|  |
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| **PLEASE COMPLETE ALL INFORMATION REQUESTED BELOW PRINT CAREFULLY TO INSURE THAT YOUR INFORMATION ACCURATELY RECORDED INTO YOUR APPLICANT RECORD.** |

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| --- |
| List the specific State of Tennessee job titles for which you are applying and the corresponding county preference. Do not use abbreviations as this may result in your application being processed for the incorrect title.  |

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| --- | --- |
| **Job Title/Classification** | **County Preference** |
|       |       |
|       |       |

|  |
| --- |
| Last Name: |
|       |

|  |
| --- |
| First Name: |
|       |

|  |
| --- |
| Mailing Address: |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| City: |  | State: |  | Zip Code: |
|       |  |       |  |       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Area Code: |  | Home Telephone: |  | Area Code: |  | Alternate Phone: |
|       |  |       |  |       |  |       |

|  |
| --- |
| Email Address: |
|       |

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| Veterans Preference: Tennessee veteran’s preference is extended to applicants listed on the appointment or promotional list. To be eligible for veteran’s preference, you must have received an honorable discharge from the army, navy, air force, marine corps or coast guard or any member of the reserve components, as defined in 10 U.S.C 10101, who performs active federal service in the armed forces of the United States. Proof of dates of military service, honorable discharge, disability, death and residence are required and must be provided to the Department of Human Resources in order to receive Veterans Preference. A spouse or surviving spouse of a veteran is eligible if these conditions are met: as a result of such military services, the veteran suffered a one hundred (100%) percent service-connected disability or is permanently and totally disables; or the veteran died in the line of duty during such military service; **and** the surviving spouse has not remarried since the death of the veteran,  |

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| **TO CLAIM VETERANS PREFERENCE, CHECK THE APPROPRIATE BOX BELOW AND SUBMIT PROOF AS INDICATED IN THE TABLE.**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Entry in Military Service** |  | Branch of Service: |       |
| Month |  | Day |  | Year |  |  |  |
|       |  |       |  |       |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Separation from Active Service** |  | Rank at Discharge: |       |
| Month |  | Day |  | Year |  |  |  |
|       |  |       |  |       |  |  |  |

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| --- |
| Proof is attached [ ]  |

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| SPECIAL QUALIFICATION INFORMATION: Employment consideration for some jobs is limited to U.S. citizens and/or to individuals who meet minimum age requirements. If you are applying for a job for which U.S. citizenship or minimum age requirements are applicable, please provide the information in this block.  |

|  |  |
| --- | --- |
| To be considered for jobs requiring U.S. citizenship, please answer: Are you a U.S. Citizen?: |       |
| To be considered for positions requiring a minimum age: Are you at least 18 years of age? : |       |

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| **OPTIONAL INFORMATION** |

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| The following information is for Equal Employment Opportunity/Affirmative Action purposes only. To assist the State of TN in its commitment to equal employment opportunity, applicants are asked to voluntarily provide the following information. The state of TN is authorized under federal law to retain this information for research and statistical reasons. This information will not be used in an employment decision and an applicant’s failure or refusal to provide this information will not affect an applicant’s employment opportunities. Data will be help confidential and only used in accordance with applicable federal law. Refusal to provide information will not subject the applicant to any adverse treatment.  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| RACE: | [ ]  | White |  | [ ]  | Black |  | [ ]  | Hispanic |
|  | [ ]  | Asian or Pacific Islander |  | [ ]  | Native American Indian |  | [ ]  | Alaskan Native |
|  | [ ]  | Other |  | [ ]  |  |  | [ ]  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SEX: |  | [ ]  | Male |  | [ ]  | Female |

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| --- |
| **EDUCATIONAL BACKGROUND** |

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| --- |
| Please indicate the highest level of primary or secondary education completed.  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | GED | High School Diploma | Cert. of Completion |

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| **POSTSECONDARY EDUCATION –** Please list schools attended after high school. This includes any colleges, universities or vocational schools. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name and City/State of School | Dates Attended | #of hours completed | Did you Graduate | Date of Graduation | Major | Type of Degree |
| To | From | Yes | No |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |

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| **LICENSES:** Please list each license, certificate or other authorization to practice a trade or profession. Teachers must specify subject area and type of certification. Please make sure licensure information is current with each new application you submit.  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TYPE OF CERTIFICATION** | **AREA OF ENDORSEMENT** | **LICENSE NO.** | **ORIGINAL ISSUE DATE** | **EXPIRATION DATE** | **STATE/ISSUING AGENCY** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

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| **EXPERIENCE BACKGROUND** |

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| INSTRUCTIONS: To complete your work history, use the job blocks provided below and on the following pages, beginning with your present or most recent job. If necessary, you may attach additional sheets to provide your complete work history in the format shown below. It is important that you accurately describe the major responsibilities associated with each job you have held. You may submit an employment resume to supplement your application.  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Job Title: |       |  | Employment Dates: |       | / |       |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Hour per week: |       |  | Starting Salary: |       |  | Ending Salary: |       |

|  |  |
| --- | --- |
| Employer Name: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer Address: |       |  | Phone: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Supervisor: |       |  | # of employees you supervised: |       |

|  |  |
| --- | --- |
| Reason for leaving: |       |

|  |  |
| --- | --- |
| Duties: |       |
|       |
|       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Job Title: |       |  | Employment Dates: |       | / |       |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Hour per week: |       |  | Starting Salary: |       |  | Ending Salary: |       |

|  |  |
| --- | --- |
| Employer Name: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer Address: |       |  | Phone: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Supervisor: |       |  | # of employees you supervised: |       |

|  |  |
| --- | --- |
| Reason for leaving: |       |

|  |  |
| --- | --- |
| Duties: |       |
|       |
|       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Job Title: |       |  | Employment Dates: |       | / |       |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Hour per week: |       |  | Starting Salary: |       |  | Ending Salary: |       |

|  |  |
| --- | --- |
| Employer Name: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer Address: |       |  | Phone: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Supervisor: |       |  | # of employees you supervised: |       |

|  |  |
| --- | --- |
| Reason for leaving: |       |

|  |  |
| --- | --- |
| Duties: |       |
|       |
|       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Job Title: |       |  | Employment Dates: |       | / |       |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Hour per week: |       |  | Starting Salary: |       |  | Ending Salary: |       |

|  |  |
| --- | --- |
| Employer Name: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer Address: |       |  | Phone: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Supervisor: |       |  | # of employees you supervised: |       |

|  |  |
| --- | --- |
| Reason for leaving: |       |

|  |  |
| --- | --- |
| Duties: |       |
|       |
|       |

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| --- |
| **REFERENCES:** Please provide complete information for your references below. Please make sure your reference information is current with each new application you submit.  |

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **ADDRESS** | **CITY-STATE** | **PHONE** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

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| **SIGNATURE:** |

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| Under penalty of perjury, I certify that the information I am providing in this application is correct and complete to the best of my knowledge. I am aware that should investigation show any falsification or material misrepresentation, I will not be considered for employment, or if employed, I will be dismissed and disqualified from future consideration. I hereby authorize the State of Tennessee to make all necessary investigations concerning me or my actions and to receive and make available to all state agencies my academic records or other materials pertinent to my qualifications. I further authorize and request each former employer, educational institution, and/or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of Applicant: |       |  | Date: |       |

|  |  |  |
| --- | --- | --- |
| Name: |       | (Please Print) |

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| **Correctional Officer Supplemental Questionnaire** |
| **Note: Answer all questions** |

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| --- |
| 1. This job requires education equivalent to graduation from a standard high school (completion of G.E.D. is acceptable). Do you meet this requirement?
 |

|  |  |  |
| --- | --- | --- |
|  | [ ]  Yes | [ ]  No |

|  |
| --- |
| 1. I attest that I have not been discharged under any conditions other than honorable from any branch of the United States armed forces
 |

|  |  |  |
| --- | --- | --- |
|  | [ ]  Yes | [ ]  No |

|  |
| --- |
| 1. Are you a citizen of the United States?
 |

|  |  |  |
| --- | --- | --- |
|  | [ ]  Yes | [ ]  No |

|  |
| --- |
| 1. Applicants for this job must be at least eighteen (18) years of age on this date of application. Do you meet this minimum age requirement?
 |

|  |  |  |
| --- | --- | --- |
|  | [ ]  Yes | [ ]  No |

|  |
| --- |
| 1. I attest that I have read and do meet the minimum qualifications for the position in which I am applying.
 |

|  |  |  |
| --- | --- | --- |
|  | [ ]  Yes | [ ]  No |

|  |
| --- |
| 1. Do you have basic knowledge of math?
 |

|  |  |  |
| --- | --- | --- |
|  | [ ]  Yes | [ ]  No |

|  |
| --- |
| 1. Do you have law enforcement experience? Describe briefly.
 |

|  |  |
| --- | --- |
|  |       |

|  |
| --- |
| 1. Do you have active military service? Describe briefly.
 |

|  |  |
| --- | --- |
|  |       |

|  |
| --- |
| 1. Have you attended a POST certified or equivalent basic training academy?
 |

|  |  |  |
| --- | --- | --- |
|  | [ ]  Yes | [ ]  No |

|  |
| --- |
| 1. Do you agree to, upon appointment, successfully completing a prescribed four (4) consecutive week course of instruction at the TENNESSEE Correction Academy?
 |

|  |  |  |
| --- | --- | --- |
|  | [ ]  Yes | [ ]  No |

|  |  |  |
| --- | --- | --- |
| Name: |       | (Please Print) |

|  |
| --- |
| 1. What experience do you have working with people with mental issues?
 |

|  |  |
| --- | --- |
|  |       |

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| --- |
| 1. What experience do you have working with people with severe behavioral challenges?
 |

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| --- | --- |
|  |       |

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| --- |
| 1. Are you willing to work overtime and/or shift work?
 |

|  |  |  |
| --- | --- | --- |
|  | [ ]  Yes | [ ]  No |

|  |
| --- |
| 1. Are you available to work a flexible or rotating schedule which could include nights, weekends, and holidays?
 |

|  |  |  |
| --- | --- | --- |
|  | [ ]  Yes | [ ]  No |

|  |  |  |
| --- | --- | --- |
| 1. Are you willing to work in
 |       | County? |

|  |  |  |
| --- | --- | --- |
|  | [ ]  Yes | [ ]  No |

|  |
| --- |
| 1. Do you have any experience preparing written reports? Describe briefly.
 |

|  |  |
| --- | --- |
|  |       |

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| --- |
| 1. Do you have experience monitoring people and surroundings to determine if there are any possible public safety risks?
 |

|  |  |  |
| --- | --- | --- |
|  | [ ]  Yes | [ ]  No |

|  |
| --- |
| 1. Are you willing to work outside in all types of inclement weather and on difficult terrains?
 |

|  |  |  |
| --- | --- | --- |
|  | [ ]  Yes | [ ]  No |

|  |
| --- |
| 1. Are you currently employed with the State of Tennessee?
 |

|  |  |  |
| --- | --- | --- |
|  | [ ]  Yes | [ ]  No |

|  |
| --- |
| 1. A pre-employment drug screen is required for this position. Are you willing to submit to a pre-employment drug screen?
 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | [ ]  Yes | [ ]  No |  |  |