

# Carter County Sheriff's Office

**Sheriff Mike Fraley**

900 E. Elk Ave

Elizabethton, TN 37643

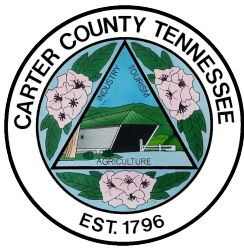
423-542-1846



## Application for Employment

The Carter County Sheriff's Office is an equal opportunity employer, dedicated to a place of non-discrimination 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.

**\*ANY INCOMPLETE APPLICATION SUBMITTED WILL NOT BE PROCESSED FOR FURTHER CONSIDERATION.**



**Carter County Sheriff's Office**  
**900 E. Elk Ave.**  
**Elizabethton, TN 37643**  
**423-542-1846**



**Introductory Benefits for Employees of the Carter County Sheriff's Office<sup>1</sup>**

**Employer Paid Life Insurance**

**Different Insurance plans** to choose from including an HSA option

**Medical Coverage Offered to Employee:** Medical Coverage, Prescription Coverage, Dental Coverage, Vision Coverage. Employer pays a portion of employee insurance. (Optional coverage for spouse & dependents for a cost)

**Flexible Spending Account** (Pre-taxed)

**Retirement Plan** – Employee portion pre-taxed (5%), County adds a portion as well (TCRS)

**Employee Assistance Program** – Free, 24/7, 365 days a year,

**Voluntary Benefits** – are paid 100% by the employee

401k additional Retirement Plan, Supplemental life for employee, spouse or dependents, Short term disability, long term disability, Vision insurance for employee, spouse or dependents, Accident insurance, Critical Illness, Long & short term care.

**Paid Holidays**

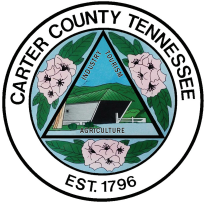
**Paid Vacation and Sick Leave**

**Uniforms & equipment provided**

**Opportunities for Advancement**

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<sup>1</sup> These benefits are representative of the current benefits offered to Carter County Sheriff's Office employees. They are not contractual in nature and may change at any time upon determination by the employer.



# Carter County Sheriff's Office Application for Employment



## **General Instructions:**

This application should be submitted as soon as you have all questions answered and ready to submit. A National Crime Information Center ("NCIC") check will be completed, and if you meet the criteria to move forward in the process, you will be contacted. Applicants for Deputy Sheriff or Corrections Officer will have an initial interview, a pre-employment physical examination, a psychological examination, and drug screening. Applicants must also submit to and pass the Civil Service Examination. Contact the Sheriff's Office at 423-542-1846 for information regarding the next scheduled Civil Service Examination.

In the application process, the information requested is obtained to determine applicant suitability to work at the Carter County Sheriff's Office. Do not misstate or omit any facts since the statements made herein are subject to verification. If any misrepresentations are found, the applicant will be permanently disqualified.

### **Applications may be submitted by:**

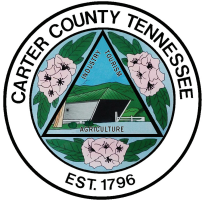
**Return in person at 900 E. Elk Avenue, Elizabethton, TN 37643**

### **Mail to:**

**Carter County Sheriff's Office  
ATTN: Abby Frye  
900 E. Elk Avenue  
Elizabethton, TN 37643**

### **Return electronically:**

**Scan and email to: [fryea@sheriff.cc](mailto:fryea@sheriff.cc)**



# Carter County Sheriff's Office Elizabethton, Tennessee



Application for position of: \_\_\_\_\_

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

### GENERAL INSTRUCTIONS: USE BLACK INK ONLY

Typewrite or print answers to every question. If the question does not apply to you, put N/A. If additional space is needed, use a separate sheet of paper and identify each answer with the number of the question, page number, or section being answered. **DO NOT MISSTATE OR OMIT** material facts since the statements made herein are subject to verification to determine your qualifications for employment.

<b>1. Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>DOB</b>
<b>2. Alias(es), Nickname(s), Other changes in name</b>			<b>3. Social Security No.</b>
<b>4. Present Residential Address</b>		<b>City</b>	<b>State</b>
			<b>Zip Code</b>
<b>5. Home Phone</b>	<b>6. Cell Phone</b>	<b>7. Work Phone</b>	<b>8. Email Address:</b>

The best time to call, if necessary, is: \_\_\_\_\_. Preferred contact number  Cell  Home  Work

May we contact you at work?  Yes  No If **Yes**, what time is best to call: \_\_\_\_\_

Have you submitted an application here before?  Yes, when \_\_\_\_/\_\_\_\_/\_\_\_\_  No

Have you ever been employed here before?  Yes, from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  No

Is this application a request for re-employment following an extended military leave of absence from the county?

Yes  No

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Are you legally eligible to work in the United States?  Yes  No  
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Are you a United States Citizen? Yes No

If you are not a U.S. Citizen, are you a permanent legal resident of the U.S.? Yes No

Have you served in the U.S. Armed Forces? Yes No

Are you currently P.O.S.T Certified? Yes No If yes, what state? \_\_\_\_\_

**9. Employment:**

a. Have you ever been discharged, asked to resign, laid-off, or put on inactive status for cause, subjected to disciplinary action while in any position (except Military)?  Yes  No

b. Have you ever resigned (quit) after being informed that your employer intended to discharge you for any reason?  Yes  No

**If you answered yes to either question, please attach a separate sheet of paper explaining the reason, including the name and location of the agency/company and the date of your departure.**

c. At this time do you agree to allow the Carter County Sheriff's Office to contact your present employers?  Yes  No

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Start with your **present** employer and work backwards for 10 years. Include ALL part-time, temporary, and/or seasonal employment. During periods of unemployment or attending school, indicate where appropriate. Ensure that there are NO GAPS. If more space is needed, include extra sheets of paper with your information on it.

**\*Any law enforcement experience prior to the 10 year requirement must be listed.**

**List complete address (number, street, city, state and zip code) and telephone numbers with area codes.**

Employer #1	Telephone #			Date Hired:
Street Address	City	State	Zip	Date Left:
Starting Job Title/Final Job Title:				Final Salary:
Immediate supervisor and title (for most recent position held) and their phone number				
Why did you leave and in what manner? I.E. Resigned, terminated, resigned in lieu of termination etc.				
Summarize the type of work performed and job responsibilities				
What did you like most about your position?				
What were the things you liked least about the position?				

List complete address (number, street, city, state and zip code) and telephone numbers with area codes.

Employer #2	Telephone #	Date Hired:		
Street Address	City	State	Zip	Date Left:
Starting Job Title/Final Job Title:			Final Salary:	
Immediate supervisor and title (for most recent position held) and their phone number				
Why did you leave and in what manner? I.E. Resigned, terminated, resigned in lieu of termination etc.				
Summarize the type of work performed and job responsibilities				
What did you like most about your position?				
What were the things you liked least about the position?				

Employer #3	Telephone #	Date Hired:		
Street Address	City	State	Zip	Date Left:
Starting Job Title/Final Job Title:			Final Salary:	
Immediate supervisor and title (for most recent position held) and their phone number				
Why did you leave and in what manner? I.E. Resigned, terminated, resigned in lieu of termination etc.				
Summarize the type of work performed and job responsibilities				
What did you like most about your position?				
What were the things you liked least about the position?				

List complete address (number, street, city, state and zip code) and telephone numbers with area codes.

Employer #4	Telephone #			Date Hired:
Street Address	City	State	Zip	Date Left:
Starting Job Title/Final Job Title:				Final Salary:
Immediate supervisor and title (for most recent position held) and their phone number				
Why did you leave and in what manner? I.E. Resigned, terminated, resigned in lieu of termination etc.				
Summarize the type of work performed and job responsibilities				
What did you like most about your position?				
What were the things you liked least about the position?				

Employer #5	Telephone #			Date Hired:
Street Address	City	State	Zip	Date Left:
Starting Job Title/Final Job Title:				Final Salary:
Immediate supervisor and title (for most recent position held) and their phone number				
Why did you leave and in what manner? I.E. Resigned, terminated, resigned in lieu of termination etc.				
Summarize the type of work performed and job responsibilities				
What did you like most about your position?				
What were the things you liked least about the position?				

## 10. Pre-Employment Drug History Questionnaire

Directions:

- A. Type or print answers in the correct block or section. **Use only black ink.**
- B. **This questionnaire pertains only to illegal or illicit drug use. If you are currently taking, or have taken in the past, any scheduled medications/narcotics prescribed by a licensed physician, respond “NO” to the referenced question.**
- C. If you have taken any scheduled medications/narcotics illegally, respond “YES” to the referenced question.

DRUG CATEGORY	Ever used?		Bought/Sold/Transported		Date Last Used	
	Yes	No	Yes	No		
<b>Stimulants:</b> Methamphetamine- speed, cocaine, ice, crack, crack cocaine, etc.						
<b>Illegal Use of Amphetamines/Other Stimulants:</b> Ritalin, Benzedrine, Dexedrine, etc.						
<b>Illegal Use of Benzodiazepines/ Tranquilizers:</b> Valium, Xanax, Diazepam, “Roofies”, etc.						
<b>Heroin</b>						
<b>Illegal Sedatives/ Hypnotics/ Barbiturates:</b> Quaalude, Amytal, Phenobarbital, etc.						
<b>Street or illicit Methadone</b>						
<b>Illegal Use of Other Opioids:</b> Tylenol #2/ #3, Percocet, Opium, Morphine, Demerol, Dilaudid, Lortab, etc.						
<b>Hallucinogens:</b> LSD, PCP, MDA, DAT, peyote, mushrooms, ecstasy (MDMA), nitrous oxide, etc.						
<b>Inhalants:</b> Glue, gasoline, aerosols, paint, paint thinners, etc.						
<b>Illegal Use of Marijuana:</b> Dabs, Wax, THC oil, Hash oil, vape juice w/THC, edibles, etc.						
<b>Anabolic Steroids</b>						
<b>Others: (Specify)</b>						

**11. PREA:** The Prison Rape Elimination Act (PREA) requires that all applicants for employment with the Carter County Sheriff’s Office answer the following questions:

- a. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?  Yes  No
- b. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- c. Have you ever been civilly or administratively adjudicated to have engaged in the activity described above in subsection b.?  Yes  No

**If you answered yes to any of these questions, please provide an explanation on a separate piece of paper.**



**12. Criminal History and Litigation:** Show all convictions including juvenile. Arrests and convictions are not an absolute bar to employment. However, pursuant to state law, applicants with a felony conviction will not be eligible for deputy positions. Pursuant to Sheriff's Office Policy, individuals with misdemeanor convictions for crimes related to force, violence, theft, dishonesty, gambling, controlled substances, domestic violence, sexual misconduct, abuse of authority, bribery, destruction or tampering with government records, criminal impersonation, or misuse of official information are also disqualified from employment.

- a. Have you ever been arrested for any reason?  Yes  No
- b. Have you ever been convicted of, pled guilty to, or pled no contest to a felony?  Yes  No
- c. Have you ever been convicted of, pled guilty to, or pled no contest to a misdemeanor?  Yes  No
- d. Have you ever been convicted of, pled guilty to, or pled no contest a drug offense?  Yes  No
- e. Have you ever been involved in any CIVIL court action?  Yes  No
- f. Have you ever been formally charged with or accused of, any of the previously listed offenses? Yes No
- g. Has law enforcement been called to your residence for any domestic related issues in the past 10 years? Yes No

If the answer to any of the above questions is Yes, list an explanation below. Include the date and place of incident, a brief explanation and final outcome of the incident (court action).

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**13. Military Record:**

Have you ever served in the U.S. Armed Forces?  Yes  No

Branch of Service: \_\_\_\_\_ Service Number: \_\_\_\_\_

Dates of Service: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Was your release an honorable discharge?  Yes  No

- a. While in the military service, were you ever convicted of an offense in a trial by deck court or by summary, special or general court martial?  Yes  No

If **Yes**, give the date, place, law enforcement authority or type of court or court martial, charge and action taken for each incident, using a separate sheet of paper.

b. Are you presently a member of the U.S. Reserve/National/State Guard organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, Complete the following:		
Grade and Service No./SSN:		Service and Component:
Organization and State or Unit and Location:		
Indicate Reserve Obligation, if any:		
Previous or current commanding officer's name and phone number:		
Selective Service No.	Last Classification	Date Classified
Local Board	Address	

**14. Education:**

- a. List all elementary, junior high and high schools attended.

NAME OF SCHOOL	LOCATION	DATE GRADUATED

b. List all colleges or universities attended.

NAME & LOCATION OF SCHOOL	CREDIT HRS/# OF SEMESTERS COMPLETED	Location	DATE GRADUATED

Major and Minor: \_\_\_\_\_

Were you ever dismissed from school, or subject to any disciplinary action, including scholastic probation?

Yes  No

If Yes:

School: \_\_\_\_\_ Date: \_\_\_\_\_ Type of action: \_\_\_\_\_

c. Other schools or training (trade, vocational, business or military). Give the name and location of each school, dates attended, subjects studied, certificate and any other pertinent information:

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**15. Foreign Language:** Enter foreign language and your aptitude by checking your appropriate level under each category:

Language	Reading			Speaking			Understanding			Writing		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

**16. Special Qualifications and Skills:**

a. Indicate type of special license such as pilot, radar operator, etc., showing license authority, when the license was first issued and date current license expires: (except vehicle operator's license).

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b. Special skills you possess and machines or equipment you can use (for example: short wave radio, comptometer, key punch, turret lathe, transcribing machines, scientific or professional devices).

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c. Special qualifications not covered in the application (for example: patents or inventions, public speaking and publications, membership in professional or scientific societies, honors or fellowships received).

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**17. Vehicle Operator's License:** (Driver's, Chauffeur's, etc.) Give the following information concerning any vehicle operator's license you have or now hold:

License Number	Class	State	Date of Expiration	Restrictions

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?  Yes  No  
Explain: \_\_\_\_\_

Have you ever had auto insurance withdrawn or revoked or have you ever been refused auto insurance?  Yes  No  
If Yes, give details including reasons, names of companies, dates, etc. \_\_\_\_\_

Current Insurance Company (Name and Address) \_\_\_\_\_

Do you have, at minimum, limited liability auto coverage?  Yes  No

List all traffic accidents in which you were determined to be at fault, include the approximate date and location:  
\_\_\_\_\_  
\_\_\_\_\_

### **Subversive Organizations:**

**19.** Do 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 States by unconstitutional means?  Yes  No

**20.** 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

**21.** 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

**[T.C.A. 40-35-121. Criminal Gang Offenses – Enhanced Punishment – Procedure.**

(a) As used in this section, unless the context otherwise requires:

(1) "Criminal Gang" means a formal or informal on-going organization, association, or group consisting of three (3) or more persons that has:

(a) As one (1) of its activities the commission of criminal acts; and

(b) Two (2) or more members who, individually or collectively, engage in or have engaged in a pattern of criminal gang activity.]

**If the answer to any of the above questions is Yes, describe the circumstances in detail on a separate sheet and attach it to the application.**

### **19. Equal Treatment:**

The Carter County Sheriff's Office is dedicated to maintaining a work environment without discrimination on any basis including, age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, military service, or disability. As an employee of the CCSD, you would interact with other employees, inmates and arrestees, and the general public. Is there any reason that you would be unable to refrain from unfavorable treatment toward an individual on any prohibited basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political beliefs, or disability? Yes  No

**If yes, please include an explanation on a separate sheet and attach it to this application.**

**20. References:**

CHARACTER REFERENCES: LIST AT LEAST 4 REFERENCES (**Do not include relatives, former employers, or persons living outside of the United States or its territories**). List only character references who have definite knowledge of your qualifications and fitness for the position in which you are applying.

NAME	YEARS KNOWN	ADDRESS	PHONE NUMBER

**21. Residences:** List all residences for the past 10 years beginning with your present address and including the dates you lived at each place.

ADDRESS (STREET, CITY, COUNTY, STATE)	FROM	TO

**22. Law Enforcement Agency applications:** Please list all law enforcement or corrections agencies to which you have previously applied for employment or currently have an application submitted with approximate date of application:

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**23. Marriages:** Please list the names of your current spouse and all former spouses, if applicable, and provide the requested information.

Name of Spouse	Place of Marriage	Date of Marriage
Reason for end of marriage: (death, divorce, annulment, separation)		Date ended
Spouse's Current Address		Phone Number

Name of Spouse	Place of Marriage	Date of Marriage
Reason for end of marriage: (death, divorce, annulment, separation)		Date ended
Spouse's Current Address		Phone Number

Name of Spouse	Place of Marriage	Date of Marriage
Reason for end of marriage: (death, divorce, annulment, separation)		Date ended
Spouse's Current Address		Phone Number

**24. Financial Information:** Are you currently overdue or behind on payments for child support?

Yes      No

Applicants Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**AFFIRMATION AND CONSENT TO NCIC INQUIRY AND BACKGROUND CHECK**

I affirm that all information on this application is correct to the best of my information and belief and that my application will be immediately rejected if false information is provided. I understand that as part of this Employment Application, the Carter County Sheriff's Office will submit an inquiry regarding any criminal history I may have to the National Crime Information Center (NCIC). I understand that if I have been convicted of or plead guilty or no contest to a felony or certain misdemeanor offenses as outlined in the Carter County policy, I will be disqualified from service. I understand that this check will be conducted prior to any interview or interaction. I also authorize the Carter County Sheriff's Office to conduct a background check and verification of my current and previous educational and employment positions as well as any additional criminal or financial verifications upon completion of my first face to face interview. I authorize this inquiry by the Carter County Sheriff's Office.

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

\_\_\_\_\_  
Date

# IMPORTANT

## Please Read Carefully and Initial Each Paragraph Before Signing Below

By my signature and initials placed below, I affirm that the information provided in this employment application (and accompanying resumé or additional documentation, if any) is true and complete to the best of my knowledge, and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify the Carter County Sheriff's Office if I should be convicted of a felony, or any crime involving dishonesty, violence, sexual misconduct, abuse of authority, or breach of trust while my job application is pending, or during my period of employment if hired.

\_\_\_\_\_Initials

I authorize the investigation of all statements contained in this application (and accompanying resumé or additional documents, if any). I authorize the Carter County Sheriff's Office to contact my present employer (unless otherwise noted in this application form), past employers, and listed references. I understand that the Carter County Sheriff's Office may request an investigative consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I understand that under the Federal Fair Credit Reporting Act I have the right to make a written request to the Carter County Sheriff's Office within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

\_\_\_\_\_Initials

I authorize any person, school, current employer (except as previously noted), past employer(s), and organizations named in this application form (and accompanying resumé or additional documents, if any) to provide the Carter County Sheriff's Office with relevant information and opinion that may be useful to the Carter County Sheriff's Office in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

\_\_\_\_\_Initials

I give permission for a complete post offer employment physical examination, psychological examination, and drug screening, and I consent to the release to the Carter County Sheriff's Office of any and all medical information, as may be deemed necessary by the Carter County Sheriff's Office in judging my capability to do the work for which I am applying.

\_\_\_\_\_Initials

I understand that if my employment is terminated by the Carter County Sheriff's Office for dishonesty, breach of trust, or any criminal acts the authorities may be notified and I may be criminally prosecuted.

\_\_\_\_\_Initials

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, I will abide by the personnel policies and code of ethics of the Carter County Sheriff's Office, and that should I fail to do so, I may face personnel disciplinary action up to, and including, termination of my employment in accordance with state and federal laws as well as the rules of the Carter County Civil Service Board.

\_\_\_\_\_Initials

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

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