

McEwen Police Department

9586 Highway 70 East, PO BOX 236
Luther H. Winstead Municipal Building
McEwen, Tennessee 37101
Phone (931) 582-6211 Fax (931) 622-9445
Application may be submitted to apply@cityofmcewen.com

APPLICATION FOR EMPLOYMENT

The City of McEwen is an equal opportunity for employer and does not discriminate on the basis of race, sex, color, religion, national opportunities and benefits.

Over viewing of the hiring and employment process:

This application is one part of the hiring and employment process. Other parts may include an interview, an employment examination, and a complete background investigation.

As you complete this application, please be aware of the following:

- We reserve the right to check all information for accuracy.
- All applications for employment are a matter of public record.
- Each application should be completed in full and returned to the Chief of Police or emailed to apply@cityofmcewen.com

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ RANK AT DISCHARGE: _____

FROM: _____ TO: _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DISCLAIMER

I hereby affirm this information provided on this application is true and complete to the best of my knowledge. I understand that falsified information may disqualify me and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

Please complete each section EVEN IF you decide to attach a resume.

I waive any right of privilege, privacy, and/or confidentiality may have in the information provided by reference or others who I have indicated may be contacted.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

MCEWEN POLICE DEPARTMENT 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 McEwen Police Department:

Name	Type of Relationship	Years known

5. If applicable, list the names of your current spouse, all former spouses, domestic partner, 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. Activities:

Have you ever been cited or 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 on parole or probation for any reason?

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

Have you ever done anything to harm, insult, or frighten another person because of that person's race, color, national origin, gender identity, sexual orientation, age, religion, creed or disability?

Yes No

Have you any racial, ethnic, religious, sexual or other prejudices that will affect your job performance?

Yes No

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation?

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, transported, or used illegal drugs?

Yes No

Have you ever used prescription medication that was prescribed for someone else?

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:

If employed, will you require reasonable accommodation to perform essential job functions:

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:

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 or equivalent, 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 McEwen Police Department in any way if I am not selected for employment. I am aware that McEwen Police Department is an at- will employer. I am aware that any employment, if offered, may be terminated at any time at the will of the Chief of Police.

Signature of Applicant: _____ Date: _____

Signature of Witness: _____ Date: _____
City of McEwen employee

**MCEWEN POLICE DEPARTMENT
PERSONAL INQUIRY WAIVER**

To: _____
(For Background
Investigator use only)

I, _____, have applied for employment with McEwen Police Department. 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 McEwen Police Department any and all information that concerns me. This includes, but is not limited to: work records, school record, reputation, financial and credit status, social media, 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 have received and acknowledge my rights under the Federal Fair Credit Reporting Act (FCRA), 15 USC Section 1681. I further agree that all information and materials gathered are property of McEwen Police Department.

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

Telephone	Date of Birth	Last 4 - SSN
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