

Jay Jeffries
Director, Human Resources

Cindy Greer
Human Resources Analyst, Sr.



Elaine Hurdle
Human Resources Analyst

Augusta (Gus) Logan
Human Resources Technician

The Town of Collierville

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 your 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.

NOTICE TO ALL APPLICANTS

A tattoo, branding or scarification design may not be visible when in uniform or dress attire. Tattoos are not allowed on the face, neck, head, hands or visible parts of the arms when in a short sleeve shirt. (General Order 93.28)

TOWN OF COLLIERVILLE, TENNESSEE CLASSIFICATION DESCRIPTION

CLASSIFICATION TITLE: DISPATCHER

PURPOSE OF CLASSIFICATION

The purpose of this classification is to perform specialized technical telecommunications work in receiving and transmitting radio, telephone, and computer messages concerning crimes and police, fire, and other emergencies in the operation of a console in the Town's emergency public safety dispatching center.

ESSENTIAL FUNCTIONS

The following duties are normal for this position. The omission of specific statements of the duties does not exclude them from the classification if the work is similar, related, or a logical assignment for this classification. Other duties may be required and assigned.

Maintains watch on several radio communication channels; monitors and logs all transmissions of central communications and mobile units; monitors radio traffic for conformance with Federal Communications Commission requirements, Fire/Paramedic, and Police procedures and orders.

Receives and responds to calls from citizens by extracting information such as location and any relevant data to determine the nature of the complaint or emergency, occasionally under stress; determines call priority; determines police and fire emergency response; remains calm and exercises sound judgment in making decisions during emergency situations.

Dispatches by radio or telephone, police or fire units to investigate complaints or emergencies; maintains communication with police units to monitor their location and safety; dispatches back up police units if the complaint or emergency so warrants; broadcasts fire and police messages; dispatches ambulances, HAZMAT teams or other emergency units as the situation dictates.

Answers Emergency 9-1-1 calls and performs Emergency Medical Dispatch functions via telephone communication with the caller.

Operates both state and federal computer information systems to conduct criminal history record checks and to verify and record pertinent data record checks.

Utilizes codes to warn police officers of potentially dangerous persons when checks of "wants/warrants" indicate that the individual is wanted for a crime or has a previous history of criminal arrests.

Utilizes maps to recommend the posting of units in area blockades.

Records fire alarms and dispatches or monitors movement of service and reserve fire apparatus.

Broadcasts information to local and other agencies regarding natural disasters, potential threatening weather or any other emergency.

Records and retrieves data on computerized local, state, and federal information systems dealing with matters such as runaway children, stolen vehicles, stolen weapons, wanted persons, etc. for local and other police agencies.

Types, prepares, and/or completes various forms, reports, correspondence, purchase requisitions, purchase orders, payment/check requests, travel requests, invoices, legal descriptions, attendance reports, personnel action forms, spreadsheets, or other documents.

Operates a personal computer, scanner, general office equipment, recording equipment, transcription equipment, credit card machine, radio transmitters/receivers, video equipment, multi-line telephone equipment, or other equipment as necessary to complete essential functions, to include the use of word processing, spreadsheet, database, desktop publishing, bookkeeping, e-mail, Internet, or other computer programs; performs basic maintenance of computer system and general office equipment, such as backing up data or replacing paper, ink, or toner; coordinates service/repair activities as needed.

Communicates with supervisor, employees, volunteers, other departments, Town officials, law enforcement personnel, public safety agencies, attorneys, contractors, vendors, customers, the public, outside agencies, and other individuals as needed to coordinate work activities, review status of work, exchange information, or resolve problems.

Maintains confidentiality of departmental documentation and issues.

Maintains current knowledge of applicable laws/regulations: reads professional literature; maintains professional affiliations; attends workshops and training sessions, to gain knowledge regarding rapidly changing information and technology, as appropriate.

Maintains an awareness of proper safety procedures and guidelines and applies these in performing daily activities and tasks.

Attends work on a continuous and regular basis.

ADDITIONAL FUNCTIONS

Maintains street index cards showing the fire companies that should respond to alarms received.

May be required to make minor adjustments to radio equipment (not requiring a FCC 2nd class license) or to any communication equipment or apparatus in order to maintain an on-line status of the dispatch/communications center.

Handles routine paperwork received in communications.

May serve as a receptionist for citizens requiring information.

Coordinates activities with other officers or departments as needed, exchanges information with officers in other law enforcement agencies, as needed and assigned.

Provides assistance to other employees or departments as needed.

Performs other related duties as required.

May attend Board of Mayor and Alderman meeting and other relevant government and business meetings, where appropriate, outside regular business hours.

MINIMUM QUALIFICATIONS

Requires a High school diploma or GED supplemented by six (6) months of experience in radio-telephone communications work; Incumbent must be a citizen of the United States of America; Incumbent must successfully complete a course of study for Public Safety Dispatchers as approved by the Emergency Communications Board within six (6) months of hire; must become certified in the operation of the N.C.I.C. system from the Tennessee Bureau of Investigations and possess an Emergency Medical Dispatch certification from the National Academy of Emergency Medical Dispatch within one (1) year of employment; or any equivalent combination of education, training, and/or experience which provides the requisite knowledge, skills, and abilities for this job. Must possess a valid motor vehicle operator's license.

SPECIAL REQUISITES

Incumbent must have fingerprints on file with the Tennessee Bureau of Investigation, have passed a physical examination as performed by a licensed physician, have a good moral character as determined by investigation, be free from apparent mental disorders as certified by a qualified professional in the psychiatric or psychological field to enable the incumbent to perform the essential functions of the job. Must be compliant with the NENA Hearing Standards for Public Safety Telecommunicators, section 3.3.1, 3.3.2, and 3.3.3. Must be in compliance with TCA 7-86-205. Must be able to work rotating and/or irregular shifts and hours that may include nights, weekends, and holidays.

PERFORMANCE APTITUDES

Data Utilization: Requires the ability to review, classify, categorize, prioritize, and/or analyze data. Includes exercising discretion in determining data classification, and in referencing such analysis to established standards for the purpose of recognizing actual or probable interactive effects and relationships.

Human Interaction: Requires the ability to provide guidance, assistance, and/or interpretation to others regarding the application of procedures and standards to specific situations.

Equipment, Machinery, Tools, and Materials Utilization: Requires the ability to operate, maneuver and/or control the actions of equipment, machinery, tools, and/or materials used in performing essential functions.

Verbal Aptitude: Requires the ability to utilize a wide variety of reference, descriptive, and/or advisory data and information.

Mathematical Aptitude: Requires the ability to perform addition, subtraction, multiplication, and division; the ability to calculate decimals and percentages; the ability to utilize principles of fractions; and the ability to interpret graphs.

Functional Reasoning: Requires the ability to apply principles of influence systems, such as motivation, incentive, and leadership, and to exercise independent judgment to apply facts and principles for developing approaches and techniques to resolve problems.

Situational Reasoning: Requires the ability to exercise judgment, decisiveness and creativity in situations involving the evaluation of information against sensory, judgmental, or subjective criteria, as opposed to that which is clearly measurable or verifiable.

ADA COMPLIANCE

Physical Ability: Tasks require the regular and sustained performance of moderately physically demanding work, typically involving some combination of climbing and balancing, stooping, kneeling, crouching, and crawling, and that generally involves lifting, carrying, pushing, and/or pulling of heavy objects and materials (up to 100 pounds). Tasks may involve extended periods of time at a keyboard or workstation.

Sensory Requirements: Some tasks require the ability to perceive and discriminate visual cues or signals, colors or shades of colors, sounds, odor, depth and texture. Some tasks require the ability to communicate orally. Some tasks require the ability to communicate orally with individuals in person and/or by telephone while wearing a headset device.

Environmental Factors: Performance of essential functions may require exposure to adverse environmental conditions such as dirt, dust, pollen, odors, wetness, humidity, rain, temperature and noise extremes, fumes, hazardous materials, machinery, electric currents, bright/dim light, toxic agents, violence, explosives, firearm, disease, pathogenic substances, communicable diseases, or rude/irate customers.

APPROVALS

James Lewellen, Town Administrator

Director Human Resources

The Town of Collierville, Tennessee, is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the Town will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

Dispatcher Application

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. A completed and signed pre-employment background investigation consent form **must** be submitted with your application.

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 _____ CDL? Yes _____ No _____

For what state? _____ Expiration Date: _____ Class: _____

Have you read the job description for the position(s) you are applying? 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 _____
Starting Salary _____ Ending Salary _____ 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 _____
Starting Salary _____ Ending Salary _____ 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 _____
Starting Salary _____ Ending Salary _____ 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 Known

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.

TOWN OF COLLIERVILLE

500 Poplar View Parkway, Collierville, Tennessee 38017

Phone: (901) 457-2290 - Fax: (901) 457-2295

BACKGROUND INVESTIGATION CONSENT FORM

I, the undersigned, hereby authorize the Town of Collierville, either directly or through its agent, to investigate my background for employment purposes, both at the time I apply for employment and during my employment if hired. This may include information as to character, financial responsibility, or relevant information from criminal and/or civil records. Records from public and private sources may be reviewed concerning criminal history, civil court cases, driving record, credit history and references. By signing below, I also consent to regular checks of my driving record during employment if my job involves the driving of a Town vehicle. I acknowledge that a fax or photographic copy of this form shall be as valid as the original. I further understand that a complete disclosure of the nature and scope of this investigation may be obtained by a written request received within ninety (90) days.

I understand that my consent to this background check is required for consideration for employment with the Town of Collierville and for my further employment if currently employed. I further understand that information provided herein denoted by an asterisk (*) will not be considered or used by the Town of Collierville in any hiring decision. Please PRINT CLEARLY all information below.

Last Name	First Name	Middle Name
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Other Names Used

Current Address	City/State/Zip	How Long?
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Previous Address	City/State/Zip	How Long?
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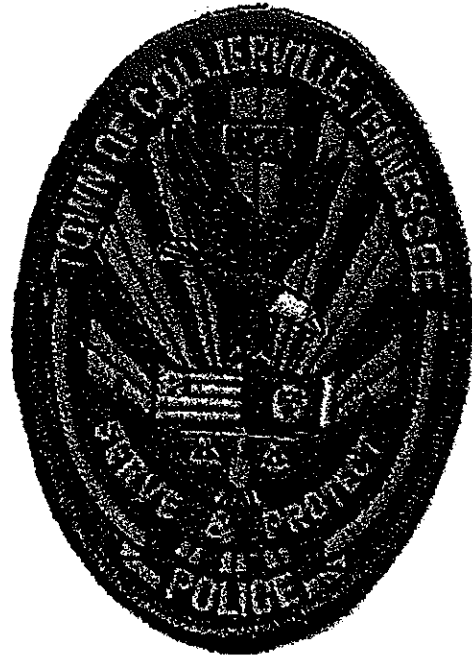
Date of Birth (required)*	Social Security Number (required)	F/M
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Driver's License Number	Issuing State	Expiration
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I hereby authorize, without reservation, any law enforcement agency, company, institution, credit bureau, or references contacted by the Town of Collierville or its agents, to furnish the information described above.

Signature: _____ Date: _____

COLLIERVILLE
POLICE
DEPARTMENT



BACKGROUND
INFORMATION
PACKET

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, United 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.

1. Your Name (please print or type)				
Last	First	Middle		
Other Names (including nicknames) you have used or been known by:				
2. Please list address at which you can be contacted.				
Number	Street	City	State	Zip
3. Please list the local telephone number(s) at which you can be contacted.			()	()
			Hrs you can be contacted:	Hrs you can be contacted:
4. Birthdate			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?	
(Month)	(Day)	(Year)		
6. Social Security Number			YES NO	
			(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.)	
7. For the purposes of identification, please provide the following:				
(Height)	(Weight)	(Hair Color)	(Eye Color)	
Scars, tattoos, or other distinguishing marks				

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.

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

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)	Home Work Other	Home Work Other
	Home Work Other	Home Work Other
	Home Work Other	Home Work Other
Step-mother	Home Work Other	Home Work Other
Step-father	Home Work Other	Home Work Other
Step-brother(s) and Step-sister(s)	Home Work Other	Home Work Other
	Home Work Other	Home Work Other
	Home Work Other	Home Work Other
Other relatives with whom you have a close personal relationship (including children)		
	Relationship	Home Work Other
	Relationship	Home Work Other
	Relationship	Home Work Other
	Relationship	Home Work Other
9. Below, please list those individuals with whom you have resided during the last 10 years (list no information prior to your 15th birthday). Exclude family members.		
	Home Work Other	Home Work Other
	Home Work Other	Home Work Other
	Home Work Other	Home Work Other
	Home Work Other	Home Work Other
	Home Work Other	Home Work Other
	Home Work Other	Home Work Other

Personal History Statement

Relatives and References Continued

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.

Name	Address where person can be contacted (include City, State and Zip)			Telephone at which person can be contacted		
	Home	Work	Other	Home	Work	Other

Education

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.

- I possess a high school diploma from a U.S. institution.
- I passed the G.E.D. (General Education Development) test.
- I passed the California High School Proficiency Examination.
- I possess a two-year college degree.
- I possess a four-year college or university degree.
- 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:

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.

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 16th 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

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.

Dates of employment		Name and address of employer	Name of Supervisor
From Mo. Yr	To Mo. Yr	Telephone No. Title or duties (for identification purposes)	
____/____	____/____		Name(s) of co-worker(s)
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary			
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	Telephone No. Title or duties (for identification purposes)	
____/____	____/____		Name(s) of co-worker(s)
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary			
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	Telephone No. Title or duties (for identification purposes)	
____/____	____/____		Name(s) of co-worker(s)
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary			
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	Telephone No. Title or duties (for identification purposes)	
____/____	____/____		Name(s) of co-worker(s)
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary			
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

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

Military Service Continued

25. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name	Contact Address	Contact Telephone	Years Known	
			From	To
		()		
		()		
		()		
		()		

Financial

26. The management of personal finances is relevant to an individual's qualifications for the position of police officer. Therefore, please fill in the financial statement below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

Current Monthly Income			Current Monthly Expenditures		
Monthly Salary	\$		Real Estate (mortgage) payment(s)	\$	
Spouse's salary			Rent		
Other monthly income – describe			Other monthly payments – describe		
TOTAL MONTHLY INCOME	\$		TOTAL MONTHLY EXPENDITURES	\$	
Current Assets			Current Liabilities		
Savings	\$		Real Estate indebtedness	\$	
Checking			Long Term Loans		
Real Estate			Charge Accounts		
Stocks and Bonds			Other liabilities – describe		
Life Insurance (cash value of whole life policy)					
Autos					
Other Assets – describe					
TOTAL ASSETS	\$		TOTAL LIABILITIES	\$	

Personal History Statement

Financial Continued

27. Please supply more detailed information about your charge accounts, contracts, or other financial liabilities.		
Name of Firm	Address	Account Number
		N/A
		N/A
		N/A
		N/A
		N/A
		N/A
		N/A
		N/A
		N/A
		N/A
		N/A
		N/A
		N/A
		N/A

28. Have you ever filed or declared bankruptcy? Yes No
If "yes," please give details (include when, where, why).

29. Have any of your bills ever been turned over to a collection agency? Yes No
If "yes," please give details (include when, firms involved, circumstances).

30. Have you ever had purchased goods repossessed? Yes No
If "yes," please give details (include when, firms involved, circumstances).

Personal History Statement

Financial Continued

<p>31. Have your wages ever been garnished? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please give details (include when, where, why)</p>
<p>32. Have you ever been delinquent on income or other tax payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please give details (include when, where, why)</p>

Legal

<p>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?</p>		
Approx. Date	Police Agency	Circumstances
<p>34. Have you ever been placed on court probation as an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please give details (include when, where, why).</p> 		
<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please give details (include when, where, why).</p> 		

Personal History Statement

Legal Continued

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

38. Tennessee Driver's License Number			Expiration Date
Name under which license was granted			
39. Please list other states where you have been licensed to operate a motor vehicle.			
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
40. Have you ever been refused a driver's license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please explain (include when, where, why).			
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.			
Company	Address	Policy Number	Date of Expiration

Personal History Statement

Motor Vehicle Operation Continued

42. Please list all traffic citations (exclude parking citations) you have received within the last 5 years.			
Nature of Violation	Location (city)	Approximate Date	Indicate whether fined or action taken on driver's license
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 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		
44. If there is anything you wish to discuss about your driving record, please use the space below.			
45. Has your license ever been suspended, revoked, or placed on negligent operator's probation? <input type="checkbox"/> Yes <input type="checkbox"/> No 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please provide the following information:		
Permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Name of law enforcement agency
Purpose		

<i>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.</i>	
Signature in Full	Date Completed