



Attention Trooper Applicants

Please have all attached documentation **completed prior to arriving** for your interview. If your documents are not complete or you are missing required documents you will not continue in the interview process.

Please arrive 15 minutes before your scheduled time.

Please fill out THIS version of all documentation and do NOT submit previous versions of these documents.

Report to:

**283 Stewart's Ferry Pike
Department of Safety & Homeland Security Training Center
Nashville TN 37214**

- From I-40, Exit 219 (Stewarts Ferry Pike), turn North onto Stewarts Ferry Pike.
- About 1 mile down on the right, turn into the **Clover Bottom Developmental Center**.
- Look for the brown **Department of Safety & Homeland Security Training Center** sign on the right.
- Follow the **Department of Safety & Homeland Security Training Center** signs and park as directed by the Training Center staff.

This new class, Trooper Cadet Class #617, will begin on January 29, 2017, and graduate in June 2017!

The training will be at the Training Center for 22 weeks then will begin 12 weeks of Field Officer Training.

**TDOSHS Training Center
283 Stewart's Ferry Pike
Nashville, TN
(615) 232-2902**



After turning into Clover Bottom Developmental Center,

Follow the Department of Safety and Homeland Security Training Center signs. There will be Troopers directing Traffic to the appropriate location.

Text Directions to TDOSHS Training Center
283 Stewart's Ferry Pike
Nashville, TN
(615)232-2901

Coming in from the West:

I-40 East

Exit 219 (Stewarts Ferry Pike) towards J. Percy Priest Dam

Turn LEFT onto Stewarts Ferry Pike

About 1 mile down on the right, turn into the **Clover Bottom Developmental Center.**

Look for the white **Department of Safety and Homeland Security Training Center** sign on the right.

Follow the **Department of Safety and Homeland Security Training Center** signs and park as directed by the TDOSHS Staff.

(Travel time from Memphis is approximately 4.5 hours)

Coming in from the East:

I-40 West

Exit 219 - Stewarts Ferry Pike – turn right onto Stewarts Ferry Pike (heading West)

About 1 mile down on the right, turn into the **Clover Bottom Developmental Center.**

Look for the white **Department of Safety and Homeland Security Training Center** sign on the right.

Follow the **Department of Safety and Homeland Security Training Center** signs and park as directed by the TDOSHS Staff.

(Travel time from Knoxville is approximately 3 hours)

Coming in from the South:

I-24 West towards Nashville

Exit 52 onto I-40 East

Exit 219 (Stewarts Ferry Pike) towards J. Percy Priest Dam

Turn LEFT onto Stewarts Ferry Pike

About 1 mile down on the right, turn into the **Clover Bottom Developmental Center.**

Look for the white **Department of Safety and Homeland Security Training Center** sign on the right.

Follow the **Department of Safety and Homeland Security Training Center** signs and park as directed by the TDOSHS Staff.

(Travel time from Chattanooga is approximately 2.5 hours)

Coming in from the North:

I-24 East

Take I-40 east toward Knoxville. Exit at Exit 219 (Stewarts Ferry Pike).

Turn left onto Stewarts Ferry Pike.

About 1 mile down on the right, turn into the **Clover Bottom Developmental Center.**

Look for the white **Department of Safety and Homeland Security Training Center** sign on the right.

Follow the **Department of Safety and Homeland Security Training Center** signs and park as directed by the TDOSHS Staff.

(Travel time from Clarksville is approximately 1 hour.)

I-65 South

Follow I-65 south to I-24 east, to I-40 east towards Knoxville.

Exit I-40 east at Exit 219, Stewarts Ferry Pike

Turn left onto Stewarts Ferry Pike

About 1 mile down on the right, turn into the **Clover Bottom Developmental Center.**

Look for the white **Department of Safety and Homeland Security Training Center** sign on the right.

Follow the **Department of Safety and Homeland Security Training Center** signs and park as directed by the TDOSHS Staff. (Travel time from Portland approximately 1 hour)



IF you are selected, we MAY contact you by one of the ways listed below. Therefore, it is imperative that you provide the following information (printed legibly) to ensure we are able to contact you.

Your **LEGAL** name is:

First Name	MI	Last Name	Suffix:
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Name you are called:

Home Phone
(Include area code)

()

Work Phone
(Include area code)

()

May we contact you at work? Yes No

Cell Phone
(Include area code)

()

Other Phone:
(Include area code)

()

Fax:
(Include area code)

()

To the attention of Whom?

Email address:

Applicant Assignment Preference Form

Name (PRINTED): _____

SSN: _____ Legal Residence County: _____

If I am selected as a State Trooper, I am willing to work:

(Note: The Department of Safety can only fill positions where there are vacancies. The more narrow your preference, the least likely we will have an opening in your desired area. You may want to choose the broadest area in which you are willing to work if chosen as a Trooper, but number your top 3 preferred counties.)

1. Any County / District in the State of Tennessee **(Stop here if you check this box)**

Top 3 preferred counties 1) _____ 2) _____ 3) _____

2. **ONLY** in any of the following **District(s)** – **(These are the only areas that you will be considered for hire.)**

District 1 – Knoxville (Monroe, Blount, Loudon, Roane, Sevier, Knox, Anderson, Morgan, Scott, Campbell, Union)

District 2 – Chattanooga (Bledsoe, Coffee, Franklin, Grundy, Marion, Sequatchie, Hamilton, Rhea, Meigs, McMinn, Polk, Bradley)

District 3 – Nashville (Davidson, Stewart, Houston, Humphries, Montgomery, Dickson, Cheatham, Robertson, Williamson, Rutherford, Wilson, Sumner)

District 4 – Memphis (Shelby, Lake, Obion, Dyer, Lauderdale, Crockett, Haywood, Tipton, Fayette, Hardeman)

District 5 – Fall Branch (Johnson, Sullivan, Carter, Unicoi, Washington, Hawkins, Greene, Hancock, Claiborne, Grainger, Jefferson, Hamblen, Cocke)

District 6 – Cookeville (Putnam, Cumberland, Fentress, Pickett, Overton, White, Van Buren, Warren, Cannon, Dekalb, Smith, Macon, Trousdale, Clay, Jackson)

District 7 – Lawrenceburg (Lincoln, Giles, Lawrence, Wayne, Perry, Lewis, Maury, Marshall, Bedford, Hickman, Moore)

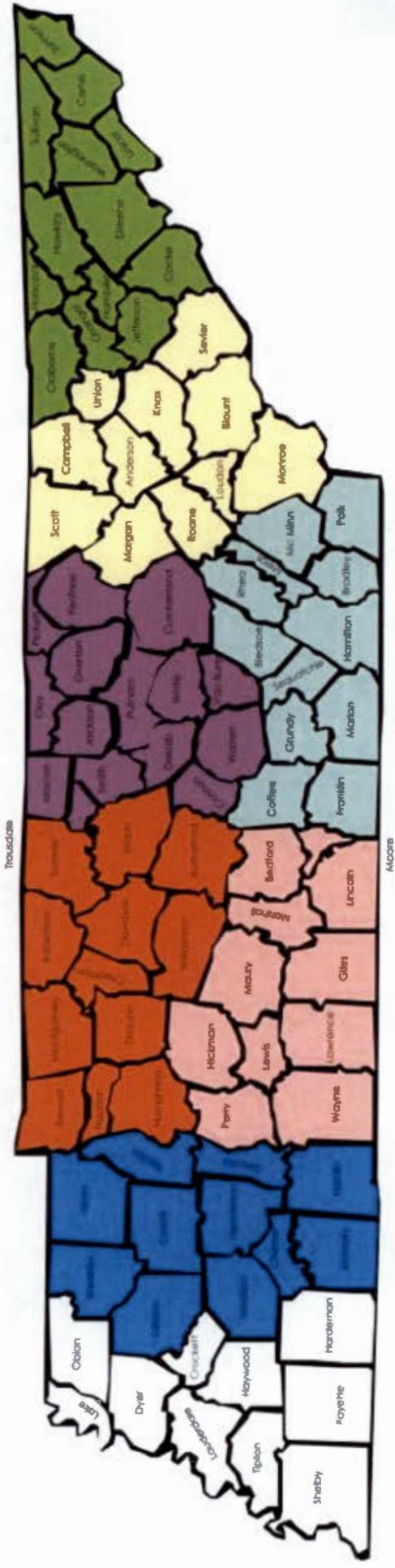
District 8 – Jackson (Madison, Henry, Weakley, Carroll, Benton, Henderson, Chester, Decatur, McNairy, Harding, Gibson)

Top 3 preferred counties 1) _____ 2) _____ 3) _____

3. **ONLY** in the following **Counties**: **(These are the only areas that you will be considered for hire)**

Top 3 preferred counties 1) _____ 2) _____ 3) _____

Signature of Applicant: _____ Date: _____



01	Anderson	15	Cocke	29	Grainger	43	Humphreys	57	Madison	71	Putnam	85	Trousdale
02	Bedford	16	Coffee	30	Greene	44	Jackson	58	Marion	72	Rhea	86	Unicoi
03	Benton	17	Crockett	31	Grundy	45	Jefferson	59	Marshall	73	Roane	87	Union
04	Bledsoe	18	Cumberland	32	Hamblen	46	Johnson	60	Maury	74	Robertson	88	Van Buren
05	Blount	19	Davidson	33	Hamilton	47	Knox	61	Meigs	75	Rutherford	89	Warren
06	Bradley	20	Decatur	34	Hancock	48	Lake	62	Monroe	76	Scott	90	Washington
07	Campbell	21	Dekalb	35	Hardeman	49	Lauderdale	63	Montgomery	77	Sequatchie	91	Wayne
08	Cannon	22	Dickson	36	Hardin	50	Lawrence	64	Moore	78	Sevier	92	Weakley
09	Carter	23	Dyer	37	Hawkins	51	Lewis	65	Morgan	79	Shelby	93	White
10	Cheatham	24	Fayette	38	Haywood	52	Lincoln	66	Obion	80	Smith	94	Williamson
11	Cheatham	25	Fentress	39	Henderson	53	Loudon	67	Overton	81	Stewart	95	Wilson
12	Chester	26	Franklin	40	Henry	54	McMinn	68	Perry	82	Sullivan		
13	Claiborne	27	Gibson	41	Hickman	55	McNairy	69	Pickett	83	Sumner	99	Statewide
14	Clay	28	Giles	42	Houston	56	Macon	70	Polk	84	Tipton		



STATE OF TENNESSEE
DEPARTMENT OF SAFETY

VERIFICATION OF EDUCATION

Applicant Name: _____ **Date:** _____

Please indicate your educational accomplishments and **attach listed documentation*** (It is the responsibility of the applicant to provide the required documentation) check all that apply:

- GED Certificate*** **(*ONE of these documents is required, even though higher education may have been received)**
- High School Diploma***

Home schooled – must provide copy of diploma AND proof that home school complied with notice requirements to LEA.

Church-related school or church-related home school – must provide copy of diploma from church-related school AND proof that school had membership or accreditation by one of the bodies listed in TCA 49-50-801; OR proof of direct approval by State Board of Education.

Foreign High School Education – must have education converted to U.S. education standards by one of the organizations listed at www.naces.org.

***Under the authority of TCA 8-30-305 and Department of Human Resources rules and regulations 1120-2-.04(2).**

-
- College Degree (Degree or Transcript must be **certified in a sealed envelope**)
- Degree from Vocational Schools (Degree or Transcript must be **certified in a sealed envelope**)
- Transcript of completed creditable hours if degree not received (**certified in a sealed envelope**)
- Professional License (attorney, pilot, CPA, etc.) – attach copy
- Training Certificates – **attach copy of only those that pertain to the skills required to be a Trooper.**
- Certifications – **attach copy of only those that pertain to the skills required to be a Trooper.**

This applicant is hereby advised that falsification of the above requested information shall result in automatic termination.

Applicant's Signature: _____



Security Clearance Application Level I

Investigation conducted by the
**Tennessee Department of Safety
and Homeland Security**



For use with the hiring of all Troopers

Instructions

A Security Clearance Investigation is an essential element in determining a person's qualifications for employment with the Tennessee Department of Safety and Homeland Security. The information requested in this application is a vital part of that process.

As the applicant, it is your responsibility to insure that all necessary information is provided in order for this investigation to be conducted in a reasonable amount of time and with the least amount of difficulty possible. Therefore, make sure that all sections are completed prior to turning this application into the interviewer. Each question **must** be answered. If there are questions that are not applicable to you, please indicate this fact by the notation "N/A" in the appropriate space.

Should you need additional space to provide the requested information, attach sheets of the same size as this application and specify continuation of a particular block of information.

The application should be typed or completed in black ink and must be clear and legible.

You are reminded that providing false information or failing to provide information could result in failing to be hired by the Tennessee Department of Safety and Homeland Security or your dismissal should you be hired and the Background Investigation reveals the falsification.

COMMON AREAS OF OMISSION: We find that some applicants exclude middle names of relatives, personal references, and acquaintances. If a person does not have a middle name, indicate (NMN), meaning "No Middle Name". If you are unable to furnish complete information concerning your relatives or acquaintances, give sufficient explanation. Nicknames should not be used.

If you have ever served in the Armed Forces, indicate in Part II by each address if you lived on or off base, including overseas tours. If you have a relative currently in the military, indicate complete address, including Military Serial Number, branch of service and whether or not his/her residence is on or off base.

SECTION 1: PERSONAL HISTORY

Last Name	First Name	Middle Name	Maiden name
List below all other names you have used, including nicknames. If you have ever used any surnames other than your true name, during what period and what circumstances were these names used? If you have ever legally changed your name, give date, place and court.			
<hr/> <hr/>			
Birth Date:		City & State of Birth:	
Age:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number:
Driver License Number:			State:
Ethnicity:	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian
	<input type="checkbox"/> Black	<input type="checkbox"/> Asian	<input type="checkbox"/> Other
# of Children:	(Include biological, step and adopted children)		
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
State date, place, and reason for all separations, divorces, or annulments:			
<hr/> <hr/>			
Are you a U.S. Citizen?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to reside anywhere in Tennessee?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that you are not eligible to request a transfer to another post, except in extreme hardship cases, for one year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: RESIDENCES

Home Street Address		
City:	State:	Zip:
Home Phone (including area code):		
Work Phone (including area code):		
In the event this information becomes invalid, indicate the name and phone number of a relative through whom you may be reached or who could furnish your current address and phone number.		
Name:		
Relationship:		
Phone # (including area code):		
If you have not lived at your current residence for (1) one year, explain the reason.		
<hr/> <hr/>		

ACTUAL PLACES OF RESIDENCE FOR PAST 10 YEARS

Any applicant who has been out of high school for more than 10 years must list all residences since high school. Include address while at school and in military, as well as family-owned vacation homes. For college on-campus residences, give dorm name, city, and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city, state, and country. If post office box, give location of post office.

From (Month/Year)	To (Month/Year)	Apt. #	Street Address	City	State

SECTION 3: EDUCATIONAL BACKGROUND

High School (attach copy of diploma)

Name of High School:			
Address: (City & State)			
Telephone Number (including area code):			
Graduated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: (Month & Year)

GED (attach copy of GED)

Issuer of GED:			
Testing Location: (City & State)			
GED:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: (Month & Year)

College/University (attach transcript – certified)

Name of College	City	State	Major	Yrs Attended		Graduated (Y/N)
				TO	From	

Technical Schools (attach transcript – certified)						
Name of School	City	State	Study/ Specialty	Yrs Attended		Graduated (Y/N)
				TO	From	

SECTION 4: EMPLOYMENT HISTORY

NOTE: LIST MOST RECENT EMPLOYMENT FIRST. Please list each job you have held for the last **ten years**. Include chronological history of employment starting with current or most recent position. Account for all periods, including casual employment and all periods of unemployment. Be sure to include military experience, if applicable. If additional space is needed, attach additional sheets using same format. Be sure to provide all of the required information.

Job A					
Name of Business:					
Address:					
City:				State:	
Telephone Number (including area code):					
Type of Business					
Period of Employment (Month/Year):		From:		To:	
Position Held:					
Supervisor:					
Reason for leaving this employment:					
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to the above question concerning disciplinary action during previous employment, below provide a detailed description of the events.					

Job B

Name of Business:			
Address:			
City:			State:
Telephone Number (including area code):			
Type of Business			
Period of Employment (Month/Year):	From:	To:	
Position Held:			
Supervisor:			
Reason for leaving this employment:			
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc.			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to the above question concerning disciplinary action during previous employment, below provide a detailed description of the events.			

Job C

Name of Business:			
Address:			
City:			State:
Telephone Number (including area code):			
Type of Business			
Period of Employment (Month/Year):	From:	To:	
Position Held:			
Supervisor:			
Reason for leaving this employment:			
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc.			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to the above question concerning disciplinary action during previous employment, below provide a detailed description of the events.			

Job D

Name of Business:			
Address:			
City:		State:	
Telephone Number (including area code):			
Type of Business			
Period of Employment (Month/Year):	From:	To:	
Position Held:			
Supervisor:			
Reason for leaving this employment:			
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you answered yes to the above question concerning disciplinary action during previous employment, below provide a detailed description of the events.			

Job E

Name of Business:			
Address:			
City:		State:	
Telephone Number (including area code):			
Type of Business			
Period of Employment (Month/Year):	From:	To:	
Position Held:			
Supervisor:			
Reason for leaving this employment:			
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you answered yes to the above question concerning disciplinary action during previous employment, below provide a detailed description of the events.			

Job F

Name of Business:

Address:

City:

State:

Telephone Number (including area code):

Type of Business

Period of Employment (Month/Year):

From:

To:

Position Held:

Supervisor:

Reason for leaving this employment:

While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, or quit/resigned in lieu of being terminated?

Yes

No

If you answered yes to the above question concerning disciplinary action during previous employment, below provide a detailed description of the events.

In any previous employment (**not just employment in last ten (10) years**) have you been terminated and/or disciplined for any misconduct, behavior problems, etc.?

Yes

No

If you answered yes to the above question, provide a detailed description of events and the results of all disciplinary actions taken by the employer.

OWNERSHIP/PROPRIETORSHIP/CONTRACTS WITH THE STATE OF TENNESSEE

Do you have any interest in, engage in, have a financial interest in, are the sole proprietor, a partner (limited or otherwise) in any non-profit agency, for-profit agency, business or corporation?

No Yes – please list below the name of the business, the type of business, the services/products produced by this business and if any contracts for the purchase of materials, supplies, equipment or services with the State of Tennessee are active.

Do you receive gifts, money or anything of value whatsoever directly or indirectly from any person, firm or corporation who has a contract for the purchase of materials, supplies, equipment or services with the State of Tennessee?

No Yes – please list below the name of the person, firm or corporation, the type of business, and the services/products produced by this business.

SECTION 5: MILITARY SERVICE

Are you registered for Selective Service? Yes No

If yes, list location (city and state)

Have you served in any branch of the U.S. Armed Services Yes No

Complete Section Below for Each Period of Service
(Begin with most recent)

Attach DD-214 Member 4 Copy or NGB-22 for Each Period of Service

Period of Service A

<input type="checkbox"/> Army	<input type="checkbox"/> Air Force	<input type="checkbox"/> Marine Corp	<input type="checkbox"/> Navy	<input type="checkbox"/> Coast Guard
<input type="checkbox"/> Army Reserve	<input type="checkbox"/> Air Force Reserve	<input type="checkbox"/> Marines Corp Reserve	<input type="checkbox"/> Navy Reserve	<input type="checkbox"/> Coast Guard Reserve

Army National Guard State- Air National Guard State-

Dates of Service

From (Month/Year): To (Month/Year):

Date of Discharge:

Type of Discharge:

Last Duty Station:

Were you ever disciplined while in military service? (Includes Court-Martial, Article 15, Captains Mast, etc) Yes No

If you answered yes to the above question concerning being disciplined while in the military, below provide a detailed account of the incident. Be sure to include dates, locations, and circumstances.

Period of Service B

<input type="checkbox"/> Army	<input type="checkbox"/> Air Force	<input type="checkbox"/> Marine Corp	<input type="checkbox"/> Navy	<input type="checkbox"/> Coast Guard	
<input type="checkbox"/> Army Reserve	<input type="checkbox"/> Air Force Reserve	<input type="checkbox"/> Marines Corp Reserve	<input type="checkbox"/> Navy Reserve	<input type="checkbox"/> Coast Guard Reserve	
<input type="checkbox"/> Army National Guard State-		<input type="checkbox"/> Air National Guard State-			
Dates of Service					
From (Month/Year):		To (Month/Year):			
Date of Discharge:					
Type of Discharge:					
Last Duty Station:					
Were you ever disciplined while in military service? (Includes Court-Martial, Article 15, Captains Mast, etc)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to the above question concerning being disciplined while in the military, below provide a detailed account of the incident. Be sure to include dates, locations, and circumstances.					

Period of Service C

<input type="checkbox"/> Army	<input type="checkbox"/> Air Force	<input type="checkbox"/> Marine Corp	<input type="checkbox"/> Navy	<input type="checkbox"/> Coast Guard	
<input type="checkbox"/> Army Reserve	<input type="checkbox"/> Air Force Reserve	<input type="checkbox"/> Marines Corp Reserve	<input type="checkbox"/> Navy Reserve	<input type="checkbox"/> Coast Guard Reserve	
<input type="checkbox"/> Army National Guard State-		<input type="checkbox"/> Air National Guard State-			
Dates of Service					
From (Month/Year):		To (Month/Year):			
Date of Discharge:					
Type of Discharge:					
Last Duty Station:					
Were you ever disciplined while in military service? (Includes Court-Martial, Article 15, Captains Mast, etc)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to the above question concerning being disciplined while in the military, below provide a detailed account of the incident. Be sure to include dates, locations, and circumstances.					

SECTION 7: SPECIAL QUALIFICATIONS AND SKILLS

Do you have foreign language ability?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate your proficiency in each phase of each foreign language.					
Name of Language	Speak	Understand	Read	Write	
	<input type="checkbox"/> Slight <input type="checkbox"/> Good <input type="checkbox"/> Fluent				
	<input type="checkbox"/> Slight <input type="checkbox"/> Good <input type="checkbox"/> Fluent				

	<input type="checkbox"/> Slight <input type="checkbox"/> Good <input type="checkbox"/> Fluent			
Are you a member of the bar?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	State(s):
Are you a licensed pilot?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ratings Held:	
Post Certification Number?				State:
Please list any other licenses or certifications you possess:				

SECTION 8: COURT RECORD

Have you ever been arrested, indicted, charged with or convicted of a criminal or disorderly offense or instance of domestic violence in this state or in any other jurisdiction? (For the purpose of this question, the words "arrested" or "indicted" etc., include any detaining or taking into custody by any law enforcement authorities.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever entered a guilty plea, including a conditional guilty plea to a charge that was ultimately dismissed, and/or expunged through a diversionary or other program such as judicial diversion, conviction, expulsion, or expulsion of pardon, either in the state of Tennessee or in any other jurisdiction? If so, please state your version of the facts of the charge for which you were arrested, the jurisdiction where the arrest occurred, and the disposition of the case, including the court of disposition and the case number (if known). Yes _____ No _____		
I acknowledge that I have read and understand the above statement. I fully understand what information is required of me and that failure to supply accurate information will be considered willful falsification of my application which is adequate cause for removal from the register.		
Applicant Signature _____	Date _____	
If yes, type of charge:	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor
		<input type="checkbox"/> Not Sure

If you answered yes to the previous questions concerning being arrested, or entering a guilty plea, provide a detailed account of the circumstances below. Be sure to include dates, locations, and types of charges. Add additional sheets if necessary.

Have you ever been incarcerated, in jail, prison or military stockade?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered Yes to the previous question concerning incarceration, below give a detailed account of the situation. Be sure to include dates, locations, and circumstances.		
<hr/> <hr/> <hr/> <hr/>		

Are you now, or have you ever been involved as a plaintiff, defendant, or petitioner, or respondent in any civil action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered Yes to the previous question concerning involvement in a civil action, below give an account of the circumstances, be sure to include the date, county, court and type of action.		
<hr/> <hr/> <hr/> <hr/>		

Are you currently on any form of Probation from any jurisdiction, i.e. Federal, State, and Local?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to the previous question concerning probation, below provide a detailed account of the circumstances; be sure to include dates and locations.		
<hr/> <hr/> <hr/> <hr/>		

Have you ever been issued a citation for a misdemeanor charge, other than a traffic violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered Yes to the previous question concerning being issued a citation, below provide a detailed account of the circumstances. Be sure to include dates, locations, and type of charges.		
<hr/> <hr/> <hr/> <hr/>		

Have you ever had an order of protection against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered Yes to the previous question concerning having an order of protection against you, below provide a detailed account of the circumstances; be sure to include dates and locations.		
<hr/> <hr/> <hr/> <hr/>		

To your knowledge, has any member of your immediate family ever been convicted of a crime for anything other than a minor traffic violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered Yes to the previous question concerning a member of your immediate family being convicted, below provide a detailed account of the circumstances. Be sure to include relatives' names, relationships, dates, locations, and type of charges.		
<hr/>		

SECTION 9: REFERENCES & SOCIAL ACQUAINTANCES

Give four (4) references (**NOT relatives, former or present employers, fellow employees, or school teachers**) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women including your physician, if you have one, who have **personally known you** for at least the past five (5) years. If retired, give former occupation.

External influence in hiring is strictly forbidden. Manipulating the THP hiring process to accommodate political influence is a policy and integrity violation. Such unethical behavior will result in removal from consideration for any Trooper positions.

I acknowledge that I have read and understand the above statement.

_____ Applicant Signature	_____ Date
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Reference/Social Acquaintance #1

Full Name:			
Address:			
City:	State:	Zip:	
Home Phone (including area code):			
Business Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
What is the best time to contact this person?	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
How long have you known this person?			
What is your relationship with this person?			

Reference/Social Acquaintance #2

Full Name:		
Address:		
City:	State:	Zip:

Home Phone (including area code):			
Business Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
What is the best time to contact this person?	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
How long have you known this person?			
What is your relationship with this person?			

Reference/Social Acquaintance #3			
Full Name:			
Address:			
City:	State:	Zip:	
Home Phone (including area code):			
Business Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
What is the best time to contact this person?	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
How long have you known this person?			
What is your relationship with this person?			

Reference/Social Acquaintance #4			
Full Name:			
Address:			
City:	State:	Zip:	
Home Phone (including area code):			
Business Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
What is the best time to contact this person?	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
How long have you known this person?			
What is your relationship with this person?			

SECTION 10: IMMEDIATE HOUSEHOLD MEMBERS

All applicants must give complete accurate information concerning their immediate household relatives. Furnish all information, including date and place of action. Please completely fill in all the blanks below.

Relationship - _____		
Full Name:		
Address:		
City:	State:	Zip:
Home Phone (including area code):		
Other Contact Number, i.e. cellular phone, pager (including area code):		
	Date of Birth:	Place of Birth:
Name of Employer:	City/State:	
Business Phone (including area code):		

Relationship - _____		
Full Name:		
Address:		
City:	State:	Zip:
Home Phone (including area code):		
Other Contact Number, i.e. cellular phone, pager (including area code):		
	Date of Birth:	Place of Birth:
Name of Employer:	City/State:	
Business Phone (including area code):		

Relationship - _____		
Full Name:		
Address:		
City:	State:	Zip:
Home Phone (including area code):		
Other Contact Number, i.e. cellular phone, pager (including area code):		
Date of Birth:	Place of Birth:	
Name of Employer:	City/State:	
Business Phone (including area code):		

Relationship - _____		
Full Name:		
Address:		
City:	State:	Zip:
Home Phone (including area code):		
Other Contact Number, i.e. cellular phone, pager (including area code):		
Date of Birth:	Place of Birth:	
Name of Employer:	City/State:	
Business Phone (including area code):		

Relationship - _____		
Full Name:		
Address:		
City:	State:	Zip:
Home Phone (including area code):		
Other Contact Number, i.e. cellular phone, pager (including area code):		
Date of Birth:	Place of Birth:	
Name of Employer:	City/State:	
Business Phone (including area code):		

Relationship - _____			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
		Date of Birth:	Place of Birth:
Name of Employer:		City/State:	
Business Phone (including area code):			

Relationship - _____			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
		Date of Birth:	Place of Birth:
Name of Employer:		City/State:	
Business Phone (including area code):			

Relationship - _____			
Full Name:			
Address:			
City:		State:	Zip:
Home Phone (including area code):			
Other Contact Number, i.e. cellular phone, pager (including area code):			
		Date of Birth:	Place of Birth:
Name of Employer:		City/State:	
Business Phone (including area code):			

SECTION 11: RELATIVES EMPLOYED BY THE GOVERNMENT

List the complete names of any relatives (including in-laws) who are employed by any local, state or federal government.

Complete Name	Relation	Agency By Which Employed	Location (City/State)

SECTION 12: FRIENDS OR ACQUAINTANCES EMPLOYED BY ANY LAW ENFORCEMENT AGENCY

List the complete names of any relatives (including in-laws) who are employed by any local, state or federal government.

Complete Name	Years Known	Employed By	Location (City/State)

SECTION 13: PHYSICAL DATA

Are you physically able to:

Fire a handgun, shotgun, machine gun?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drive a car?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Run 1 ½ miles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do push-ups?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do sit-ups?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do flexibility exercises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 14: PERSONAL DECLARATIONS

Do you consume intoxicating liquors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered Yes to the previous question, please complete the following questions		
Please indicate the type of intoxicating liquors you consume. You may indicate more than one type.		
<input type="checkbox"/> Beer	<input type="checkbox"/> Wine	<input type="checkbox"/> Liquor <input type="checkbox"/> Other
Please indicate the frequency you consume these intoxicating liquors.		
<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Special Occasions

Have you ever used narcotics, drugs, or marijuana in an illegal or recreational manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, list below what type you used:		
<input type="checkbox"/> Marijuana	<input type="checkbox"/> Controlled Substance	<input type="checkbox"/> Narcotics
If you answered YES to the previous question concerning the use of drugs, in the space provided below, provide a detailed description of the drugs, the circumstances, surrounding the use, and the time period they were used. If you answered NO enter Not Applicable (N/A) below.		
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

Have you ever declared, or are you about to declare bankruptcy, or do you have any debt items that have been reported to collections agencies?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
If you answered Yes to the previous question, please provide date, location, and circumstances.		
<hr/> <hr/> <hr/> <hr/>		

List the names of Federal, state or local departments, agencies or offices (including law enforcement) to which you have applied for employment, including date and status of application.
<hr/> <hr/> <hr/> <hr/>
If, to your knowledge, any of the above agencies have conducted an investigation of you, indicate the name of the agency and the approximate date of the investigation.
<hr/> <hr/>

Are you now or have you ever been delinquent in payment of alimony or child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide date, location, and circumstances.		
<hr/> <hr/> <hr/>		

What are your feelings about the use of deadly force if it became necessary in the performance of your official duties?
<hr/> <hr/> <hr/> <hr/> <hr/>

In the space provided below, please give the reason(s) why you want to be employed by the Tennessee Department of Safety and Homeland Security as a Trooper
<hr/> <hr/> <hr/> <hr/> <hr/>

Please provide detailed directions to your residence. Be sure to provide a beginning notable landmark, i.e. Courthouse, Police Station, Highway Patrol Post, etc.
<hr/> <hr/> <hr/> <hr/> <hr/>

An investigation will be conducted of all information listed on this application. Because of this, are you aware of any information about yourself or any person which you are or have been closely associated (including relatives and roommates) which might tend to reflect unfavorably on your reputation, morals, character, ability or loyalty to the United States? **YES** _____ **NO** _____

If Yes, please attach a separate piece of paper, giving your version of this/these incidents.

ADVISEMENT TO APPLICANTS

The overall purpose of the pre-employment background investigation is to verify that your application and any statements you have made to your prospective employer concerning your qualifications are true.

Tennessee employers have a legal duty to know the persons whom they employ. In some cases, laws may mandate a background investigation before employment, while in other cases it is merely a case of public policy or prudence before placing someone in a position of public trust. Both State and Federal courts have also held that there is an absolute necessity for public employees to be truthful. You must understand that a lack of truthfulness or deception of any type on your part will automatically and irrevocably result in your application being rejected from further consideration.

For some people, there may be one or more incidents or occurrences in their background which they regret or may feel some embarrassment. A prospective employer will not make inquiries into areas of a person's background that have no legitimate bearing on their qualifications for the job. You should understand that the mere presence of so-called "negative" information in your background is not automatically disqualifying. For example, an applicant may have engaged in petty thievery as a child, used illegal drugs, been fired or been convicted of a crime as an adult. These things in and of themselves may not automatically remove that person from consideration for a job, but lying about them will.

A pre-employment background investigation is not intended to be an intimidating experience or an unwarranted invasion into your privacy. Your background investigator will contact persons who know you, including present and/or former employers, and will examine official documents and records concerning you to ensure that you have been honest in your application and fulfill the legal mandates imposed by the courts and legislature. The more forthright you have been, the greater the likelihood that your background can be completed in a timely and successful manner.

I understand that any false statement and/or deliberate misrepresentations, whether by omission or commission, will result in my application being automatically and irrevocably rejected from further consideration. I certify that I have read the above statement and understand its contents.

Applicant Signature

Date

Applicant Print Full Legal Name

Witness (Interviewer) Signature

Date

Witness (Interviewer) Print Name

Credit Report Disclosure

Notice of Rights Under The Fair Credit Reporting Act

15 United States Code Section 1681b(B)(2) states as follows:

(2) Disclosure to consumer – A person may not procure a consumer report, or cause a consumer report to be procured, for employment purposes with respect to any consumer, unless –

(A) a clear and conspicuous disclosure has been made in writing to the consumer at any time before the report is procured or caused to be procured, in a document that consists solely of the disclosure, that a consumer report may be obtained for employment purposes; and

(B) the consumer has authorized in writing the procurement of the report by that person.

15 United States Code Section 1681b(b)(3) states as follows:

(3) Conditions on use for adverse actions – In using a consumer report for employment purposes, before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates –

(A) a copy of the report; and

(B) a description in writing of the rights of the consumer under this subchapter, as prescribed by the Federal Trade Commission under section 1681g(c)(3) of this title.

Authorization for TDOSHS to Obtain Consumer Credit Report

The Tennessee Department of Safety and Homeland Security may seek to obtain your consumer credit report as part of a background investigation and/or during the employment process. Pursuant to the above statute, be advised that you are entitled to notice (via this document) before the TDOSHS may obtain your consumer credit report. In addition, you must voluntarily complete this form authorizing the TDOSHS to obtain a copy of your consumer credit report before the TDOSHS can obtain a copy of that report.

If adverse action is taken in whole or in part as a result of review of the report, you will be provided with a copy of that report and a description in writing of your rights under the above statute.

I have read and understand the statement of my rights under the Fair Credit Reporting Act above. I hereby authorize the Tennessee Department of Safety and Homeland Security to obtain a copy of my consumer credit report to be considered in connection with a background investigation that is being conducted for employment purposes. This authorization is given freely and voluntarily.

 Print Full Name of Applicant
 (Include maiden name, if applicable)

 Social Security Number

 Applicant Signature

 Date

 Witness (Interviewer) Signature

 Date

Authorization for Release of Information

I, _____, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized Agent of the Tennessee Department of Safety and Homeland Security, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institution; financial or credit institutions, including records of loans, records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment; employment or pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and records or lawsuits, criminal or civil, in which I presently have, or have had, an interest.

I also certify that any persons who may furnish such information concerning me shall not be held responsible for giving this information; and I do hereby release said persons from any and all liability which may be incurred as a result of furnishing such information. I further release the Tennessee Department of Safety and Homeland Security and the State of Tennessee from any and all liability which may be incurred as a result of collecting such information.

I have read and fully understand the contents of this Authorization For Release of Information.

Print Full Name of Applicant (Include maiden name, if applicable)	Street Address
Social Security Number	City State Zip
Date of Birth	Phone Number (including area code)
Personal Email Address	Mobile Phone Number (including area
Applicant Signature	Date
Witness Signature SF-####(08/16)	Date



Applicant Record Notification

Notification

Upon receipt of a contingent offer of employment, the Department of Safety and Homeland Security will send you to have your fingerprints taken. These fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record.

Obtaining Copy

Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>

Change, Correction, or Updating

Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34

Print Name

Date

Signature

**RELEASE AND WAIVER
INDEMNITY AND HOLD HARMLESS
AGREEMENT**

In consideration of the Department of Safety and Homeland Security Training Center, allowing me to participate in the Pre-Employment Physical Agility Course, I hereby expressly agree to release and waive all claims for damage and/or loss to my person and/or property which may be caused by any act, or failure to act, of the Department of Safety and Homeland Security Training Center it's officers, agents, employees, successors and assigns. I further expressly agree to adhere to any and all rules, regulations and guidelines set forth by the Department of Safety and Homeland Security Training Center.

I hereby agree to indemnify and hold the Department of Safety and Homeland Security Training Center and their officers, agents, employees, successors, and assigns harmless from and against any and all liability, claims, damages, losses, fines and/or expenses, including, but not limited to, attorney's fees, resulting from or arising out of or related to personal injuries, loss of, or damage to, property or involving any impairment of, or damage to, any right because of or in any way related to, my participation in the Department of Safety and Homeland Security Training Center Pre-Employment Physical Agility Course.

This agreement is, shall be, binding on me, my heirs and personal representatives and I acknowledge that I have read and understand this agreement in its entirety and that I have freely and voluntarily entered into the same.

Printed Name of Participant

Printed Name of Witness

Signature of Participant

Signature of Witness

Date and Time

Date and Time

Participant's Address and Telephone Number (**PLEASE PRINT**)

Emergency Contact Information:

- Name _____
- Address _____
- Best Phone Number _____
- Relation _____

Tennessee Department of Safety and Homeland Security Pre-Employment Agility Assessment



Name:

Social Security:

County:

Gender:

Did Not Complete

(check each event not completed)

Truck Push	
A-frame	
Hurdles (3)	
Median	
Fence	
Rope Drill	
Dummy Drag	
Tunnel	
Water Jump	
Window	

Penalties x 30 seconds

Total Time:

DID NOT COMPLETE ASSESSMENT DUE TO INJURY:

* circle pass or fail when assessment is complete

PASS

FAIL