ROSSVILLE POLICE DEPARTMENT ROSSVILLE, TN 38066

POLICE OFFICER APPLICATION PACKET

This packet contains the following information:

High School transcript request form
College transcript form
Personal History Statement
Application for Employment

Read all information carefully and fill out all forms completely.

CONSEQUENCES OF FALSIFICATION

ANY willful misrepresentation or falsification given on **ANY FORM** herein is just cause for rejecting your application. It may also disqualify you from making application in the future for positions within the Town of Rossville, or cause any future employment with the Town to be terminated.

HIGH SCHOOL TRANSCRIPT FORM

INSTRUCTIONS TO APPLICANT:

- 1. Please read carefully and complete. Fill out the following requested information.
- 2. Take or mail this form to the High School from which you graduated. If you received a G.E.D., you may want to call first to determine where your G.E.D. records are located. If the High School/Board of Education charges a fee for mailing your transcripts to you, YOU ARE RESPONSIBLE FOR PAYING THE FEE.
- 3. Please have the High School/Board of Education mail your transcript or G.E.D. scores directly to the Town of Rossville Police Department at the address below.
- 4. When the Rossville Police Department receives your transcript, it becomes the property of the Town of Rossville and cannot be released to any other person or agency.

NOTE: ALL TRANSCRIPTS/G.E.D. SCORES MUST BE RECEIVED AT THE ROSSVILLE POLICE DEPARTMENT OFFICE BY MAIL FROM YOUR HIGH SCHOOL/BOARD OF EDUCATION. TRANSCRIPTS DELIVERED IN PERSON OR MAILED BY YOU WILL NOT BE ACCEPTED.

Detach the form below and mail to the	High School that main	ntains your permanent transcript.
NAME OF HIGH SCHOOL:		
(Address)		
requesting that you mail, along with th	is form, a copy of my o	n with the Rossville Police Department. I am official high school transcript (showing my ce Department at the following address:
	Rossville Police Dep 360 Morrison Ro P. O. Box 27 Rossville, TN 38	oad
My name is (Last, First, Middle) My name at the time I attended your sc		Middle)
My complete mailing address is (includ	le city, state and ZIP C	code):
Phone Number (Home)	(Work)	
Date of Birth:	Social Securit	ty Number:
I graduated on:	Class of	I received my G.E.D. on
I understand that I will be responsible f	for any fee incurred as	part of this request.

*** PLEASE RETURN THIS FORM WITH TRANSCRIPT***

Signature:

COLLEGE TRANSCRIPT REQUEST FORM

INSTRUCTIONS TO APPLICANT:

- 1. Please read carefully and complete. Fill out the following requested information.
- 2. Take or mail this form to <u>ALL</u> Colleges/Universities you have attended. A transcript must be received from each college attended. If the College/University charges a fee for mailing your transcripts to you, **YOU ARE RESPONSIBLE FOR PAYING THE FEE.**
- 3. Please have each college/university mail your transcript directly to the Town of Rossville Police Department at the address below.
- 4. When the Rossville Police Department receives your transcript, it becomes the property of the Town of Rossville and cannot be released to any other person or agency.

NOTE: ALL TRANSCRIPTS MUST BE RECEIVED AT THE ROSSVILLE POLICE DEPARTMENT OFFICE BY MAIL FROM YOUR HIGH SCHOOL/BOARD OF EDUCATION. TRANSCRIPTS DELIVERED IN PERSON OR MAILED BY YOU WILL NOT BE ACCEPTED.

Detach the form below and mail to the College or University that maintains your permanent transcript.

NAME OF COLLEGE OR UNIVERSITY:			
	(Address)		
TO WHOM IT MAY CONCERN : I have a requesting that you mail, along with this forgraduation date) to the Rossville Police	orm, a copy of my		
R	cossville Police De 360 Morrison R P. O. Box 2' Rossville, TN 3	oad 7	
My name is (Last, First, Middle) My name at the time I attended your school	ol was (Last, First,	Middle)	
My complete mailing address is (include o	city, state and ZIP (Code):	
Phone Number (Home)	(Work)		
Date of Birth:	Social Security Number:		
I graduated on:	Class of	I received my G.E.D. on	
I understand that I will be responsible for	any fee incurred a	s part of this request.	
Signature:		Date:	

*** PLEASE RETURN THIS FORM WITH TRANSCRIPT***

ROSSVILLE POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

PLEASE READ:

- Answer each question on this form.
- Information must be HANDWRITTEN AND PRINTED IN BLACK INK (DO NOT TYPE).
- If additional information must be submitted in response to a specific question, please submit this information on additional sheets of 8.5" X 11" paper (NO SCRAP SHEETS) and attach them to this form. Precede each answer with the number and letter of the referenced section.
- <u>DO NOT MISSTATE OR OMIT ANY FACTS, AS ALL INFORMATION IS VERIFIED. ACCURACY IS ESSENTIAL.</u>
- ANY FALSE STATEMENTS OR INFORMATION KNOWINGLY OMITTED IN THIS QUESTIONNAIRE IS JUST CAUSE FOR DENYING OR TERMINATING YOUR APPLICATION.
- There are to be no UNKNOWN OR UNANSWERED questions when this form is completed and turned in.
 If a question or the information requested does not apply, indicate this by using the symbol N/A (Not
 available). Should this question be UNSATISFACTORILY FILLED OUT, you will be rejected from further
 consideration.

When the Personal History Statement is turned in, the following documents MUST ALSO BE TURNED IN:

- A certified copy of your Birth Certificate for us to witness, and photocopy for us to retain.
- Your original driver's license for us to witness and copy for us to retain.
- Your original Military DD214, DD215 or DD873 (including character of discharge section), and any other discharge document(s), if applicable, for us to witness and a copy for us to retain.
- Active Reserves who currently attend Military Drills must submit a Military Letter of Good Standing. This
 letter can be obtained from a staff member upon receipt of your Application Packet. The applicant must also
 submit all original DD214 discharge documents as soon as they become available by the applicant.

FAILURE TO TURN IN THESE DOCUMENTS WILL RESULT IN YOUR APPLICATION BEING REJECTED BY THE ROSSVILLE POLICE DEPARTMENT.

I hereby certify that I have read and understand all of the above stated information.				
Signature:	_ Date:			

THIS PACKET MUST BE HANDWRITTEN IN BLACK INK (DO NOT TYPE).

** PLEASE PRINT** If this application is not legible, it WILL NOT be accepted.

PERSONAL HISTORY:

Date:		Position Applied For:			
Full Name (Last)	(First)	(Middle)	Sex/F	Race	Date of Birth
Current Street Addres	s/Apt. #	City	St	ate	ZIP
Home Phone		Work Phone	Work Hours		Days Off
Name and phone num for you.	ber of neighb	or or relative with whom you	ı are in regular cor	itact, where a n	nessage can be left
Are you a United State	es Citizen?	Yes		No	
Social Security Number	er	Birthplace	City	State	County
List any maiden name	or any other	names that you have ever u	sed, including all r	narried names	or nicknames, etc.:
Driver's License No.		State:	Type of	Certification	
Expiration Date:		Conditions (Co	orrective Lens, Gla	asses, etc.)	
CHILD SUPPORT DE	LIQUENT:	YES	N	0	
STUDY LOANS DELI	QUENT:	YES	N	0	
FAMILY HISTORY:					
Full Name of Present	Spouse	Maiden Name	Age	Date of B	irth
Present Employment	of Present Sp	ouse Address (City/State)		Phone Num	per
Full Name of Former S	Spouse	Maiden Name	Age	Date of Bi	rth
Address of Former Sn	OUSA	Address (City/State)		Phone Numb	oor

st ALL Children and Step-Childre Full Name	Address	Phone No.	Date of Birth
st separately Mother, Father, Ste			
•	pinotner, and otopia		
Father's Full Name		Age	Date of Birtl
Home Address (City/State/ZIP)		Phone I	No.
Mother's Full Name		Age	Date of Birtl
Home Address (City/State/ZIP)		Phone I	No.
Stepfather's Full Name		Age	Date of Birth
Home Address (City/State/ZIP)		Phone I	No.
Stepmother's Full Name		Age	Date of Birth
Home Address (City/State/ZIP)		Phone I	No.
ST ALL PERSONS WHO RESIDE	AT YOUR PRESENT	RESIDENCE:	
Full Name		Age	Date of Birth
Full Name		Age	Date of Birth
Full Name		Age	Date of Birth
Full Name		Age	Date of Birth
Full Name		Age	Date of Birth
Full Name		Age	Date of Birth
Full Name		Age	Date of Birth
Full Name		Age	Date of Birth

RESIDENCE:

Chronologically list all of your residences since your 18th birthday, regardless of the time you resided there, beginning with your present address and working back. If in military service, list dates, branch and duty stations, to include off base residences. List addresses while attending school if away from home. Note when living with parents with an asterisk(*).

FROM (MO/YR)	TO (MO/YR)	COMPLETE ADDRESS	CITY/STATE/ZIP

EDUCATION:

SCHOOL NAME	LOCATION (CITY/STATE)	DATES ATTENDED (FROM /TO)	YEAR OF GRADUATION	CREDIT HOURS OR DEGREE
High School				
G.E.D.				
College/University				
Graduate School				
Trade/Business School				
Other Education				

EMPLOYMENT TERMINATION:

	Yes (If yes, explain below.)		No
Terminations:			
Company Name:			
Street Address:			
Dates of Employment: Fro	om:	To:	
Position:	Supervisor:	P	hone No
Explain in detail the circumstance	es of termination:		
Terminations:			
Company Name:			
Street Address:			
Dates of Employment: Fro	om:	To:	
Position:	Supervisor:	P	hone No
Explain in detail the circumstance	es of termination:		
Terminations:			
Company Name:			
Street Address:			
Dates of Employment: Fro	om:	To:	
Position:	Supervisor:	P	hone No.

(USE THE FOLLOWING SECTIONS IF ADDITIONAL SPACE IS NEEDED)

OTE: USE SPACE BELC	_,,	• :/ (I	 	
ERMINATION #1	 			
RMINATION #2				
RMINATION #3				

EMPLOYMENT:

On the following pages, you will find employment reference sheets. Please ensure this employment information is accurate and complete.

- Please list your ENTIRE employment history.
- Include All PART-TIME, TEMPORARY AND SEASONAL EMPLOYMENT, regardless of time employed.
- If unemployed for any length of time, list dates of unemployment.
- Begin with your current employment, or most recent job, and work backwards.
- Employment history must cover from High School Graduation to Present.
- List all area codes and ZIP codes.
- Ensure that all addresses and phone numbers are complete and accurate.

If additional employment reference sheets are needed, please make a photocopy prior to filling out any forms.

EMPLOYMENT REFERENCE SHEET

May we contact your current employer?
_____Yes ____No

EMPLOYMENT REFERENCE

Name of Employer or Business:		
Address:		
City:	State:	ZIP:
Dates of Employment: From:	To:	
Phone No.: ()	Supervisor:	
Position:	Work Duties:	
Reason for Leaving (Explain in Detail):	
Positivo Mogativo	FOR INVESTIGATIVE USE ONLY	
Person Interviewed:	Verified Only Title:	_ Not verilled
Exact Dates of Employment: From: _		— N
Position Held:	Eligible for Rehire: Yes	N0
	Date:	
	EMPLOYMENT REFERENCE	
Name of Employer or Business:		
Address:		
City:	State:	ZIP:
Dates of Employment: From:	To:_	
Phone No.: ()	Supervisor:	
Position:	Work Duties:	
Reason for Leaving (Explain in Detail):	

	FOR INVESTIGATIVE USE ONLY		
Positive Negative	Verified Only	Not Verified	
Person Interviewed:Exact Dates of Employment: From:	Title:		
Position Held:	// 10:// Fligible for Rehire: Yes	No	
Additional Comments:	Engine for Normo. 100		
Investigator:	Date:		
invostigator			
	EMPLOYMENT REFERENCE		
Name of Employer or Business:			
Address:			
City:	State:	ZIP:	
Dates of Employment: From:	To:		
Phone No.: ()	Supervisor:		
Position: Work Duties:			
Reason for Leaving (Explain in Detail):_			
	FOR INVESTIGATIVE USE ONLY		
Positive Negative		_ Not Verified	
Person Interviewed: Exact Dates of Employment: From:	Title: _// TO://		
Position Held:		 No	
A dalitional Commonster.			
Investigator:	Date:		

EMPLOYMENT REFERENCE

Name of Employer or Business:					
Address:					
City:	State:	ZIP:			
Dates of Employment: From:	f Employment: From:To:				
Phone No.: ()	Supervisor:				
Position:	Work Duties:				
Reason for Leaving (Explain in Detail):					
	INVESTIGATIVE USE ONLY				
Positive Negative Person Interviewed:	Verified Only Title:	Not Verified			
Person Interviewed: Exact Dates of Employment: From:///_	TO://_	NI_			
Position Held:Additional Comments:	Eligible for Renire: Yes	INO			
Investigator:	Date:				
ЕМ	PLOYMENT REFERENCE				
Name of Employer or Business:					
Address:					
City:	State:	ZIP:			
Dates of Employment: From:	To:				
Phone No.: ()	Supervisor:				
Position:	Work Duties:				
Reason for Leaving (Explain in Detail):					

Positive Negative_	FOR INVESTIGATIVE USE ONLY
Person Interviewed:	Not Verified Only Not Verified Title:
Exact Dates of Employment: From	Title: m:// TO://
Position Held:	Eligible for Rehire: Yes No
Investigator:	Date:
	EMPLOYMENT REFERENCE
Name of Employer or Business:	
Address:	
	State: ZIP:
Dates of Employment: From:	To:
Phone No.: ()	Supervisor:
Position:	Work Duties:
Reason for Leaving (Explain in De	etail):
	FOR INVESTIGATIVE USE ONLY
Positive Negative_	
Person Interviewed:	Title:
Exact Dates of Employment: From	m://TO://
Position Held:	Eligible for Rehire: Yes No
Investigator:	Date:
	EMPLOYMENT REFERENCE
Name of Employer or Business:	
	State: 7IP:

Dates of Employment: From:	To:_		
Phone No.: ()	Supervisor:		
Position:	Work Duties:		
Reason for Leaving (Explain in Detail):			
	OR INVESTIGATIVE USE ONLY		
Positive Negative	Verified Only	_ Not Verified	
Person Interviewed:Exact Dates of Employment: From:/_	TO:		
Position Held:Additional Comments:	Eligible for Rehire: Yes	No	
Investigator:	Date:		
	EMPLOYMENT REFERENCE		
Name of Employer or Business:			
Address:			
City:	State:	ZIP:	
Dates of Employment: From:	To:		
Phone No.: ()	Supervisor:		
Position:	Work Duties:		
Reason for Leaving (Explain in Detail):			
	OR INVESTIGATIVE USE ONLY	N (1/ '6	
Positive Negative Person Interviewed:	Verified Only Title:	_ Not Verified	
Person Interviewed: Exact Dates of Employment: From:/_			
Position Held:Additional Comments:		No	

	Date:	
	EMPLOYMENT REFERENCE	
Name of Employer or Business:		
Address:		
City:	State:	ZIP:
Dates of Employment: From:	To:	
Phone No.: ()	Supervisor:	
Position:	Work Duties:	
Reason for Leaving (Explain in Detail):		
Positive Negative Person Interviewed: Exact Dates of Employment: From:/_ Position Held:	FOR INVESTIGATIVE USE ONLY Verified Only Title: TO:// Eligible for Rehire: Yes	No
Investigator:	Date:	
MILITARY RECORD:		
	Armed Forces for the United States:	
	Armed Forces for the United States:YES (If yes, please	complete following:)
Have you ever been on active duty in the A		. ,

Are you curre	ntly active in the militanes, what is your anticipa	y?Yes ated release date?	No	
		ever court-martialed?		No
Mast, etc.)?		ry action taken against you v Yes	No	eludes Article 15, Captains
COURT RE	CORD:			
a jail/detentio misdemeanor	n facility) or charged w	adult or juvenile (arrest is de ith a crime as an adult or a j nmons, an adult summons, s	uvenile (charged with a crir arrested on a warrant or inc	me means issued a
explanation of they were dro expunged and been expunged	f the circumstances (at apped or did not result in derased and even if you ded or erased. An inder	rested or had criminal charg tach additional sheets if neo n a conviction and even if th ou have been told that you d pendent investigation of your report, your application can	essary). You must list ALL e public record of the arres o not have to admit arrests criminal history will condu	arrests or charges even if st or charges were or charges which have cted and, if arrests or
Date	City/State	Charges	Circumstances	Disposition of Case
criminal charg	ge? This question inclu	le, been convicted of or ente ides ALL criminal offenses in nce summons and juvenile s	ncluding felonies, misdeme	
		Yes	No	

List below ALL adult and juvenile convictions, guilty pleas and pleas of nolo contendere with a disposition for each. You must list ALL convictions and pleas even if the conviction or plea was later expunged or erased and even if you were told that you did not have to admit to the conviction or plea since it had been expunged or erased. Failure to list a conviction or plea, which is later uncovered during the background investigation, can result in your application being rejected for untruthfulness.

	City/State	Charges	Circumstances	Disposition of Cas
Do you curre	ntly possess a Special	Officer's Commission (Secu	ity Guard)?	
	Ye:	s	No	
If Ye	es, explain			
Have you eve	er submitted to a polygr	raph test?Y	esNo	
11 13	, cxpiairi			
			come involved in any criminal c	or civil lawsuits?
Are you pres	ently involved or have k	knowledge that you might be	come involved in any criminal c	
Are you pres	ently involved or have k	knowledge that you might be	come involved in any criminal c	
Are you pres	ently involved or have k	knowledge that you might be	·	
Are you pres	ently involved or have k Yes es, explain	knowledge that you might be	·	
Are you pres	ently involved or have k Yes es, explain.	knowledge that you might be No		
Are you press If Ye REFERENCE List 3 reference	ently involved or have legal yeses, explaines:	knowledge that you might beNoNo	ng in their community, who HA\	/E KNOWN YOU
Are you presonant of the second of the secon	ently involved or have leganders. Yes es, explain EES: ces who are responsib ST THREE YEARS. Re their full names, CON	knowledge that you might beNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNo_No	ng in their community, who HAV ives, former employees, or pre- pusiness address (including city	/E KNOWN YOU sent employees. You y, state, ZIP). Also
Are you press If Ye REFERENCE List 3 referent FOR AT LEAMUST include include corre	ently involved or have kYes es, explain. CES: ces who are responsib ST THREE YEARS. R e their full names, CON ct home, cell phone and	knowledge that you might beNo_	ng in their community, who HAV	/E KNOWN YOU sent employees. You y, state, ZIP). Also
Are you press If Ye REFERENCE List 3 referent FOR AT LEAMUST include include corre	ently involved or have leganders. Yes es, explain EES: ces who are responsib ST THREE YEARS. Re their full names, CON	knowledge that you might beNo_	ng in their community, who HAV ives, former employees, or pre- pusiness address (including city	/E KNOWN YOU sent employees. You y, state, ZIP). Also
REFERENC List 3 referent FOR AT LEA MUST include corrected du	ently involved or have kYes es, explain. CES: ces who are responsib ST THREE YEARS. R e their full names, CON ct home, cell phone and	knowledge that you might beNo_	ng in their community, who HAV ives, former employees, or pre- pusiness address (including city	/E KNOWN YOU sent employees. You y, state, ZIP). Also

(Cell)

(Business)

Phone

(Home)

Full Name (Last, First Middle)				
Address (Street)	(City)	(State)	(ZIP)	
Phone (Home)	(Cell)	(Busine:	SS	
Full Name (Last, First Middle)				
Address (Street)	(City)	(State)	(ZIP)	
Phone (Home)	(Cell)	(Busines	ss)	

ROSSVILLE POLICE DEPARTMENT AUTHORIZATION FOR RELEASE OF PERSONNEL INFORMATION

I		do hereby authorize a revi	ew of and full disclosure of all
	g myself to any duly authorized a private or confidential in nature.	gent of the Town of Rossville Police	
institutions, medic and the U.S. Vete or against me; the	al and psychiatric treatment and/oran's Administration; employment records and recollections of attor	nt for full and complete disclosure of consultation, including hospitals, and pre-employment records, commeys at law or of other counsel, whil, in which I presently have, or have	clinics, private practitioners uplaints or grievances filed by uether representing me or
directly or indirect suitability for emp provide such infor release said perso	ly, in whole or in part, upon this re loyment by the Town of Rossville mation concerning me shall not b on(s) from any and all liability which	rsonal history background investigatelease authorization, will be consider Police Department. I also certify the held accountable for providing satch may be incurred as a result of prereof, even though the said photocours.	ered in determining my nat any person(s) who may aid information, and I do hereby roviding such information.
writing of my sign			
Signature (Include	e Maiden Name)		
Address:	City	State	ZIP
Phone:	Date of Birth:	Social Securit	ty Number:
	BE NOTARIZED by a notary bef T OF THE NOTARY.	ore your application will be accepte	ed. THIS FORM MUST BE
Sworn to and Sub	scribed before me this	day of	20
State of	Count	y of	
		My Commission Expires:_	
NOTARY		• -	