

# MONTGOMERY COUNTY SHERIFF'S OFFICE

120 Commerce Street  
Clarksville, TN 37040  
931-648-0611  
[www.mcsotn.org](http://www.mcsotn.org)



## Application for Employment AND Personal History Questionnaire

The Montgomery County Sheriff's Office is an equal opportunity employer, committed to nondiscrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, military service, or disability that does not prohibit performance of essential job functions.

# Employment Information

## GENERAL INFORMATION

The Montgomery County Sheriff's Office is responsible for the protection of the lives and property within the boundaries of the county. We enforce all federal and state laws, and carry out the duties enumerated in the state constitution. We are a Full Service Law Enforcement Agency.

We serve and protect citizens on a 24 hour basis. All personnel accept the fact that the Sheriff's Office functions around the clock. Applicants must be agreeable to shift work, irregular hours, rotating days off, and special assignments involving compensatory or overtime. All assignments of personnel are solely at the discretion of the Sheriff, or designee. To accomplish this, we employ both sworn and non-sworn personnel.

1. Non-Sworn Personnel: We employ civilians who do not have power of arrest. Among the job categories for non-sworn personnel are; secretaries, clerk typists, records and jail (intake /booking) clerks and maintenance technicians.

2. Sworn Personnel: Sworn personnel are those employees who have the power of arrest, enforce laws, and are commissioned as law enforcement officers.

a. Patrol Deputies are certified by the State of Tennessee and the Police Officer Standards and Training Commission after successfully completing Basic Police Academy.

b. Jail Deputies are certified by the Tennessee Corrections Institute after successfully completing their Officer Basic Course.

c. Court Deputies are required to attend and successfully complete the Court Officers and Courtroom Security Course provided by the Tennessee Law Enforcement Training Academy.

Our standards are set high as we strive to maintain a high degree of proficiency and professionalism among our employees. Only individuals who meet these standards are considered for employment.

We strive to keep our personnel updated on current trends, procedures, and laws. We provide initial and annual in-service training which all officers are required to attend and successfully complete.

Promotions up to the rank of Sergeant may be based on written promotional exams, oral interview, longevity and past performance evaluation. Some or all of these requirements may be waived at the discretion of the Sheriff.

## BENEFITS INFORMATION

Employees of the Montgomery County Sheriff's Office are paid bi-weekly.

Normally, Montgomery County Sheriff's Office recognizes 11 holidays per year.

Regular full-time employees accrue sick leave at the rate of one day per month with unlimited accumulation.

Regular full-time employees earn 1 annual day per month for the first 5 years of employment and increases at 5-year intervals. The maximum accrual is 240 hours at which time annual leave will roll into sick leave.

Regular full-time employees are enrolled in Tennessee Consolidated Retirement System and 100% of contributions are made by Montgomery County Government.

The Tennessee Consolidated Retirement System (TCRS) is a defined benefit pension plan that covers political subdivisions. This means that the amount of future retirement benefits is determined by a benefit formula rather than an account balance. The TCRS provides retirement benefits as well as death and disability benefits to plan members. Benefits are determined by a formula using the member's high five-year average salary and years of service. Members become eligible to retire at the age of 60 with five years of service or at any age with 30 years of service. A reduced retirement benefit is available to vested members with five years of service who become disabled and cannot engage in gainful employment. There is no service requirement for disability that is the result of an accident or injury while the member was in the performance of duty. Employees may also participate in a 401K or a 457b plan to supplement retirement benefits.

The Montgomery County Sheriff's Office provides a \$40,000 term life policy to all regular full-time employees.

The Montgomery County Sheriff's Office provides a Long-Term disability policy for regular full-time employees.

A \$350 deductible, preferred care plan is offered to all regular employees. This plan pays 90% of covered medical expenses after a \$350 deductible is met. Generic drugs are free, name brand drugs are subject to a separate \$75 deductible. Dental and Vision plans are also available.

The Montgomery County Sheriff's Office also makes available to employees several other products such as; additional Term Life Insurance, Short-Term Disability, Accident, Cancer and Critical Care policies along with an Employee Assistance Program.

## **Employment Procedure**

### **NOTICE TO APPLICANTS**

The Montgomery County Sheriff's Office maintains a commitment to recruit and retain the most qualified applicants when filling staff positions. Montgomery County is an ethnically and culturally diverse area, and we take every reasonable measure to be reflective of this diversity in the makeup of its personnel. All personnel regardless of rank or assignment are professionals and must be worthy of public trust. Because of this, we seek to hire people with good moral character and integrity.

We accept applications from all individuals. Those previously employed by the Montgomery County Sheriff's Office may be considered for rehire after a review of previous performance, employee practices, personnel file, and the exit evaluation. Employee background, performance, and evaluation information may be provided to future employers.

In our hiring practices, we comply with all state and federal laws, including but not limited to the Civil Rights Act of 1964, Age Discrimination Act, Equal Pay Act, Title VII, OSHA, Sexual Harassment/Federal Register, Religious/Federal Register, Wage and Hour, and Federal Fair Employment Practices as promulgated by the U.S. Department of Labor.

We are an Equal Opportunity Employer. In compliance with the American with Disabilities Act, we may provide reasonable accommodations to qualified individuals with disabilities, and we encourage both prospective and current employees to discuss potential accommodations with us.

## **SELECTION PROCESS**

Once received, applications are kept on file for a period of six months. As job vacancies arise, we typically look to the applications to identify those applicants best suited to the public safety profession. Our Background Investigator will then contact the applicants and ask if they wish to begin the selection process.

The selection process involves aptitude testing, an in-person background interview, criminal history checks, and a credit check. We then select the best-suited applicants for a hiring interview before a member of our command staff. Applicants selected in the hiring interview receive a conditional offer of employment. We will then conduct a background investigation on the conditional hire.

## **CONDITIONAL OFFER OF EMPLOYMENT**

After a Conditional Offer of Employment has been made and accepted, the applicant must successfully pass the following requirements:

1. Physical examination.
2. Drug screening.
3. Psychological evaluation.
4. Background investigation.
5. Firearms qualification, if sworn.

In order to provide the citizens of Montgomery County with quality law enforcement personnel, we are very thorough in our background investigations. This shall, at minimum, include a fingerprint check with state and federal agencies, verification of personnel data, claimed education and employment experience, and neighborhood and reference checks. This part of the hiring process, along with waiting for results on the medical and psychological tests and interview, can be very time consuming; and the employment process may take weeks depending on the number of applicants to be processed. In some instances, applicants may have started working for the Montgomery County Sheriff's Office prior to all results of the requirements in the Conditional Job Offer being completed and reviewed.

Applicants are hereby advised and must agree that if they do not satisfactorily complete the above listed requirements, whether it is before or after their date of employment, it will result in the employment being terminated

False statements or withholding information will be a basis for denial or termination of employment from the Montgomery County Sheriff's Office, and may constitute a violation of the law.

## **INTRODUCTORY PERIOD**

All appointments are introductory for a period of one year at the discretion of the Sheriff, subject to the rules and regulations set forth by the Montgomery County Sheriff's Office. If performance is unsatisfactory, the introductory status may be extended at the discretion of the Sheriff. At any time during the introductory period, an employee may be terminated if in the best interest of the Montgomery County Sheriff's Office.

**Please keep pages 1 thru 4 of this form for your records.**



7. Work Experience: Use the job blocks below to complete your work history, beginning with your present job: If necessary, you may attach additional sheets to provide your complete work history.

Job Title: \_\_\_\_\_ Employment Dates: \_\_\_\_\_ / \_\_\_\_\_  
Hours per week: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ # of people you supervised: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

Job Title: \_\_\_\_\_ Employment Dates: \_\_\_\_\_ / \_\_\_\_\_  
Hours per week: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ # of people you supervised: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

Job Title: \_\_\_\_\_ Employment Dates: \_\_\_\_\_ / \_\_\_\_\_  
Hours per week: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ # of people you supervised: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

Job Title: \_\_\_\_\_ Employment Dates: \_\_\_\_\_ / \_\_\_\_\_

Hours per week: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ # of people you supervised: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Job Title: \_\_\_\_\_ Employment Dates: \_\_\_\_\_ / \_\_\_\_\_

Hours per week: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ # of people you supervised: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

8. Special Qualification Information: Employment consideration for some jobs is limited to U.S. citizens and/or to individuals who meet minimum age requirements. Only answer questions that pertain to the position you seek.

For sworn position only: Are you a U.S. citizen? Yes  No

For sworn positions only: Are you at least 21 years of age? Yes  No

For all positions: Are you at least 18 years of age? Yes  No

9. List five references: Do not include relatives, teachers, supervisors or Sheriff's Office employees.

Name	Occupation	Street Address	City/State/Zip Code	Telephone

10. Emergency Contact Information:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

11. Signature:

Under penalty of perjury, I certify that the information I am providing in this application is complete, correct, and true to the best of my knowledge. Once submitted, I am aware that this application becomes a government document. 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 am aware that this application is not a binding contract, and does not obligate Montgomery County Sheriff's Office in any way if I am not selected for employment. I am aware that Montgomery County Sheriff's Office is an at-will employer. I am aware that any employment, if offered, may be terminated at any time at the will of the Sheriff.

Signature of Applicant: \_\_\_\_\_

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

Signature of Witness: \_\_\_\_\_

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

Notary Public or MCSO employee



## MONTGOMERY COUNTY SHERIFF'S OFFICE PERSONAL HISTORY QUESTIONNAIRE

**Purpose and Use:** The principal purpose of this document is to collect information needed to determine qualifications, and suitability for employment in a public safety agency. Every member of this agency holds a position of public trust due to the nature of our profession and proximity to sensitive information. The public holds us to a high standard and we are obligated seek applicants who maintain high standards. Your completed application and this questionnaire will be used to examine and assess your qualifications.

**Instructions:** Do not misstate or omit material facts since the statements made herein are subject to verification to determine your qualifications for employment. Please print in your own handwriting using black ink. We cannot process an incomplete or illegible questionnaire. If space available is insufficient, use a separate sheet and identify each answer with the number of the referenced item.

1. Name: \_\_\_\_\_

Last,

First

Middle

2. List all names you have used in education, employment, or financial transactions: \_\_\_\_\_  
 \_\_\_\_\_

3. List previous addresses for the last ten years:

Street Address	City/State/Zip Code	Beginning	Ending

4. List all relatives, friends, or acquaintances employed or formerly employed by Montgomery County Sheriff's Office:

Name	Type of Relationship	Years known

5. If applicable, list the names of your current spouse and all former spouses and provide the requested information:

Name:	Date Married:
Reason for End (death, divorce, etc.):	Date Ended:
Address:	Telephone:

Name:	Date Married:
Reason for End (death, divorce, etc.):	Date Ended:
Address:	Telephone:

Name:	Date Married:
Reason for End (death, divorce, etc.):	Date Ended:
Address:	Telephone:

6. List information for three current neighbors:

Name	Address	Telephone

7. Conviction and Litigation:

Have you ever been arrested for any reason? Yes  No

Have you ever been convicted of, pled guilty to, or pled no contest to a felony? Yes  No

Have you ever been convicted of, pled guilty to, or pled no contest to a misdemeanor? Yes  No

Have you ever been convicted of a traffic offense, excluding parking violations? Yes  No

Have you or ever been involved in any Civil Court action? Yes  No

Have you ever had a civil order placed against you? Examples include: Orders of Protection, restraining orders, injunction against harassment, etc. Yes  No

Has law enforcement been called to your residence in the past 10 years? Yes  No

If yes to any of the above, explain. Include date of incident, place of incident, brief explanation of incident, and final outcome of incident. Use additional sheets of paper if needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Illegal Drug Use:

Do you currently or have you ever possessed, sold, or used illegal drugs? Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Subversive Organizations:

Are you now or have you ever advocated the overthrow of our constitutional form of government, or 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 sought to alter the form of government of the United State by unconstitutional means? Yes  No

Are you now or have you ever been a member of an organization that advocates the overthrow of our constitutional form of government or approves the commission of acts of force, other than in self-defense or defense of others, or violence? Yes  No

Are you now or have you ever been associated with any gang, club or other organization that is or has been involved in any illegal conspiracy, drug trafficking, or other unlawful activity or criminal act? Yes  No

If yes to any of the above, explain in detail on a separate sheet and attach to questionnaire.

10. Vehicle Operator's License:

Current Driver's License Number: \_\_\_\_\_ Issued by State of: \_\_\_\_\_

List all states that have issued a driver's license to you: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes  No  If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever had automobile insurance withdrawn or revoked or have you ever been refused auto insurance? Yes  No  If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

List all traffic accidents in which you were a driver. Indicate whether the accident was chargeable or non-chargeable, and the approximate date, type and location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give name and address of the insurance company with whom you now have automobile insurance, including coverage: \_\_\_\_\_  
\_\_\_\_\_

11. Financial Information:

Are you currently overdue or behind on payments for child support or student loans? Yes  No

Do you have any accounts currently in collections status? Yes  No

Have any judgments ever been issued against you? Yes  No

If yes to any of the above, explain: \_\_\_\_\_  
\_\_\_\_\_

12. Employment History:

Have you ever been disciplined for your behavior at work? Yes  No

In non-military service, have you for any cause ever been discharged, asked to resign, laid-off, or put on inactive status, or subjected to disciplinary action? Yes  No

Have you ever resigned or quit after being informed your employer intended to discharge you for any reason? Yes  No

If yes to any of the above, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many days of work have you missed in the last five years? \_\_\_\_\_

13. Military Service:

Have you ever served in the U.S. Armed Forces? Yes  No

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ / \_\_\_\_\_ Discharge Type/Condition: \_\_\_\_\_

If currently serving, provide rank, name, unit, location, and point of contact for immediate superior:  
\_\_\_\_\_  
\_\_\_\_\_

Were you ever subjected to disciplinary action or convicted for an offense in a trial by court-martial or equivalent? Yes  No

If yes, explain in detail on a separate sheet and attach to questionnaire.

14. Special Qualification and Skills:

Foreign language(s) known and level of fluency on written and spoken basis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special license(s) such as pilot, radio operator, etc., showing license authority, when the license was first issued and date current license expires: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special skills you possess, and machines and equipment you can use (for example: weaponry, radio, software, computer, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate number of words per minute: Typing: \_\_\_\_\_ Shorthand: \_\_\_\_\_

Special qualifications not covered in application (for example: patents or inventions, public speaking and publications, membership in professional or scientific societies, honors or fellowships received).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Additional Fitness for Duty:

Describe things that would make you ill, nauseous, or unable to perform duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any objections to wearing a uniform, working overtime on short notice, shift work, or rotating shifts or days off? Yes  No

16. Individual Questions:

Describe any hobbies or special interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to work here? \_\_\_\_\_  
\_\_\_\_\_

How did you find out about us? \_\_\_\_\_

Describe anything you want us to know about your personal history that was not addressed in this questionnaire: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to take a polygraph concerning the responses you have given in the application and the questionnaire? Yes  No

17. Signature:

Under penalty of perjury, I certify that the information I am providing in this questionnaire is complete, correct, and true to the best of my knowledge. Once submitted, I am aware that this questionnaire becomes a government document. 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 am aware that this questionnaire is not a binding contract, and does not obligate Montgomery County Sheriff's Office in any way if I am not selected for employment. I am aware that Montgomery County Sheriff's Office is an at-will employer. I am aware that any employment, if offered, may be terminated at any time at the will of the Sheriff.

Signature of Applicant: \_\_\_\_\_

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

Signature of Witness: \_\_\_\_\_

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

Notary Public or MCSO employee

**MONTGOMERY COUNTY SHERIFF'S OFFICE  
PERSONAL INQUIRY WAIVER**

**-TO BE COMPLETED BEFORE A NOTARY PUBLIC-**

To: \_\_\_\_\_,  
(For Background Investigator use only)

I, \_\_\_\_\_, have applied for employment with Montgomery County Sheriff's Office. I specifically authorize this agency to conduct a background check to determine my suitability for work as a professional in a public safety agency.

I respectfully request and specifically authorize you to furnish to Montgomery County Sheriff's Office any and all information that concerns me. This includes, but is not limited to: work records, school record, reputation, financial and credit status, and criminal record. This information is to be used to assist them in determining my qualifications and fitness for the position I am seeking with them.

I agree that the source of any negative information will remain confidential. I further agree that all information and materials gathered are property of Montgomery County Sheriff's Office.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested above. This authorization, or reproduction thereof, shall remain in effect for a period of six months from the date of execution of this document.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Address (Numerical, Street, City, State, Zip Code)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Last 4 - SSN

**NOTARY ACKNOWLEDGEMENT**

State of Tennessee

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 purpose therein contained.

Witness my hand, at office, this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission expires: \_\_\_\_\_

