

# HUNTLAND POLICE DEPARTMENT



Chief of Police

P.O. Drawer H  
100 Cumberland Blvd.  
Huntland, Tennessee 37345

City Hall: (931)469-0283  
Fax: (931)469-7500

## APPLICATION FOR EMPLOYMENT

Thank you for your interest in joining the Huntland Police Department, There are a total of five (5) pages and we ask that you complete all information on all pages. Any incomplete applications will be discarded.

Pre-employment qualifications are:

- A. Applicant must be at least eighteen (18) years of age.
- B. Be a citizen of the United States.
- C. Be high school graduate or posses equivalence.
- D. Not have been convicted of or plead guilty to or entered a plea of nolo contendere to any felony charge or to any violation of any federal or state laws or city ordinances relating to force, violence, theft, dishonesty, gambling, liquor, or any controlled substances.
- E. Not have been released or discharged under anything other than a honorable discharge from any Armed Forces of the United States.

Post - employment requirements are:

- A. Have fingerprints on file with the Tennessee Bureau of Investigations.
- B. Pass a physical examination given by a licensed physician.
- C. Be free of all apparent mental disorders as determined by a qualified physician in the psychiatric or psychological fields.
- D. Be previously P.O.S.T. certified or successfully pass the Tennessee Law Enforcement Training Academy within six months of full time employment.

### PERSONAL INFORMATION

NAME: \_\_\_\_\_ SS# \_\_\_\_\_  
Last First Middle

D.O.B \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_  
DAY/MONTH/YEAR FEET/INCHES POUNDS

HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NUMBER \_\_\_\_\_  
DAY EVENING

PREVIOUS ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

U.S. CITIZEN \_\_\_\_\_ HIGH SCHOOL GRADUATE/GED \_\_\_\_\_

DRIVER LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ EXP DATE \_\_\_\_\_

Are you related to anyone currently employed by the town of Huntland? \_\_\_\_\_

If yes, name of person and relationship \_\_\_\_\_

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**CRIMINAL HISTORY:**

Have you ever been convicted or arrested of the following:

Misdemeanor \_\_\_\_\_ Date, County, and State \_\_\_\_\_

Felony \_\_\_\_\_ Date, County, and State \_\_\_\_\_

Domestic Violence/Assault \_\_\_\_\_ Date, County, and State \_\_\_\_\_

D.U.I. /D.W.I. \_\_\_\_\_ Date, County, and State \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Shift work: The Job for which you are applying involves shift work and or work on weekends. Your shift and/or days off may periodically be changed. Do you have personal / family situations which would interfere with you being assigned to a different shift, days off or overtime when required with reasonable notice except for emergencies? \_\_\_\_\_ If yes explain \_\_\_\_\_

Position: \_\_\_\_\_ Date Available: \_\_\_\_\_ Salary: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ May we contact your current and/or previous employers? \_\_\_\_\_

Have you ever been employed by the town of Huntland? \_\_\_\_\_

If so, dates and reason for leaving: \_\_\_\_\_

**EDUCATION:**

	SCHOOL & LOCATION	YEARS ATENDED	DATE GRADUATED	DEGREE EARNED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR TECHNICAL				
ACADEMY				

Are you P.O.S.T. certified? \_\_\_\_\_

Have you had any medical training? \_\_\_\_\_

Do you speak a foreign Language? \_\_\_\_\_ Fluently? \_\_\_\_\_ Language? \_\_\_\_\_

Can you read/write a foreign language? \_\_\_\_\_ Fluently? \_\_\_\_\_ Language? \_\_\_\_\_

List any other certificates/licenses you hold that are job related: \_\_\_\_\_

# HUNTLAND POLICE DEPARTMENT

**MILITARY SERVICE:**

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ E.T.S Date: \_\_\_\_\_

P.M.O.S. \_\_\_\_\_ Job Description: \_\_\_\_\_

If discharged, type of discharge: \_\_\_\_\_

**FORMER EMPLOYERS**

Date Month/Year	Name and Address of Employer	Salary	Position	Reason left
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

**REFERENCES: "List up to five references other than family"**

NAME	ADDRESS	PHONE	YRS KNOWN

**PHYSICAL RECORD:**

Do you have any injuries or defects that may prevent you from performing your duties as a law enforcement officer? \_\_\_\_\_ If so Explain \_\_\_\_\_

# HUNTLAND POLICE DEPARTMENT

In case of emergency, notify: \_\_\_\_\_  
Name Phone

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

I hereby affirm that the information provided on this application is true and complete to the best of knowledge. I understand that if employed that any falsified information provided on this form shall be sufficient cause for dismissal or, if not employed, can cause cancellation of this application. The city of Huntland is hereby authorized to make an investigation of my personal background and employment history. I hereby authorize former employers and other agencies or institutions to release employment, medical or other types of background information to the city of Huntland. It is understood that if employed I shall be on a temporary status for a specified initial employment period (6) months, and may be terminated before the expiration of that period without recourse.

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

DO NOT WRITE BELOW THIS LINE

Interview Date: \_\_\_\_\_ On Time: \_\_\_\_\_

Physical Appearance: \_\_\_\_\_ Dress Appearance: \_\_\_\_\_

Verbal Skills: \_\_\_\_\_ Demeanor: \_\_\_\_\_

Professionalism: \_\_\_\_\_ Manners: \_\_\_\_\_

General Knowledge: \_\_\_\_\_ Law Knowledge: \_\_\_\_\_

Appointed Date: \_\_\_\_\_ Official Hire Date: \_\_\_\_\_ Probation End Date: \_\_\_\_\_

Approved by Chief: \_\_\_\_\_  
Signature Date

Approved by Mayor: \_\_\_\_\_  
Signature Date

Board Date: \_\_\_\_\_ Approved / Disapproved

# HUNTLAND POLICE DEPARTMENT

## EMPLOYMENT DRUG / ALCOHOL SCREEN POLICY

The Huntland Police Department is committed to maintaining a DRUG-FREE WORK PLACE. A drug and alcohol test to detect the use of illegal drugs or potential alcohol problem is part of our hiring process.

This form must be completed, signed, dated and returned as part of the hiring process. Upon offer of employment, information regarding pre-employment drug screening procedures will be provided prior to your start date.

I understand as part of the pre-employment process, I must submit to a hair, urine, blood or any other suitable test required to fulfill the drug / alcohol screen process. My signature below indicates my consent and authorization to have my hair, urine and / or blood screened for illegal drugs and alcohol as a precondition of my employment by the Huntland Police Department.

I hereby consent to have the results of my hair, urine and / or blood drug / alcohol screening reported to the Chief of Police of the Huntland Police Department.

As an applicant offered employment, I understand that if I refuse to submit to this drug / alcohol screen or have a positive result, this will constitute voluntary withdrawal of my application for employment and no further consideration will be given.

I will hold harmless the Town of Huntland, the Huntland Police Department, and it's employee's company physician, and any testing laboratory the Huntland Police department might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result for such testing, including rescinding the offer of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Town of Huntland, Huntland Police Department or Laboratory representative makes an error in the administration or analysis of the test or the reporting of the results.

I further understand and agree to submit to random drug / alcohol screening as required by the Huntland Police Department as a condition of employment. Date, time, and location of drug / alcohol screening shall be determined by the Chief of Police. My failure to submit to such random drug / alcohol screening shall result in a review by the Mayor, Board of Alderman which may result in suspension and / or termination of my employment from the Huntland Police Department.

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

Print Name: \_\_\_\_\_  
Last First Middle

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

SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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