

# Madison County Sheriff's Office

317 Denmark Jackson Rd.  
Denmark, Tennessee 38391  
731-423-6000

[www.mcso-tn.org](http://www.mcso-tn.org)



**Sheriff Julian Wiser**

## **Application for Employment**

The Madison County Sheriff's Office is an equal opportunity employer, dedicated to a place of 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.

# OFFICE OF THE SHERIFF

## MADISON COUNTY, TENNESSEE



**Julian Wiser**  
Sheriff

**Steve Pollock**  
Chief Deputy

317 Denmark Jackson Rd. \* Denmark, TN. 38391 \* 731-423-6000

HONOR \* INTEGRITY \* SERVICE

## EMPLOYMENT APPLICATION

### JOIN THE TEAM!

*"THE MADISON COUNTY SHERIFF'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO A WORKPLACE OF NONDISCRIMINATION REGARDING EMPLOYMENT ON ANY BASIS, INCLUDING AGE, SEX, COLOR, RACE, CREED, NATIONAL ORIGIN, RELIGION, MARITAL STATUS, POLITICS, MILITARY SERVICE, OR DISABILITY THAT DOES NOT PROHIBIT THE PERFORMANCE OF ESSENTIAL JOB FUNCTIONS."*

### MADISON COUNTY SHERIFF- JULIAN WISER

Applicants may obtain an Employment application at the Sheriff's Office or download a copy online at [www.mcso-tn.org](http://www.mcso-tn.org) Complete the application fully, attach required documents, sign and obtain a notary stamp and signature to certify your application prior to submitting it by mail or in person.

### All information provided will remain confidential

#### INSTRUCTIONS

- Type or print using black ink only, if a question does not apply, mark N/A.
- Do not submit a double sided copy of any document.
- Do not omit information; provide complete, accurate, and truthful information.
- Review application, sign all signature lines, and attach all requested documents.
- Notarize application and submit in person or by mail.

Processing will consist of the following procedures which applicants must pass in order to be considered qualified:

- An entrance exam.
- An oral interview before an interview panel.
- A detailed background investigation, which includes a search made of local, state and national criminal record files, medical, military and educational records.
- A physical examination.
- A drug-screening test.
- A psychological evaluation



## SECTION ONE- PERSONAL INFORMATION

|                             |  |                            |  |
|-----------------------------|--|----------------------------|--|
| <b>1. Last Name</b>         |  |                            |  |
| <b>2. First Name</b>        |  |                            |  |
| <b>3. Middle Name</b>       |  |                            |  |
| <b>4. Other names</b>       |  |                            |  |
| <b>5. Date Of Birth</b>     |  | <b>Drivers License #</b>   |  |
|                             |  | <b>State of issue</b>      |  |
| <b>6. Social Security #</b> |  | <b>Selective Service #</b> |  |
| <b>7. Street Address</b>    |  |                            |  |
| <b>8. City</b>              |  |                            |  |
| <b>9. State</b>             |  | <b>Zip</b>                 |  |
| <b>10. Cell Phone</b>       |  | <b>Home Phone</b>          |  |
| <b>11. Email Address</b>    |  |                            |  |

Are you legally authorized to work in the U.S.?      YES                      NO

Position Applied For:

## PRESENT AND PRIOR EMPLOYMENT

Please list and give details of your complete present and prior employment history. List latest position first. Please include details of military service specialties or duties and/or any volunteer work that may be relevant to the position you are seeking. **PLEASE EXPLAIN ALL GAPS IN EMPLOYMENT.**

|                           |                    |
|---------------------------|--------------------|
| Employer Name and Address | Employer Phone No. |
|---------------------------|--------------------|

|                  |
|------------------|
| Type of Business |
|------------------|

|                |                          |                       |
|----------------|--------------------------|-----------------------|
| Position Title | From (Date)<br>To (Date) | Last Base Rate of Pay |
|----------------|--------------------------|-----------------------|

|                              |
|------------------------------|
| Briefly Describe Your Duties |
|------------------------------|

|                    |  |
|--------------------|--|
| Name of Supervisor | Reason for Leaving<br>(Be Specific: Quit, Layoff, Discharge, Etc.) |
|--------------------|--|

|                           |                    |
|---------------------------|--------------------|
| Employer Name and Address | Employer Phone No. |
|---------------------------|--------------------|

|                  |
|------------------|
| Type of Business |
|------------------|

|                |                          |                       |
|----------------|--------------------------|-----------------------|
| Position Title | From (Date)<br>To (Date) | Last Base Rate of Pay |
|----------------|--------------------------|-----------------------|

|                              |
|------------------------------|
| Briefly Describe Your Duties |
|------------------------------|

|                    |  |
|--------------------|--|
| Name of Supervisor | Reason for Leaving<br>(Be Specific: Quit, Layoff, Discharge, Etc.) |
|--------------------|--|

|                           |                    |
|---------------------------|--------------------|
| Employer Name and Address | Employer Phone No. |
|---------------------------|--------------------|

|                  |
|------------------|
| Type of Business |
|------------------|

|                |                          |                       |
|----------------|--------------------------|-----------------------|
| Position Title | From (Date)<br>To (Date) | Last Base Rate of Pay |
|----------------|--------------------------|-----------------------|

|                              |
|------------------------------|
| Briefly Describe Your Duties |
|------------------------------|

|                    |  |
|--------------------|--|
| Name of Supervisor | Reason for Leaving<br>(Be Specific: Quit, Layoff, Discharge, Etc.) |
|--------------------|--|

|                           |                    |
|---------------------------|--------------------|
| Employer Name and Address | Employer Phone No. |
|---------------------------|--------------------|

|                  |
|------------------|
| Type of Business |
|------------------|

|                |                          |                       |
|----------------|--------------------------|-----------------------|
| Position Title | From (Date)<br>To (Date) | Last Base Rate of Pay |
|----------------|--------------------------|-----------------------|

|                              |
|------------------------------|
| Briefly Describe Your Duties |
|------------------------------|

|                    |  |
|--------------------|--|
| Name of Supervisor | Reason for Leaving<br>(Be Specific: Quit, Layoff, Discharge, Etc.) |
|--------------------|--|

Have you ever been terminated or asked to resign from any job? \*\*\*\*\*  Yes  No

If yes, please explain circumstances: \_\_\_\_\_

\_\_\_\_\_

Please explain fully any gaps in your employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## SECTION THREE- CHARACTER REFERENCES

INSTRUCTIONS- LIST 2- FRIENDS, 2- NEIGHBORS, AND 2 –COWORKERS, YOU HAVE KNOWN AT LEAST ONE YEAR. (NO RELATIVES)

|                |  |     |  |             |  |
|----------------|--|-----|--|-------------|--|
| Name-Friend    |  |     |  | Years Known |  |
| Street Address |  |     |  |             |  |
| City           |  |     |  |             |  |
| State          |  | Zip |  | Phone #     |  |
| Name-Friend    |  |     |  | Years Known |  |
| Street Address |  |     |  |             |  |
| City           |  |     |  |             |  |
| State          |  | Zip |  | Phone #     |  |
| Name-Neighbor  |  |     |  | Years Known |  |
| Street Address |  |     |  |             |  |
| City           |  |     |  |             |  |
| State          |  | Zip |  | Phone #     |  |
| Name-Neighbor  |  |     |  | Years Known |  |
| Street Address |  |     |  |             |  |
| City           |  |     |  |             |  |
| State          |  | Zip |  | Phone #     |  |
| Name-Coworker  |  |     |  | Years Known |  |
| Street Address |  |     |  |             |  |
| City           |  |     |  |             |  |
| State          |  | Zip |  | Phone #     |  |
| Name-Coworker  |  |     |  | Years Known |  |
| Street Address |  |     |  |             |  |
| City           |  |     |  |             |  |
| State          |  | Zip |  | Phone #     |  |



## SECTION FOUR- EDUCATION

|                              |  |                      |  |
|------------------------------|--|----------------------|--|
| <b>High School</b>           |  | Year Graduated       |  |
| Dates attended               |  | Diploma/ Certificate |  |
| Location-City/State          |  | Subject              |  |
| <b>GED Education</b>         |  | Year Graduated       |  |
| Dates attended               |  | Diploma/ Certificate |  |
| Location-City/State          |  | Subject              |  |
| <b>Technical- Vocational</b> |  | Year Graduated       |  |
| Dates attended               |  | Diploma/ Certificate |  |
| Location-City/State          |  | Subject              |  |
| <b>College/ University</b>   |  | Year Graduated       |  |
| Dates attended               |  | Degree               |  |
| Location-City/State          |  | Subject              |  |
|                              |  | Year Graduated       |  |
| Dates attended               |  | Degree               |  |
| Location-City/State          |  | Subject              |  |
|                              |  | Year Graduated       |  |
| Dates attended               |  | Degree               |  |
| Location-City/State          |  | Subject              |  |
|                              |  | Year Graduated       |  |
| Dates attended               |  | Degree               |  |
| Location-City/State          |  | Subject              |  |

**\* IF YOU NEED TO DOCUMENT MORE EDUCATION ATTACH AN ADDITIONAL SHEET.**



## SECTION FIVE- FINANCIAL HISTORY

| QUESTIONS   | YES                      | NO                       | PLACE AN X IN YES OR NO BOX .<br>TYPE OR PRINT YOUR EXPLANATIONS BELOW. |
|---|--------------------------|--------------------------|---|
| 1. <i>Do you know your current credit score?</i>                              | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 2. <i>Have you ever filed/ declared bankruptcy?</i>                           | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 3. <i>Do you have any wage garnishments on your income?</i>                   | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 4. <i>Do you have any civil law suit judgments against you?</i>               | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 5. <i>Do you have any tax liens against you?</i>                              | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 6. <i>Have you ever owned a business?</i>                                     | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 7. <i>Do you pay child support –alimony payments?</i>                         | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 8. <i>Are you behind on any payments, loans, or arrears in child support?</i> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 9. <i>Do you owe any student loans?</i>                                       | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 10. <i>Do you owe any court fees, traffic violation -parking fines?</i>       | <input type="checkbox"/> | <input type="checkbox"/> |   |



## SECTION SIX - CRIMINAL HISTORY

| QUESTIONS   | YES | NO | PLACE AN X IN YES OR NO BOX .<br>TYPE OR PRINT YOUR EXPLANATIONS BELOW. |
|---|-----|----|---|
| 1. <i>Have you ever been indicted by a grand jury or convicted of a crime?</i>  |     |    |   |
| 2. <i>Have you ever pled guilty to a crime?</i>   |     |    |   |
| 3. <i>Have you ever pled "No Contest" or "Nolo Contendere" to a crime?</i>  |     |    |   |
| 4. <i>Have you ever had an order of protection or restraint order placed against you?</i>   |     |    |   |
| 5. <i>Have you ever been arrested for a felony crime?</i>   |     |    |   |
| 6. <i>Have you ever been arrested for using force or violence?</i>  |     |    |   |
| 7. <i>Have you ever been arrested for theft, dishonesty, gambling, bribery, or abuse of authority?</i>                              |     |    |   |
| 8. <i>Have you ever been arrested for a crime re: liquor, alcohol, or drugs?</i>  |     |    |   |
| 9. <i>Have you ever been arrested for a sex crime?</i>  |     |    |   |
| 10. <i>Have you ever been arrested for criminal impersonation, tamper/destroy govt. records, or misuse of official information?</i> |     |    |   |





**AUTHORIZATION TO RELEASE INFORMATION**

*TO WHOM IT CONCERNS, I AUTHORIZE THE COMPLETE RELEASE OF RECORDS OR DATA PERTAINING TO ME WHICH AN INDIVIDUAL, COMPANY, FIRM, CORPORATION OR PUBLIC AGENCY MAY HAVE. I HEREBY AUTHORIZE AND REQUEST ANY PRESENT OR FORMER EMPLOYER, SCHOOL, POLICE DEPARTMENT, FINANCIAL INSTITUTION OR OTHER PERSONS HAVING KNOWLEDGE OF MY REPUTATION AND CHARACTER, MY MARRIAGE STATUS, FAMILY MEMBERS, EMPLOYMENT RECORDS, SCHOOL RECORDS, FINANCIAL RECORDS, CREDIT REPORT, MEDICAL RECORDS, PSYCHIATRIC RECORDS, DRIVING RECORDS, CRIMINAL HISTORY RECORDS, AND ANY OTHER INFORMATION NEEDED TO FURNISH THE MADISON COUNTY SHERIFF'S OFFICE OR ITS DESIGNATED AGENTS WITH ANY AND ALL INFORMATION IN THEIR POSSESSION TO DETERMINE MY QUALIFICATIONS AND FITNESS IN CONSIDERING MY APPLICATION OF EMPLOYMENT.*

**AUTHORIZATION OF EMPLOYMENT BACKGROUND CHECK**

*I AUTHORIZE THE MADISON COUNTY SHERIFF'S OFFICE TO CONDUCT A THOROUGH INVESTIGATION OF MY BACKGROUND FOR EMPLOYMENT PURPOSES. I ALSO RELEASE MADISON COUNTY SHERIFF'S OFFICE AND ITS AGENTS, OFFICIALS, INCLUDING OFFICERS, EMPLOYEES OR RELATED PERSONNEL, BOTH INDIVIDUALLY AND COLLECTIVELY, FROM ANY AND ALL LIABILITY FOR DAMAGES OF WHATEVER KIND, WHICH MAY AT ANYTIME RESULT TO ME, MY HEIRS, FAMILY OR ASSOCIATES AS A RESULT OF THIS INVESTIGATION. I UNDERSTAND THAT ALL INFORMATION, REPORTS, AND OTHER MATERIALS OBTAINED ARE THE PROPERTY OF THE MADISON COUNTY SHERIFF'S OFFICE AND MAKE NO CLAIMS OF OWNERSHIP. I ALSO UNDERSTAND THAT ALL INFORMATION AND SOURCES OF INFORMATION WILL REMAIN CONFIDENTIAL.*

**AFFIRMATION OF TRUTH**

*I AFFIRM THAT ALL INFORMATION PROVIDED BY ME IN THIS EMPLOYMENT APPLICATION IS COMPLETE, ACCURATE, AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND AND CONSENT TO IMMEDIATE DISQUALIFICATION OR DISCHARGE FROM EMPLOYMENT IF ANY OMISSIONS, MISREPRESENTATIONS, OR FALSE STATEMENTS ARE FOUND.*

**APPLICANT PRINTED NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

*\*NOTARY PUBLIC MUST WITNESS SIGNATURE*

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

|   |                          |
|---|--------------------------|
| <b>STATE OF TENNESSEE</b>   | <b>COUNTY OF MADISON</b> |
| ON THIS _____ DAY OF _____ 20_____  |                          |
| BEFORE ME PERSONALLY APPEARED _____   |                          |
| TO ME KNOWN TO BE THE PERSON DESCRIBED HEREIN AND WHO EXECUTED THE FOREGOING INSTRUMENT AND ACKNOWLEDGED THAT SUCH PERSON (S) EXECUTED THE SAME AS SUCH PERSON (S) FREE ACT AND DEED. |                          |
| NOTARY PUBLIC PRINT _____   |                          |
| NOTARY PUBLIC SIGNATURE _____   |                          |
| MY COMMISSION EXPIRES _____   |                          |

# OFFICE OF THE SHERIFF

## MADISON COUNTY, TENNESSEE



**Julian Wiser**  
Sheriff

**Steve Pollock**  
Chief Deputy

317 Denmark Jackson Rd. \* Denmark, TN. 38391 \* 731-423-6000

HONOR \* INTEGRITY \* SERVICE

| (Required Documents must be attached)   |                          | <b>DOCUMENTS (IF APPLICABLE)</b> |   |
|---|--------------------------|----------------------------------|---|
| LIST OF DOCUMENTS   | YES                      | NO                               | PLACE AN X IN YES OR NO BOX IF YOU PROVIDED COPIES OF THE DOCUMENT. |
| <b>1. Photograph</b><br><i>(Current-6 Months)</i>   | <input type="checkbox"/> | <input type="checkbox"/>         |   |
| <b>2. Drivers license-</b><br><i>(Legible Photocopy)</i>  | <input type="checkbox"/> | <input type="checkbox"/>         |   |
| <b>3. Birth Certificate-</b><br><i>(Certified Copy)</i>   | <input type="checkbox"/> | <input type="checkbox"/>         |   |
| <b>4. Social Security Card</b><br><i>(Legible Photocopy)</i>  | <input type="checkbox"/> | <input type="checkbox"/>         |   |
| <b>5. Documentation of name change.</b><br><i>(Marriage, Divorce, etc.)</i>   | <input type="checkbox"/> | <input type="checkbox"/>         |   |
| <b>6. Military discharge papers</b><br><i>(DD214 or NGB-22)</i>   | <input type="checkbox"/> | <input type="checkbox"/>         |   |
| <b>7. High School Diploma, Certificate, or Transcripts</b>  | <input type="checkbox"/> | <input type="checkbox"/>         |   |
| <b>8. College/ University Diploma, Certificate, or Transcripts</b>  | <input type="checkbox"/> | <input type="checkbox"/>         |   |
| <b>9. P.O.S.T. Certification Documentation.</b><br><i>(Out of State Officers need LE Academy Curriculum from their State)</i> | <input type="checkbox"/> | <input type="checkbox"/>         |   |
| <b>10. Credit Report</b><br><i>(Current- 6 Months And Show Score)</i>   | <input type="checkbox"/> | <input type="checkbox"/>         |   |

**\*ATTACH DOCUMENTS TO BACK OF THIS SHEET.**

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

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

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

# EEO Candidate Voluntary Self-Identification



## Madison County Sheriff's Office

The Madison County Sheriff's Office believes that all persons are entitled to equal employment opportunities and we do not discriminate against our employees, applicants, or job seekers because of race, color, gender, religion, national origin, disability, veteran status, age, marital status, or any other protected group status as defined by the laws. In order to comply with the laws, we invite you to voluntarily self-identify your race/ethnicity and gender. Please complete the information below, which includes the option to choose not to self-identify, and return with your application.

This information will be kept confidential and separate from the application for employment. Your submission of this information is entirely voluntary and refusal to provide it will not influence our screening or hiring decisions.

|  |   |                                 |                                   |
|--|---|---------------------------------|-----------------------------------|
| <b>Name:</b> _____   | <b>Date:</b> _____  |                                 |                                   |
| <b>Position Applied For:</b> _____   |   |                                 |                                   |
| <b>Referral Source:</b> <input type="checkbox"/> Internal (Current Employee) | <input type="checkbox"/> mcso-tn.org                      | <input type="checkbox"/> Friend | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Employment Agency                                   | <input type="checkbox"/> Other: _____<br>(please specify) |                                 |                                   |

I do not wish to complete the information requested below.

|                        |  |   |                                |
|------------------------|--|---|--------------------------------|
| <b>Sex:</b>            | <input type="checkbox"/> Female                                    | <input type="checkbox"/> Male                                       |                                |
| <b>Race/Ethnicity:</b> | <input type="checkbox"/> Hispanic/Latino                           | <input type="checkbox"/> Black/African American                     | <input type="checkbox"/> White |
|                        | <input type="checkbox"/> American Indian/Alaskan Native            | <input type="checkbox"/> Asian                                      |                                |
|                        | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) |                                |

### Race/Ethnic Definitions:

- *Hispanic/Latino*: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- *Black/African American (not Hispanic or Latino)*: A person having origins in any of the black racial groups of Africa.
- *White (not Hispanic or Latino)*: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- *American Indian/Alaskan Native (not Hispanic or Latino)*: A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- *Asian (not Hispanic or Latino)*: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- *Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)*: A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- *Two or More Races (not Hispanic or Latino)*: A person who identifies with two or more race categories named above.