

# OFFICE OF THE SHERIFF

## MADISON COUNTY, TENNESSEE



**Julian Wiser**  
Sheriff

**John Lewoczko**  
Chief Deputy

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

HONOR \* INTEGRITY \* SERVICE

## SECURITY CLEARANCE APPLICATION

### MADISON COUNTY SHERIFF - JULIAN WISER

#### ***WHY ARE SECURITY CLEARANCE CHECKS REQUIRED?***

- 1. To validate the identity of medical staff who work in a secured facility.*
- 2. To ensure contracted workers, do not pose a threat to security.*
- 3. To assure the safety of staff, workers, incarcerated offenders and the public.*
- 4. To maintain the integrity and credibility of the Madison County Sheriff's Office.*
- 5. To provide assurance through in-depth and thorough security vetting.*

#### INSTRUCTIONS

- Complete the application fully.
- 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.

**All information provided will remain confidential**

#### FOR USE BY ADMININSTRATIVE STAFF ONLY

DATE\_\_\_\_\_ APPLICANT\_\_\_\_\_

POSITION\_\_\_\_\_

NOTES:\_\_\_\_\_

APPROVED\_\_\_ REJECTED\_\_\_ SIGNATURE\_\_\_\_\_ DATE\_\_\_\_\_

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### 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>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>			

**Position Applied For:**

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### SECTION TWO- PERSONAL INQUIRY

QUESTIONS	YES	NO	IF ANSWER IS YES - EXPLAIN BELOW.
1. <i>Do you affirm or swear to support the Constitution of the United States and the State of Tennessee?</i>			
2. <i>Have you ever belonged to any group or organization that advocates the overthrow of the United States by force, violence, or any other means?</i>			
3. <i>Do you discriminate or have any bias based on age, sex, race, creed, national origin, religion, marital status, politics, military service, or disability?</i>			
4. <i>Have you ever associated with or been a member of a Gang of two or more members involved in a pattern of criminal activities?</i>			
5. <i>Are you related to or associated in any way to someone currently who is incarcerated in jail or prison?</i>			
6. <b>The Prison Rape Elimination Act:</b> <i>Have you ever engaged, convicted of engaging, adjudicated to have engaged, in sex abuse, by force, coercion, or non consent, in prison, jail, community confinement, juvenile facility, detention facility, or any other institution.</i>			

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### SECTION THREE- REFERENCES

INSTRUCTIONS- LIST 3 EMPLOYERS AND 3 CHARACTER REFERENCES BELOW.

Name- <b>CURRENT EMPLOYER</b>		Employment Dates	
Street Address			
City, State, Zip, Phone#			
Reason for Leaving			
Name- <b>FORMER EMPLOYER</b>		Employment Dates	
Street Address			
City, State, Zip, Phone#			
Reason for Leaving			
Name- <b>FORMER EMPLOYER</b>		Employment Dates	
Street Address			
City, State, Zip, Phone#			
Reason for Leaving			
Name- <b>REFERENCE</b>		How long Known	
Street Address			
City, State, Zip, Phone#			
Relationship to Reference			
Name- <b>REFERENCE</b>		How long Known	
Street Address			
City, State, Zip, Phone#			
Relationship to Reference			
Name- <b>REFERENCE</b>		How long Known	
Street Address			
City, State, Zip, Phone#			
Relationship to Reference			

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### SECTION FOUR- ALCOHOL AND DRUG USE

QUESTIONS	YES	NO	PLACE AN X IN YES OR NO BOX. IF ANSWER IS YES TO QUESTIONS # 2- 6 EXPLAIN BELOW.
1. Do you consume alcoholic beverages and how often?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you ever been treated for abuse of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you ever sold any illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you used any illegal drugs within the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you used any illegal drugs more than five times?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you ever used prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	

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### SECTION FIVE- CRIMINAL HISTORY

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

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### 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** \_\_\_\_\_

**STATE OF TENNESSEE**

**COUNTY OF MADISON**

**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** \_\_\_\_\_



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**SECTION SEVEN- DOCUMENTS**

*LIST OF REQUIRED DOCUMENTS YOU MUST PROVIDE.*

**1. Photograph**

*(Current-6 Months)*

**2. Driver's license-**

*(Legible Photocopy)*

**3. Birth Certificate-**

*(Certified Copy)*

**4. Social Security Card-**

*(Legible Photocopy)*

**5. Documentation of name change- IF APPLICABLE**

*(Marriage, Divorce, etc.)*

**6. Nursing License and BLS Card (copy): IF APPLICABLE**

**7. Current Credit Report- (complete report) IF APPLICABLE**

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