

CITY OF HENDERSONVILLE

POLICE EMPLOYMENT APPLICATION

READ CAREFULLY

THERE ARE SIX (6) LOCATIONS IN THIS APPLICATION THAT REQUIRE A NOTARY ACKNOWLEDGEMENT THAT YOU ARE RESPONSIBLE FOR OBTAINING PRIOR TO SUBMITTING THIS APPLICATION TO THE HUMAN RESOURCES DEPARTMENT.

WHEN YOU SUBMIT THIS APPLICATION, **YOU MUST ATTACH** (1) ONE COPY EACH OF YOUR : BIRTH CERTIFICATE, CURRENT DRIVERS LICENSE, HIGH SCHOOL DIPLOMA OR GED, DD214, AND A CURRENT PHOTOGRAPH OF YOURSELF.

THE POLICE DEPARTMENT IS A 24 HOUR OPERATION AND REQUIRES EMPLOYEES TO WORK ROTATING SHIFTS, TO INCLUDE WEEKENDS, HOLIDAYS, AND AROUND THE CLOCK SHIFTS.

* THERE ARE SEVERAL AREAS OF THIS APPLICATION THAT ARE MARKED WITH AN (*) ASTERISK. FILL OUT THESE AREAS **ONLY IF YOU ARE APPLYING FOR THE POSITION OF: POLICE OFFICER, COMMUNICATIONS OFFICER, OR ANIMAL CONTROL OFFICER.**

CHECK POSITION APPLIED FOR. CHECK ONLY ONE.

IF APPLYING FOR ANOTHER POSITION PLEASE COMPLETE A SEPARATE APPLICATION.

POLICE OFFICER	RECORDS CLERK
COMMUNICATIONS OFFICER	ACCOUNTS CLERK
ANIMAL CONTROL OFFICER	ADMINISTRATIVE SECRETARY
SCHOOL PATROL OFFICER	ADMINISTRATIVE ASSISTANT
COMPUTER SYSTEMS SPECIALIST	POLICE: OTHER

IF APPLYING FOR POLICE OFFICER, IF YOU HAVE EVER BEEN CONVICTED, PLEADED GUILTY OR NO CONTEST TO ANY FELONY CHARGE OR ANY LAW RELATING TO FORCE, VIOLENCE, THEFT, DISHONESTY, GAMBLING, LIQUOR OR CONTROLLED SUBSTANCES, PURSUANT TO T.C.A. 38-8-106, YOU MUST BE DISQUALIFIED ACCORDING TO TENNESSEE PEACE OFFICERS STANDARDS.

IMPORTANT INSTRUCTIONS

1. Type or print all answers in ink.
2. Complete all sections. This application is part of the examination process. Any omissions may result in disqualification.
3. Notify Human Resources (822-1000) of any changes in status of your application within 72 hours of the change.
4. Proof of education must also be attached with this application for any applicable credit to be received.
5. Applicants may be required to provide verification of minimum age before employment.
6. It is the applicant's responsibility to submit with the application a certified copy of any criminal offense disposition, including traffic related offenses, in which you were charged.

NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	
				- -	
ADDRESS	NUMERICAL AND STREET	CITY	COUNTY	STATE	ZIP CODE
					BUSINESS PHONE
					()
					HOME PHONE
					()
DRIVER'S LICENSE#	STATE	TYPE		EXPIRATION	ADDITIONAL LICENSES OR CERTIFICATES
		A <input type="checkbox"/>	D <input type="checkbox"/>	DATE	TYPE
		B <input type="checkbox"/>	E <input type="checkbox"/>	/ /	DATE GRANTED
		C <input type="checkbox"/>	F <input type="checkbox"/>	/ /	NUMBER
					EXPIRATION DATE
					/ /
NAME AND PHONE NUMBER OF PERSON TO CONTACT IN CASE YOU ARE NOT AVAILABLE AT OTHER NUMBERS.					YES NO
BUSINESS PHONE () HOME ()					ARE YOU A U.S. CITIZEN <input type="checkbox"/> <input type="checkbox"/>
					IF NO, REGISTERED LEGAL ALIEN? <input type="checkbox"/> <input type="checkbox"/>
EDUCATION AND TRAINING			DID YOU GRADUATE FROM HIGH SCHOOL? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF NOT, HAVE YOU PASSED A G.E.D. TEST?	
7 Or Less 8 9 10 11 12 13 14 15 16			DID YOU GRADUATE FROM COLLEGE? YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> DATE PASSED / /	
ABOVE 16					

HENDERSONVILLE, TENNESSEE POLICE DEPARTMENT
APPLICANT AGREEMENT FORM

I, _____, the undersigned applicant for a Police Employment position with the Hendersonville Police Department, hereby agree to the following:

1. I understand my completed Personal History Statement must be received by the City of Hendersonville Human Resources Department on or before the _____ day of _____, 20____. Failure to meet this deadline will subject me to disqualification, and I may not reapply until the next application opening.

(Applicant's Initials)

2. I further understand that all of the requested information on the Personal History Statement must and will be provided by me. Further, **I understand that any requested information which does not apply to me will be completed by marking the same N/A to indicate it is non-applicable.** I acknowledge that I understand that the entire form must be completed and that it is unacceptable to submit a Personal History Statement with unanswered (blank or incomplete) responses, therefore, incomplete forms will not be processed any further, and I may not reapply until the next application opening.

(Applicant's Initials)

3. I understand that I will be required to comply with any written or oral request, order, or directive communicated to me by an individual recognized as a representative of the City of Hendersonville, as it applies to my application for employment with said Department. I further understand that this individual will be assigned to represent the Chief of Police. I hereby acknowledge that I will be required to provide requested information or documentation within a specified time period and further that the failure to do so will result in my immediate disqualification as an applicant, and I may not reapply until the next application opening.

(Applicant's Initials)

NOW THEREFORE, I hereby acknowledge that I have read and fully understand each of the statements contained above, and further, that I had the opportunity to ask for an interpretation of each of the statements. To further indicate that I have read and fully understand the contents of this document, I have subscribed my initials at the end of each of the above statements.

Subscribed this the _____ day of _____, 20____.

(Signature of Applicant)

HENDERSONVILLE, TENNESSEE POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

APPLICANT'S 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, THEREFORE, FAILURE TO FOLLOW ALL OF THE INSTRUCTIONS CONTAINED HEREIN WILL SUBJECT YOU TO DISQUALIFICATION.			
1. NAME		MIDDLE	
LAST		FIRST	
2. PRESENT ADDRESS (NUMERICAL, STREET, CITY, STATE, ZIP CODE)			
3. MALE FEMALE		4. ALIAS(ES), NICKNAMES, MAIDEN NAME, OR OTHER CHANGES	
<input type="checkbox"/> <input type="checkbox"/>			
5. DATE OF BIRTH *		6. PRESENT AGE *	7. PLACE OF BIRTH (CITY, COUNTY, STATE)
8. SOCIAL SECURITY NUMBER *		9. DRIVER'S LICENSE # & STATE	10. TELEPHONE # & ALTERNATE
			() ()
11-14. SCARS, MARKS, TATTOOS		15. E-MAIL ADDRESS	
16. U.S. CITIZEN?	17. NATIVE?	18. NATURALIZED CERTIFICATE # - IF DERIVED, PARENTS #	
19. MARITAL STATUS: *			
SINGLE <input type="checkbox"/> ENGAGED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>			
20. NAME AND ADDRESS OF FIANCEE OR SPOUSE (IF APPLICABLE)			
21. INFORMATION CONCERNING ALL PREVIOUS NAMES USED:			
DATE OF CHANGE	LOCATION OF CHANGE	NAME USED	
NAME & ADDRESS OF EX-SPOUSE(S) (IF DIVORCED, SEPARATED, OR ANNULLED):			
NAME	ADDRESS (NUMERICAL, STREET, CITY, STATE, ZIP)	PHONE # CELL #	
		() ()	
NAME	ADDRESS (NUMERICAL, STREET, CITY, STATE, ZIP)	PHONE # CELL #	
		() ()	
NAME	ADDRESS (NUMERICAL, STREET, CITY, STATE, ZIP)	PHONE # CELL #	
		() ()	

22. **RESIDENCES:**
 LIST ALL YOUR PREVIOUS RESIDENCES. START WITH YOUR PRESENT ADDRESS AND LIST BACKWARDS TO ELEMENTARY SCHOOL.

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

23. **CHILDREN AND DEPENDANTS:** *

A. LIST ALL OF YOUR CHILDREN, INCLUDING STEPCHILDREN AND ADOPTED CHILDREN. ADDITIONALLY, INDICATE THE FOLLOWING INFORMATION.

NAME	BIRTH		RESIDENT ADDRESS (WITH WHOM CHILD RESIDES)
	DATE	PLACE	

B. **OTHER DEPENDANTS.** * IF YOU CLAIM TAX EXEMPTIONS FOR SUPPORT OF DEPENDANTS OTHER THAN SPOUSE AND CHILDREN, PROVIDE THE FOLLOWING INFORMATION.

NAME	ADDRESS & PHONE #	RELATIONSHIP

24. FAMILY: *

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

RELATIONSHIP	NAME	ADDRESS (NUMERICAL, STR., CITY, ZIP)	PHONE NUMBER HOME CELL
FATHER			() ()
MOTHER			() ()
			() ()
			() ()
			() ()
			() ()
			() ()
			() ()
			() ()
SPOUSE'S FATHER			() ()
SPOUSE'S MOTHER			() ()

25. 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 A COPY UNLESS REQUESTED), YOUR PATENTS OR INVENTIONS, PUBLIC SPEAKING AND PUBLICATIONS EXPERIENCE IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, AND HONORS AND FELLOWSHIPS RECEIVED.

26. EDUCATION:				
A. LIST ALL SENIOR HIGH SCHOOLS ATTENDED.				
NAME AND COMPLETE ADDRESS			GRADUATED	
			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.				
COLLEGE AND/OR UNIVERSITY	CREDIT HOURS		DEGREE RECEIVED (LIST)	
	SEMESTER	QUARTER		
1.				
2.				
3.				
4.				
5.				
TOTAL HOURS → → → → → →				

COLLEGE COURSE MAJOR: _____

COLLEGE COURSE MINOR: _____

HAVE YOU EVER BEEN DISMISSED FROM SCHOOL, OR HAD ANY DISCIPLINARY ACTION, INCLUDING SCHOLASTIC PROBATION, TAKEN AGAINST YOU DURING YOUR SCHOLASTIC CAREER? 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 THE SCHOOL, LOCATION, DATES ATTENDED, SUBJECT(S)
 STUDIED, DATE GRADUATED, AND ANY OTHER PERTINENT INFORMATION.**

27. **LANGUAGE OTHER THAN ENGLISH:** ENTER LANGUAGE KNOWN AND INDICATE YOUR KNOWLEDGE OF EACH BY PLACING AN "X" IN THE PROPER COLUMN. APPLICANT MAY BE TESTED.

LANGUAGE	READING			WRITING			SPEAKING			UNDERSTANDING		
	EXC	GOOD	FAIR	EXC	GOOD	FAIR	EXC	GOOD	FAIR	EXC	GOOD	FAIR

28. MILITARY RECORD:

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? Yes No

BRANCH OF SERVICE: _____ SERIAL NUMBER: _____

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 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 AND SERVICE NO.	BRANCH OF SERVICE		
UNIT AND ADDRESS	ACTIVE <input type="checkbox"/>	INACTIVE <input type="checkbox"/>	STANDBY <input type="checkbox"/>

C. DO YOU PRESENTLY HAVE ANY RESERVE OBLIGATION? YES NO

IF YES, LENGTH OF TIME REMAINING. _____

SELECTIVE SERVICE NO. (IF UNKNOWN CALL 1-847-688-6888) or http://www.sss.gov/	DATE CLASSIFIED
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29. FINANCIAL STATUS: *

GIVE THE NAMES AND ADDRESSES OF THE INDIVIDUALS, COMPANIES, OR OTHERS TO WHOM YOU ARE INDEBTED AND THE EXTENT OF THE DEBT. INCLUDE HOUSING, VEHICLES, ETC. ADDITIONALLY, INCLUDE ANY LOANS ON WHICH YOU ARE CO-SIGNER. LIST ALL GARNISHMENTS (PAST, PRESENT) AND INDICATE THE CURRENT STATUS. THIS INFORMATION WILL BE UTILIZED ONLY FOR THE DETERMINATION OF YOUR RELIABILITY IN MEETING COMMITMENTS.

NAME AND ADDRESS	TYPE OF DEBT	AMOUNT

29. FINANCIAL STATUS: cont..... *

NAME AND ADDRESS	TYPE OF DEBT	AMOUNT

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

GIVE THE FOLLOWING INFORMATION CONCERNING ANY VEHICLE OPERATOR'S LICENSE YOU HAVE EVER HELD OR NOW HOLD. (IF UNKNOWN CONTACT STATE OF ISSUE)

LICENSE NO. & STATE OF ISSUE	DATE OF EXPIRATION	PRESENT STATUS	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)

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

C. LIST THE NAME AND ADDRESS OF THE INSURANCE COMPANY WITH WHOM YOU PREVIOUSLY/PRESENTLY HAVE HAD AUTOMOBILE INSURANCE. TENNESSEE LAW REQUIRES THAT YOU HAVE AT LEAST LIABILITY INSURANCE ON YOUR MOTOR VEHICLES. _____

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 OF THE ACCIDENT.

31. ARRESTS, CONVICTIONS, AND LITIGATIONS:

NOTE: It is the applicant's responsibility to submit with the application a certified copy of any criminal offense disposition, including traffic related offenses, in which you were charged.

- A. HAVE YOU EVER BEEN **ARRESTED** FOR A CRIMINAL OFFENSE, FELONY, MISDEMEANOR, MISDEMEANOR ARREST CITATION, OR HAD ANY CHARGE EXPUNGED? YES NO
- 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? (CONVICTION ALSO MEANS THE PAYMENT OF FINES.) YES NO
- D. HAVE YOU EVER BEEN INVOLVED, AS A PLAINTIFF OR DEFENDANT, IN ANY CIVIL COURT ACTION? (TO SUE, OR BEING SUED, OR BANKRUPTCY?) YES NO
- E. HAVE YOU EVER BEEN FINGERPRINTED FOR ANY REASON (OTHER THAN ARRESTS NOTED ABOVE?) YES NO
- F. HAVE YOU EVER BEEN SERVED WITH A CRIMINAL OR CIVIL 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).

ADDITIONAL QUESTIONS:

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

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

- 3.) HAVE YOU EVER HAD A CIVIL ORDER PLACED AGAINST YOU? (ORDER OF PROTECTION, RESTRAINING ORDER, INJUNCTION AGAINST HARASSMENT.) IF YES, EXPLAIN WHEN, WHERE, ETC.

32. REFERENCES:

CHARACTER REFERENCES (DO NOT INCLUDE RELATIVES, FORMER EMPLOYERS, FORMER SCHOOL TEACHERS, OR PERSONS LIVING OUTSIDE THE UNITED STATES OR ITS 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, STATE, ZIP)	PHONE NUMBER	
		DAY ()	NIGHT/CELL ()
		()	()
		()	()
		()	()
NEXT DOOR NEIGHBORS	ADDRESS (NUMERICAL, STREET, CITY, STATE, ZIP)	PHONE NUMBER	
		()	()
		()	()

33. 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. (EXAMPLE: KU KLUX KLAN, SKINHEADS, ARYIAN 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 YOU EVER BEEN 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 TO INCLUDE CONTRIBUTION(S) TO, ATTENDANCE OF OR PARTICIPATION IN ANY ORGANIZATION, SOCIAL OR OTHER ACTIVITIES OF SAID ORGANIZATIONS OR ANY PROJECTS SPONSORED BY THEM? HAVE YOU BEEN INVOLVED IN THE SALE, GIFT OR DISTRIBUTION OF ANY WRITTEN, PRINTED, OR OTHER MATTER, PREPARED, REPRODUCED OR PUBLISHED, BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES? YES NO

33 (Cont...)

IF YOU CHECKED YES TO ANY OF THE ANSWERS ABOVE, DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THESE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF THE ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD. ALSO INCLUDE DATES, PLACES, AND CREDENTIALS NOW OR FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THESE ORGANIZATIONS, THEN LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY WERE OR ARE AFFILIATED.

34. ARE THERE ANY INCIDENTS IN YOUR LIFE, NOT MENTIONED HEREIN, WHICH MAY REFLECT UPON YOUR SUITABILITY TO PERFORM THE DUTIES IN WHICH YOU MAY BE CALLED UPON TO PERFORM OR WHICH MIGHT REQUIRE FURTHER EXPLANATION?
 YES NO (IF YOU ARE NOT SURE, YOU SHOULD DISCLOSE.)

35. HAVE YOU APPLIED FOR A POSITION WITH ANY OTHER LAW ENFORCEMENT OR GOVERNMENTAL AGENCY? YES NO

NAME OF AGENCY	ADDRESS (NUMERICAL, STREET, CITY, ZIP)	APPROX. DATE APPLIED	DISQUALIFIED	
			YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

36. HOBBIES AND SPORTS		
ACTIVITY	NUMBER OF YEARS	AWARDS/CERTIFICATIONS

37. LIST ALL RELATIVES PRESENTLY EMPLOYED OR FORMERLY EMPLOYED BY THE CITY OF HENDERSONVILLE (CHECK BOX FOR N/A)

NAME	RELATIONSHIP	PRESENT ADDRESS & PHONE #	DEPARTMENT

38. FRIENDS OR ACQUAINTANCES PRESENTLY EMPLOYED BY THE CITY OF HENDERSONVILLE (CHECK BOX FOR N/A)

NAME	RELATIONSHIP	PRESENT ADDRESS & PHONE #	DEPARTMENT

39. EMPLOYMENT:

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

IF YES, EXPLAIN _____

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

IF YES, EXPLAIN _____

C. WILL YOUR PRESENT EMPLOYMENT BE IN JEOPARDY IF CONTACTED BY THE HENDERSONVILLE POLICE DEPARTMENT? YES NO

IF YES, EXPLAIN _____

D. AT THIS TIME, DO YOU AGREE TO ALLOW THE HENDERSONVILLE POLICE DEPARTMENT TO CONTACT ANY AND/OR ALL PRESENT EMPLOYERS? YES NO

IF NO, EXPLAIN _____

SIGNATURE OF APPLICANT / DATE

40. EMPLOYMENT: BEGIN WITH YOUR PRESENT EMPLOYER AND WORK BACKWARDS. INCLUDE ALL PART-TIME, TEMPORARY, AND/OR SEASONAL EMPLOYMENT. DURING PERIODS OF UNEMPLOYMENT OR ATTENDING SCHOOL, INDICATE WHERE APPROPRIATE. ENSURE THAT THERE ARE NO GAPS. LIST COMPLETE ADDRESSES (NUMERICAL, STREET, CITY, STATE, ZIP).

From (Mo. & Year)	Employer's Name	Phone	Title of Your Present or Last Position
To (Mo. & Year)	Number & Street		Primary Duties
Total Months Worked	City	State Zip	
Hours Worked Each Week	Name & Title of Supervisor		Equipment Used
Reason For Leaving or Considering Change			No. of Employees You Supervised

From (Mo. & Year)	Employer's Name	Phone	Title of Your Present or Last Position
To (Mo. & Year)	Number & Street		Primary Duties
Total Months Worked	City	State Zip	
Hours Worked Each Week	Name & Title of Supervisor		Equipment Used
Reason or Leaving or Considering Change			No. of Employees You Supervised

From (Mo. & Year)	Employer's Name	Phone	Title of Your Present or Last Position
To (Mo. & Year)	Number & Street		Primary Duties
Total Months Worked	City	State Zip	
Hours Worked Each Week	Name & Title of Supervisor		Equipment Used
Reason For Leaving or Considering Change			No. of Employees You Supervised

EMPLOYMENT RECORD (CONT...)

From (Mo. & Year)	Employer's Name	Phone	Title of Your Present or Last Position
To (Mo. & Year)	Number & Street		Primary Duties
Total Months Worked	City	State Zip	
Hours Worked Each Week	Name & Title of Supervisor		
Reason For Leaving or Considering Change			
			Equipment Used
			No. of Employees You Supervised

From (Mo. & Year)	Employer's Name	Phone	Title of Your Present or Last Position
To (Mo. & Year)	Number & Street		Primary Duties
Total Months Worked	City	State Zip	
Hours Worked Each Week	Name & Title of Supervisor		
Reason For Leaving or Considering Change			
			Equipment Used
			No. of Employees You Supervised

From (Mo. & Year)	Employer's Name	Phone	Title of Your Present or Last Position
To (Mo. & Year)	Number & Street		Primary Duties
Total Months Worked	City	State Zip	
Hours Worked Each Week	Name & Title of Supervisor		
Reason For Leaving or Considering Change			
			Equipment Used
			No. of Employees You Supervised

EMPLOYMENT RECORD (CONT...)

From (Mo. & Year)	Employer's Name	Phone	Title of Your Present or Last Position
To (Mo. & Year)	Number & Street		Primary Duties
Total Months Worked	City	State Zip	
Hours Worked Each Week	Name & Title of Supervisor		
Reason For Leaving or Considering Change			
			Equipment Used
			No. of Employees You Supervised

From (Mo. & Year)	Employer's Name	Phone	Title of Your Present or Last Position
To (Mo. & Year)	Number & Street		Primary Duties
Total Months Worked	City	State Zip	
Hours Worked Each Week	Name & Title of Supervisor		
Reason For Leaving or Considering Change			
			Equipment Used
			No. of Employees You Supervised

From (Mo. & Year)	Employer's Name	Phone	Title of Your Present or Last Position
To (Mo. & Year)	Number & Street		Primary Duties
Total Months Worked	City	State Zip	
Hours Worked Each Week	Name & Title of Supervisor		
Reason For Leaving or Considering Change			
			Equipment Used
			No. of Employees You Supervised

EMPLOYMENT RECORD (CONT...)

From (Mo. & Year)	Employer's Name	Phone	Title of Your Present or Last Position
To (Mo. & Year)	Number & Street		Primary Duties
Total Months Worked	City	State Zip	
Hours Worked Each Week	Name & Title of Supervisor		
Reason For Leaving or Considering Change			Equipment Used
			No. of Employees You Supervised

From (Mo. & Year)	Employer's Name	Phone	Title of Your Present or Last Position
To (Mo. & Year)	Number & Street		Primary Duties
Total Months Worked	City	State Zip	
Hours Worked Each Week	Name & Title of Supervisor		
Reason For Leaving or Considering Change			Equipment Used
			No. of Employees You Supervised

From (Mo. & Year)	Employer's Name	Phone	Title of Your Present or Last Position
To (Mo. & Year)	Number & Street		Primary Duties
Total Months Worked	City	State Zip	
Hours Worked Each Week	Name & Title of Supervisor		
Reason For Leaving or Considering Change			Equipment Used
			No. of Employees You Supervised

**CITY OF HENDERSONVILLE
SUPPLEMENTAL POLICE EMPLOYMENT APPLICATION**

READ EACH OF THE FOLLOWING STATEMENTS CAREFULLY.

- I. I hereby certify that I have answered all questions truthfully and I understand that any intentional falsification or omission of information on this application may result in the immediate disqualification or dismissal from this or any other City of Hendersonville position.

- II. I understand that all work experience and education must be recorded on this official application. Ratings will be based solely on such. Any omissions in this application package may result in complete disqualification.

- III. I understand that, at the time of a post-employment offer, laboratory testing to determine drug or alcohol use may be conducted by medical examination for Public Health and Safety classifications. The results of the examination will be released to the City of Hendersonville Human Resources Department and may be a factor in determining my suitability for the position for which I have applied.

- IV. I understand that once I file an application, the information contained herein and in related documents becomes public information and is subject to being released to the public upon request.

Applicant Signature

Date

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. FAILURE TO INITIAL THE FOLLOWING STATEMENTS CAN SUBJECT YOU TO IMMEDIATE DISQUALIFICATION.

41. I AGREE TO SUBMIT TO A POLYGRAPH EXAMINATION, SHOULD IT BECOME NECESSARY, AT THE DIRECTION OF THE CITY OF HENDERSONVILLE, AT ANY TIME DURING MY PROCESSING AS A POLICE APPLICANT AND DURING MY PROBATIONARY PERIOD.

(INITIALS)

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, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH.

(INITIALS)

I FURTHER AGREE AND CONSENT, IN ADVANCE, TO BEING IMMEDIATELY DISQUALIFIED AND/OR DISCHARGED IF ANY OF THE INFORMATION IN THIS APPLICATION CONTAINS ANY MISREPRESENTATIONS OR FALSIFICATIONS OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED.

(INITIALS)

I FURTHER AGREE THAT SHOULD I CHANGE MY ADDRESS OR PLACE OF EMPLOYMENT, I WILL NOTIFY THE HUMAN RESOURCES DEPARTMENT OF THE CITY OF HENDERSONVILLE WITHIN 72 HOURS AND, SHOULD I FAIL TO DO THIS, IT WILL SUBJECT ME TO DISQUALIFICATION AS AN APPLICANT.

(INITIALS)

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.

APPLICANT SIGNATURE

DATE

REQUIRED: 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 HEREIN CONTAINED.

WITNESS MY HAND, AT OFFICE, THIS _____ DAY OF _____, 20_____.

MY COMMISSION EXPIRES _____

NOTARY PUBLIC

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

CRIMINAL RECORDS INQUIRY

(POLICE DEPT. USE ONLY)

TO:

FROM: LT. JAMES LAWSON
 HENDERSONVILLE POLICE DEPT.
 P. O. BOX 541
 HENDERSONVILLE, TN. 37077-0541
 PHONE NO. (615) 264-5303

PERSONAL INFORMATION

FULL NAME: _____ RACE: _____ SEX: _____ D.O.B.: _____

DRIVER'S LICENSE # _____ STATE: _____

THE ABOVE NAMED PERSON APPLIED WITH OUR DEPARTMENT AND AUTHORIZED AND REQUESTED A CRIMINAL AND TRAFFIC RECORD HISTORY FOR OUR BACKGROUND INVESTIGATION. THIS WOULD INCLUDE FELONIES, MISDEMEANORS, MISDEMEANOR CITATIONS, CRIMINAL SUMMONS, TRAFFIC AND PARKING CITATIONS, TRAFFIC ACCIDENTS, AND REPORTS OF ANY NATURE. THIS IS FOR EMPLOYMENT PURPOSES WITH THIS LAW ENFORCEMENT AGENCY ONLY. PLEASE FORWARD THIS AT YOUR EARLIEST CONVENIENCE. IF APPLICANT DOES HAVE A CRIMINAL RECORD, PLEASE ATTACH COPIES OF ALL AVAILABLE DOCUMENTATION. YOUR ASSISTANCE IN THIS MATTER IS GREATLY APPRECIATED.

RECORD CHECK (USE REVERSE SIDE IF NECESSARY)

NEGATIVE [] POSITIVE []

CHARGES	DATE	DISPOSITION	LOCATION

RELEASE FROM LIABILITY

I RESPECTFULLY REQUEST AND AUTHORIZE YOU TO FURNISH THE HENDERSONVILLE POLICE DEPARTMENT ANY AND ALL INFORMATION THAT YOU HAVE CONCERNING ME, 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 HENDERSONVILLE POLICE DEPARTMENT IN DETERMINING MY QUALIFICATIONS AND FITNESS FOR THE POSITION I AM SEEKING WITH THE HENDERSONVILLE POLICE DEPARTMENT. 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)

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 HEREIN CONTAINED.

WITNESS MY HAND, AT OFFICE, THIS _____ DAY OF _____, 20 _____.

 NOTARY PUBLIC

MY COMMISSION EXPIRES _____

EMPLOYMENT APPLICATION VERIFICATION

(POLICE DEPT. USE ONLY)

TO:

**FROM: LT. JAMES LAWSON
HENDERSONVILLE POLICE DEPARTMENT
P. O. BOX 541
HENDERSONVILLE, TN 37077-0541
(615) 264-5303**

PERSONAL INFORMATION

APPLICANT NAME: _____ D.O.B. _____

RACE: _____ SEX: _____ S.S.N. _____

THE APPLICANT ABOVE APPLIED WITH OUR AGENCY AND INDICATED THAT HE/SHE HAD APPLIED WITH YOUR AGENCY ON THE ABOVE DATE. WE ARE REQUESTING THAT YOU PROVIDE INFORMATION REGARDING APPLICANT’S STATUS WITH YOUR AGENCY. PLEASE CHECK OFF THE FORM BELOW AND RETURN IT IN THE ENVELOPE PROVIDED AS SOON AS POSSIBLE. (USE REVERSE SIDE TO EXPLAIN, IF NECESSARY.)

- APPLIED ONLY
- TESTED _____STANDING_____
- STILL IN PROCESS, WHAT STEP?
- RECOMMENDED
- NOT RECOMMENDED, WHY?
- NOT CONSIDERED, WHY?
- FORMER OR PRESENT EMPLOYEE
- FAVORABLE POLYGRAPH
- UNFAVORABLE POLYGRAPH
- OTHER (USE REVERSE SIDE TO EXPLAIN, IF NECESSARY)

SIGNATURE OF RELEASING PERSONNEL NAME AND TITLE (PRINTED) ()
PHONE NUMBER

RELEASE FROM LIABILITY

I RESPECTFULLY REQUEST AND AUTHORIZE YOU TO FURNISH THE HENDERSONVILLE POLICE DEPARTMENT ANY AND ALL INFORMATION THAT YOU HAVE CONCERNING ME, 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 HENDERSONVILLE POLICE DEPARTMENT IN DETERMINING MY QUALIFICATIONS AND FITNESS FOR THE POSITION I AM SEEKING WITH THE HENDERSONVILLE POLICE DEPARTMENT.

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)

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 HEREIN CONTAINED.

WITNESS MY HAND, AT OFFICE, THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

DATE:

EMPLOYMENT VERIFICATION

TO: <i>(FOR POLICE USE ONLY)</i>	FROM: LT. JAMES LAWSON HENDERSONVILLE POLICE DEPT. P. O. BOX 541 HENDERSONVILLE, TN. 37077-0541 (615) 264-5303
--	---

PERSONAL INFORMATION

RE: _____ APPLICANT'S NAME AND ADDRESS	DATE OF BIRTH: _____ RACE: _____ SSN: _____ SEX: _____
--	---

THE APPLICANT NAMED ABOVE HAS APPLIED FOR THE POSITION OF POLICE OFFICER WITH THE HENDERSONVILLE POLICE DEPARTMENT, SUMNER COUNTY, TN. HE/SHE HAS AUTHORIZED AND REQUESTED YOU TO PROVIDE HIS/HER EMPLOYMENT INFORMATION BELOW AND RETURN IT AS SOON AS POSSIBLE.

- PROVIDE THE DATES THIS APPLICANT WAS EMPLOYED: _____
- WHAT POSITION(S) DID THE APPLICANT HOLD? _____
- IF NO LONGER EMPLOYED, WHAT WAS THE APPLICANT'S REASON FOR LEAVING YOUR EMPLOYMENT?

- WOULD YOU RECOMMEND THE APPLICANT AS A POLICE OFFICER? YES NO IF NO, PLEASE EXPLAIN.

- PLEASE CHECK THE APPROPRIATE BOXES BELOW REGARDING THE APPLICANT:

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
CAPABLE	<input type="checkbox"/>	<input type="checkbox"/>	EFFICIENT	<input type="checkbox"/>	<input type="checkbox"/>	HELPFUL	<input type="checkbox"/>	<input type="checkbox"/>
COURTEOUS	<input type="checkbox"/>	<input type="checkbox"/>	FRIENDLY	<input type="checkbox"/>	<input type="checkbox"/>	HONEST	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDABLE	<input type="checkbox"/>	<input type="checkbox"/>	GOOD ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	PUNCTUAL	<input type="checkbox"/>	<input type="checkbox"/>
- CHECK THE FOLLOWING WHICH BEST DESCRIBES THE APPLICANT'S WORK HABITS:

<input type="checkbox"/> WORKED WELL	<input type="checkbox"/> WORKED WELL WITH OTHERS	<input type="checkbox"/> WORKED INDEPENDENTLY
<input type="checkbox"/> DID NOT WORK WELL	<input type="checkbox"/> DID NOT WORK WELL WITH OTHERS	<input type="checkbox"/> DID NOT WORK INDEPENDENTLY
- PLEASE CHECK ONE OF THE FOLLOWING: WOULD REHIRE _____ WOULD NOT REHIRE _____
- PLEASE PROVIDE ANY ADDITIONAL REMARKS OR EXPLANATIONS OF THE ABOVE ON THE REVERSE SIDE OF SHEET.

SIGNATURE OF RELEASING PERSONNEL NAME AND TITLE (PRINTED) AREA CODE & PHONE NO.

RELEASE FROM LIABILITY:

I RESPECTFULLY REQUEST AND AUTHORIZE YOU TO FURNISH THE HENDERSONVILLE POLICE DEPARTMENT ANY AND ALL INFORMATION THAT YOU HAVE CONCERNING ME, 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 HENDERSONVILLE POLICE DEPARTMENT IN DETERMINING MY QUALIFICATIONS AND FITNESS FOR THE POSITION I AM SEEKING WITH THE HENDERSONVILLE POLICE DEPARTMENT.

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 PURPOSES HEREIN CONTAINED.

WITNESS MY HAND, AT OFFICE, THIS _____ DAY OF _____, 20_____.

MY COMMISSION EXPIRES _____

NOTARY PUBLIC

QUESTIONNAIRE ABOUT MILITARY SERVICE

THIS FORM IS USED WHEN MORE INFORMATION IS NEEDED TO LOCATE A RECORD. PLEASE SUPPLY AS MUCH INFORMATION AS POSSIBLE. PLEASE BE SURE TO INCLUDE YOUR ORIGINAL INQUIRY WHEN YOU RETURN THIS FORM. WE DID NOT KEEP A COPY.			
NAME (S) USED DURING SERVICE (AND NICKNAMES, IF ANY)	BRANCH OF SERVICE ٱ ARMY ٱ AIR FORCE ٱ COAST GUARD ٱ MARINE CORPS ٱ NAVY	WAS SERVICE SIX MONTHS ACTIVE DUTY FOR TRAINING ONLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SERVED AS: (INCLUDE SERIAL/SERVICE NUMBER(S)) <input type="checkbox"/> ENLISTED: _____ <input type="checkbox"/> OFFICER : _____	DATE OF BIRTH _____ BIRTH PLACE _____ HOME ADDRESS: (AT TIME OF ENTRY INTO SERVICE) _____ STREET CITY COUNTY STATE AT TIME OF RELEASE FROM ACTIVE DUTY _____ STREET CITY COUNTY STATE		
VETERAN'S SOCIAL SECURITY NUMBER: _____			
SELECTIVE SERVICE: _____ LOCAL BOARD NUMBER, CITY & STATE _____ VETERAN'S SELECTIVE SERVICE NO. _____			
MONTH/DAY/YEAR ENTERED ACTIVE DUTY: _____ PLACE ENTERED: _____			
CAMP OR STATION (RECEPTION CENTER) SENT TO AFTER ENLISTMENT OR INDUCTION: _____			
PLACE OF BASIC TRAINING (SHOW "OUTFIT") _____			
PLEASE LIST ALL UNITS OR "OUTFITS" SERVED WITH DURING MILITARY SERVICE, AFTER BASIC TRAINING. SHOW COMPLETE ORGANIZATIONAL DESIGNATION (COMPANY OR BATTERY, BATTALION, AND REGIMENT; SQUADRON GROUP, AND WING, ETC.) ALSO SHOW GEOGRAPHICAL LOCATION (CAMP, BASE, AND COUNTRY). (USE BACK SIDE IF NEEDED.)			INCLUSIVE DATES (MONTH/DAY/YEAR) FROM _____ TO _____
(BE SURE THAT LAST LINE SHOWS UNIT AND LOCATION ON DATE OF RELEASE FROM ACTIVE DUTY, EVEN IF ALREADY DETACHED FROM REGULAR UNIT AND RELEASE OCCURRED AT A SEPARATION STATION. BE SURE TO SHOW NAME AND LOCATION OF THAT SEPARATION STATION ON LAST LINE.)			DATE RELEASED FROM ACTIVE DUTY: _____
MO/DAY/YR OF ANY REENLISTMENT(S), INCLUDING "OUTFIT": _____			
IF YOU HAVE PAPERS THAT PERTAIN TO THE PERIOD(S) OF SERVICE LISTED ABOVE, PLEASE SEND US COPIES. FOR EXAMPLE: SEPARATION DOCUMENT(S), ORDERS, AWARD CITATIONS OR ENVELOPES WITH A MILITARY RETURN ADDRESS. YOU MAY BE ABLE TO OBTAIN A COPY OF THE REPORT OF SEPARATION FROM A FORMER EMPLOYER OR THE RECORDER'S OFFICE OF THE CITY OR COUNTY WHERE THE VETERAN LIVED JUST AFTER SEPARATION/DISCHARGE.			
DID THE VETERAN EVER:			
a. FILE A CLAIM FOR DEPARTMENT OF VETERANS AFFAIRS (VA) BENEFITS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, SHOW CLAIM NUMBER: _____ AND CITY AND STATE WHERE CLAIM WAS FILED: _____	
b. SERVE IN THE RESERVES AFTER RELEASE FROM THE PERIOD OF ACTIVE DUTY SHOWN ABOVE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
c. RECEIVE A STATE BONUS FOR MILITARY SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
d. SERVE IN THE NATIONAL GUARD?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
e. RETIRE FROM MILITARY SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
f. HAVE ACTIVE DUTY IN ANY OTHER MILITARY SERVICE BRANCH IN LATER YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
g. WORK FOR THE FEDERAL GOVERNMENT AS A CIVILIAN?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PHONE NUMBER (INCLUDING AREA CODE) WHERE YOU MAY BE REACHED DURING THE DAY: _____		TODAY'S DATE: _____	
PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED: _____			
SIGNATURE OF VETERAN _____			

HENDERSONVILLE, TENNESSEE POLICE APPLICANT LIABILITY RELEASE

I, _____, HAVING APPLIED TO THE CITY OF HENDERSONVILLE, TENNESSEE POLICE DEPARTMENT FOR THE POSITION OF POLICE OFFICER, DO UNDERSTAND THAT A REQUIREMENT FOR ALL APPLICANTS IS TO PARTICIPATE IN A PHYSICAL AGILITY PRE-TEST. I UNDERSTAND AND HEREBY MAKE IT KNOWN TO ALL THAT I AM PARTICIPATING OF MY OWN FREE WILL AND THEREBY RELEASE THE CITY OF HENDERSONVILLE, TENNESSEE, THE HENDERSONVILLE POLICE DEPARTMENT, ITS EMPLOYEES AND AGENTS FROM ANY AND ALL LIABILITY FOR INJURY I MAY INCUR DURING MY PARTICIPATION IN THIS PROGRAM.

APPLICANT SIGNATURE

DATE

PERSONAL INQUIRY WAIVER

TO: _____
I RESPECTFULLY REQUEST AND AUTHORIZE YOU TO FURNISH THE HENDERSONVILLE POLICE DEPARTMENT ANY AND ALL INFORMATION THAT YOU MAY HAVE CONCERNING ME, 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 HENDERSONVILLE POLICE DEPARTMENT IN DETERMINING MY QUALIFICATIONS AND FITNESS FOR THE POSITION I AM SEEKING WITH THE HENDERSONVILLE POLICE DEPARTMENT.

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

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 HEREIN CONTAINED.

WITNESS MY HAND, AT OFFICE, THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC

MY COMMISSION EXPIRES _____