\_\_ May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Brief description of job duties: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

**NEXT PREVIOUS EMPLOYER**

Street Address, City, State \_\_\_\_\_

Phone Number \_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Hours/Week \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Your Job Title \_\_\_\_\_ May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Brief description of job duties: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

**REFERENCES**

Please list three responsible persons (*other than relatives or former employers*) who have knowledge of your qualifications for employment.

Name	Address	Phone Number	Years

**READ THE FOLLOWING STATEMENT BEFORE SIGNING YOUR APPLICATION:**

I hereby certify that all statements made on this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts herein may cause an offer of employment made by the Town of Collierville to be withdrawn or my employment with the Town of Collierville terminated. I further understand that all information provided herein is public record and is subject to review upon request.

I authorize the Town of Collierville to conduct a thorough investigation of my references and past employment and to conduct background checks consisting of the following: credit, criminal and driver’s license, and any other job related certifications. I understand that if an offer of employment is made to me, I may be required to submit to a physical examination and a review of my medical history. Accordingly, I authorize these parties having knowledge of my past (including financial and credit records) to cooperate in this procedure by releasing information as requested. I respectfully request that former employers furnish the necessary information concerning my employment with their organization and I hereby release them from any and all liability for damages for providing information requested.

I do acknowledge and accept that under Tennessee law, any information with the exception of medical, will become public record upon receipt by the Town of Collierville. I hereby waive any rights or claims I may have, whether presently fully developed or not, against the Town of Collierville or its agents or employees, arising out of, or resulting from the release, authorized or unauthorized, of the information received pursuant to or in connection with the Town of Collierville’s handling, processing, investigation, etc. of my application for employment with the Town of Collierville.

If I am hired, I agree to conform to the rules and regulations of the Town of Collierville set forth in the Town of Collierville’s personnel policies and procedures and acknowledge that these rules and regulations may be changed by the Town of Collierville at any time, at the Town of Collierville’s sole option and without any prior notice to me. I acknowledge that if I am employed, my employment will be at will and may be terminated with or without cause at any time by me or by the Town of Collierville. I agree to conform to the Town of Collierville’s drug-free workplace policy and agree to submit to drug tests as required by the Town of Collierville.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATIONS MUST BE SIGNED AND DATED.  
UNSIGNED APPLICATIONS WILL RESULT IN IMMEDIATE REJECTION.**

**TOWN OF COLLIERVILLE**  
Human Resources  
500 Poplar View Parkway  
Collierville, TN 38017



**NOTICE TO APPLICANTS**  
Screening tests for illegal drug  
use may be required as a  
condition of employment

# COLLIERVILLE POLICE DEPARTMENT



## BACKGROUND INFORMATION PACKET

**NOTICE:** The last two pages **MUST** be signed in front of a witness when you are turning your information in to the Human Resources Department.

This form is to be completed by anyone applying for a position in the Collierville Police Department.

Form #10

# NOTICE TO ALL APPLICANTS FOR POLICE OFFICER WITH THE TOWN OF COLLIERVILLE

Preparing a new employee with the training needed to begin their work as an entry level police officer for the Town of Collierville requires sending them through a state approved basic police school. The total cost to the Town of Collierville in this training is approximately \$5,000.00 (five thousand dollars). The Town will incur these costs, providing an applicant who becomes employed by the Town agrees to remain with the Department for two (2) years following completion of the basic police school.

If an applicant, once employed, should leave the Police Department prior to this, (s)he shall reimburse the Town 1/24<sup>th</sup> (one twenty-fourth) of the total cost of training for every month prior to the completion of their 24 (twenty-four) months.

This notice is to any applicant who is successful in receiving a job offer from the Police Department. The job offer is contingent on the applicant signing a contract with the Town to the aforementioned conditions.



# Collierville Police Department Personal History Statement

## Instructions to the Applicant

The information you provide in this personal history statement will be used in the investigation into your background to assist in determining your suitability for a position with the Collierville Police Department. Please fill out the questionnaire completely and accurately. Keep in mind that:

1. The completion of this form is necessary to document background investigations as required by the Regulations of the State's Commission of Peace Officer Standards and Training.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements may bar or remove you from employment.
4. All time periods in your background must be accounted for.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job. For example, being fired from a job or having an arrest record may not in itself be grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

The Americans with Disabilities Act prohibits employers from making medically-related inquiries prior to a conditional offer of employment. Therefore, if you are completing this personal history statement before you have received a conditional offer of employment, do not divulge information concerning physical or medical conditions, either past or current.

Please print legibly in ink or type your responses to this questionnaire. Please read each question carefully and follow the instructions about answering that question. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you need more space to respond to a question, use the reverse side of the page and identify the additional information by question number.

# Authority to Release Information

**TO WHOM IT MAY CONCERN:** I am an applicant for a position with the Collierville Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal employment history be disclosed to the above department.

I hereby authorize any representative of the Collierville Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to any duly authorized agent of the Collierville Police Department, whether said records are public, private or confidential in nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Collierville Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, financial status, criminal history records, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys of law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of \_\_\_\_\_ organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Collierville Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Collierville Police Department's acceptance and processing of my application for employment, I agree to hold the Collierville Police Department, its agents and employees harmless from any and all claims and liability associated with my application for employment in any way connected with the decision whether or not to employ me with the Collierville Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, Unites States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Collierville Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this Release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature.

Should there be any questions as to validity of this Release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fee arising out of or by reason of complying with this request.

Full Name: \_\_\_\_\_  
Signature

Full Name: \_\_\_\_\_  
Typed or Printed Name

Current Address: \_\_\_\_\_

Witness \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

## Personal History Statement

### Personal

The following information is requested of you for verification and contact purposes.

<b>1. Your Name (please print or type)</b>				
Last	First	Middle		
Other Names (including nicknames) you have used or been known by:				
<b>2. Please list address at which you can be contacted.</b>				
Number	Street	City	State	Zip
<b>3. Please list the local telephone number(s) at which you can be contacted.</b>			(     )	(     )
			Hrs you can be contacted:	Hrs you can be contacted:
<b>4. Birthdate</b>			<b>5. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation?</b>	
(Month)	(Day)	(Year)		
			YES	NO
<b>6. Social Security Number</b>			(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)	
<b>7. For the purposes of identification, please provide the following:</b>				
(Height)	(Weight)	(Hair Color)	(Eye Color)	
<b>Scars, tattoos, or other distinguishing marks:</b>				

### Relatives and References

During the course of the background investigation, persons who know you will be asked to comment on your suitability for a position with the Town of Collierville Police Department. Inquiries will be confined to job-relevant matters.

<b>8. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write in "N/A."</b>		
If living, name of your:	Address where person can be contacted (include City, State and Zip Code)	Telephone at which person can be contacted
Father		
Mother		
Father-In-Law		
Mother-In-Law		
Spouse		
Former Spouse(s)		

## Personal History Statement

### Relatives and References Continued

If living, name of your:	Address where person can be contacted (include City, State, and zip code)	Telephone at which person can be contacted
Brother(s) and Sister(s)		
Step-mother		
Step-father		
Step-brother(s) and Step-sister(s)		
<b>Other relatives with whom you have a close personal relationship (including children)</b>		
	Relationship	
	Relationship	
	Relationship	
	Relationship	
<b>9. Below, please list those individuals with whom you have resided during the last 10 years (list no information prior to your 15<sup>th</sup> birthday). Exclude family members.</b>		

## Personal History Statement

### Relatives and References Continued

<b>10. In the space below, please list as references 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.</b>		
Name	Address where person can be contacted (include City, State and Zip)	Telephone at which person can be contacted

### Education

<b>11. The Commission on Peace Officer Standards and Training requires a police officer to possess a U.S. high school diploma or its equivalent. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes.</b>				
<input type="checkbox"/> I possess a high school diploma from a U.S. institution. <input type="checkbox"/> I passed the G.E.D. (General Education Development) test. <input type="checkbox"/> I passed the California High School Proficiency Examination. <input type="checkbox"/> I possess a two-year college degree. <input type="checkbox"/> I possess a four-year college or university degree. <input type="checkbox"/> I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future as follows: When:  How:				
<b>12. Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with these contacts.</b>				
Name of School	Location of School (City and State)	Dates Attended		School References (teachers, counselors, etc.)
		From Month/Year	To Month/Year	

## Personal History Statement

### Education Continued

**13. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two and four-year colleges, universities, and business and vocational schools – any formal education beyond the high school level.)**

\_\_\_\_ Yes \_\_\_\_ No

If yes, please explain (include school date and circumstances.)

### Residence

Individuals, who have become acquainted with you by reason of your residing in different locations, are often helpful in providing useful information for the background investigation.

**14. Please list all of your residences during the last 10 years (list no information prior to your 15<sup>th</sup> birthday). Begin with your most current residence.**

Address of Residence	City, State & Zip Code	Dates		If rented, give name & address of the person responsible for the collection of rent
		From Month/Year	To Month/Year	

## Personal History Statement

### Experience and Employment

<b>15. Beginning with your most current employment, please list all jobs (including part-time, temporary and voluntary positions) you have held in the past 10 years. (For the purposes of this personal history statement, volunteer work should be included as employment.) For identification and verification, please indicate the nature of the activity, i.e., full-time, part-time or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.</b>			
<b>Dates of employment</b>	<b>Name and address of employer</b>		<b>Name of Supervisor</b>
From Mo. Yr	To Mo. Yr	Telephone No. Title or duties (for identification purposes)	
___ / ___	___ / ___		Name(s) of co-worker(s)
___ Full-time ___ Part-time ___ Voluntary			
Reason for Leaving:			
___ Military Service    ___ Not Employed		From    Mo.    Yr. /	To    Mo.    Yr. /
<b>Dates of employment</b>	<b>Name and address of employer</b>		<b>Name of Supervisor</b>
From Mo. Yr	To Mo. Yr	Telephone No. Title or duties (for identification purposes)	
___ / ___	___ / ___		Name(s) of co-worker(s)
___ Full-time ___ Part-time ___ Voluntary			
Reason for Leaving			
___ Military Service    ___ Not Employed		From    Mo.    Yr. /	To    Mo.    Yr. /
<b>Dates of employment</b>	<b>Name and address of employer</b>		<b>Name of Supervisor</b>
From Mo. Yr	To Mo. Yr	Telephone No. Title or duties (for identification purposes)	
___ / ___	___ / ___		Name(s) of co-worker(s)
___ Full-time ___ Part-time ___ Voluntary			
Reason for Leaving			
___ Military Service    ___ Not Employed		From    Mo.    Yr. /	To    Mo.    Yr. /
<b>Dates of employment</b>	<b>Name and address of employer</b>		<b>Name of Supervisor</b>
From Mo. Yr	To Mo. Yr	Telephone No. Title or duties (for identification purposes)	
___ / ___	___ / ___		Name(s) of co-worker(s)
___ Full-time ___ Part-time ___ Voluntary			
Reason for Leaving			
___ Military Service    ___ Not Employed		From    Mo.    Yr. /	To    Mo.    Yr. /

## Personal History Statement

### Experience and Employment Continued

Dates of employment		Name and address of employer		Name of Supervisor	
From Mo. Yr	To Mo. Yr				
___/___	___/___				
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Telephone No.			
		Title or duties (for identification purposes)			
Reason for Leaving					
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From	Mo. / Yr.	To	Mo. / Yr.
Dates of employment		Name and address of employer		Name of Supervisor	
From Mo. Yr	To Mo. Yr				
___/___	___/___				
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Telephone No.			
		Title or duties (for identification purposes)			
Reason for Leaving					
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From	Mo. / Yr.	To	Mo. / Yr.
Dates of employment		Name and address of employer		Name of Supervisor	
From Mo. Yr	To Mo. Yr				
___/___	___/___				
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Telephone No.			
		Title or duties (for identification purposes)			
Reason for Leaving					
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From	Mo. / Yr.	To	Mo. / Yr.
Dates of employment		Name and address of employer		Name of Supervisor	
From Mo. Yr	To Mo. Yr				
___/___	___/___				
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Telephone No.			
		Title or duties (for identification purposes)			
Reason for Leaving					
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From	Mo. / Yr.	To	Mo. / Yr.

## Personal History Statement

### Experience and Employment Continued

<p>16. Would any problem result if your present employer was contacted during the course of the background investigation?  <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," when should such contact be made?</p>
<p>17. If you have had no prior employment, please explain in the space below.</p>
<p>18. Have you had any extended work absences for reasons other than earned vacations? <input type="checkbox"/> Yes <input type="checkbox"/> No          If "yes," please explain (include when, name of employer, why)</p>
<p>19. Have you ever been fired or asked to resign from any place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No          If "yes," please give details (include when, where, circumstances).</p>
<p>20. Have you ever been a successful or unsuccessful candidate for another position requiring police officer powers?  <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please give details (include when, name of agency, circumstances).</p>

### Military Service

<p>21. If you are a male under age 26, please provide the following:</p>			
Selective Service Number	Approximate Date of Registration	Address at Time of Registration	
<p>22. Have you ever served in the armed forces, National Guard or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No          If "yes," please supply the following information:</p>			
Branch of Service	Service Number	Dates of Service ____/____ to ____/____	Type of Discharge
<p>23. Are you currently participating in any military reserve or National Guard program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>24. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please give details (include branch of service, when, where circumstances).</p>			





## Personal History Statement

**Financial** Continued

31. Have your wages ever been garnished?  Yes  No  
 If "yes," please give details (include when, where, why)

32. Have you ever been delinquent on income or other tax payments?  Yes  No  
 If "yes," please give details (include when, where, why)

**Legal**

33. Have you ever entered a guilty plea or a plea of nolo contendere or been convicted of a misdemeanor of Federal or State laws or municipal ordinances?

Approx. Date	Police Agency	Circumstances

34. Have you ever been placed on court probation as an adult?  Yes  No  
 If "yes," please give details (include when, where, why).

35. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult?  Yes  No If "yes," please give details (include when, where, why).

## Personal History Statement

### Legal Continued

<p><b>36. Have you ever been reported to a law enforcement agency as a missing person or a runaway? _____ Yes _____ No</b>  <b>If "yes," please give details (include date, law enforcement agency, circumstances).</b></p>     
<p><b>37. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?</b>  <b>_____ Yes _____ No</b> If "yes," please give details (include when, where, name, location of court, and circumstances).</p>     

### Motor Vehicle Operation

*Operation of a motor vehicle is an integral part of the position of patrol officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information.*

<b>38. Tennessee Driver's License Number</b>			<b>Expiration Date</b>
Name under which license was granted			
<b>39. Please list other states where you have been licensed to operate a motor vehicle.</b>			
State	State	State	State
Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted
<p><b>40. Have you ever been refused a driver's license by any state? _____ Yes _____ No</b>  <b>If "yes," please explain (include when, where, why).</b></p>     			
<p><b>41. Tennessee law requires that operators and owners of motor vehicles be covered by automobile liability insurance. Therefore, please list the current liability insurance you have with your motor vehicles.</b></p>			
Company	Address	Policy Number	Date of Expiration

## Personal History Statement

### Motor Vehicle Operation Continued

<b>42. Please list all traffic citations (exclude parking citations) you have received within the last 5 years.</b>			
Nature of Violation	Location (city)	Approximate Date	Indicate whether fined or action taken on driver's license
<b>43. Have you ever been involved as a driver in a motor vehicle accident within the last 5 years?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</b> If "yes," please give details for each accident.			
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
<b>44. If there is anything you wish to discuss about your driving record, please use the space below.</b>			
<b>45. Has your license ever been suspended, revoked, or placed on negligent operator's probation?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</b> If "yes," please give details (include what, when, where, why).			

## Personal History Statement

### General Information

46. Have you ever been refused insurance for any reason other than failure to pay a premium? \_\_\_\_ Yes \_\_\_\_ No  
If "yes," please explain (include company name and address, date and reason).

47. Have you ever applied for a permit to carry a concealed weapon? \_\_\_\_ Yes \_\_\_\_ No  
If "yes," please provide the following information:

Permit granted? ____ Yes ____ No	Date	Name of law enforcement agency
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Purpose

***I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.***

Signature in Full

Date Completed