



## WILLIAMSON COUNTY SHERIFF'S OFFICE

**JEFF HUGHES, SHERIFF**

408 CENTURY COURT, FRANKLIN, TENNESSEE 37064

615-786-1540

[www.williamsoncountysheriff-tn.com](http://www.williamsoncountysheriff-tn.com)



### **APPLICATION FOR EMPLOYMENT**

The Williamson 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. By submitting this application you agree to abide and be held to these standards if employed.

### **AN INCOMPLETE APPLICATION SUBMITTED MAY NOT BE PROCESSED**

#### **Overview of the Employment Process:**

**The employment process starts with the Application and Required Documentation being submitted.**

A "NCIC" or National Crime Information Center Report is then obtained.

**If the applicant meets the criteria, they will be scheduled for the following:**

Functional Fitness Test (Deputy Position Only)

First Interview

Finger Print Submission

**If the applicant is moved forward, they will be subject to the following:**

Background Investigation

Polygraph Examination

Interview with the Agency Administration

Drug Test

Psychological Examination

Physical Examination

**\*\*All tests, evaluations, and examinations must be passed in order to be eligible for employment\*\***

**Applications may be submitted by:**

Dropping off in person at 408 Century Court, Franklin, TN 37064

Mailing to: 408 Century Court, Franklin, TN 37064

Emailed: Vickie.Pittenger@williamsoncounty-tn.gov

**\*\*Please attach the following required documents:**

1. **Driver's License**
2. **High School Diploma/G.E.D. Certificate**
3. **Credit Report - Entire report that has been obtained within the last six months**

**\*\*Please attach the following required documents if applicable:**

1. **Military Discharge papers (DD-214 or NGB-22)**
2. **College Diploma**
3. **Documentation of Name Changes**
4. **P.O.S.T. / T.C.I. Certificates**



# WILLIAMSON COUNTY SHERIFF'S OFFICE

**DUSTY RHOADES, SHERIFF**

408 CENTURY COURT  
FRANKLIN, TENNESSEE 37064  
(615) 790-5560



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

**Starting Pay Rate for Detention Division Sworn Deputy** (amount subject to change)

\$29.33 per hour

**Starting Pay Rate for TN P.O.S.T. Field Division Deputy** (amount subject to change)

\$32.30 per hour

**These additions are NOT included in the pay rates above:**

Shift differentials – 2<sup>nd</sup> shift = \$0.57

3<sup>rd</sup> shift = \$0.86

**Employer paid Life Insurance: \$50,000**

**Different Insurance plans** to choose from (4 plans – HSA & Deductible)

**Medical Coverage Offered to Employee:** Medical Coverage, Prescription Coverage, Dental Coverage (Optional coverage for spouse & dependents for a cost) effective after 30 days of employment

**Flexible Spending Account** (money taken out pre-taxed)

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

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

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

401K & 457B additional Retirement Plans

Supplemental life for employee, spouse or dependents

Short term or long term disability

Vision insurance for employee, spouse or dependents

Accident insurance, Critical Illness, Long & short term care

**14 paid Holidays each year**

**8 sick hours per month** (after first month of employment) – can be used to care for spouse, parents, child

**10 hours and up to 16 hours vacation per month** (after first month of employment) – based on years of service

**2 Personal Days** after 30 days of employment

**Longevity Pay** – after 5 years of continuous service with WCSO (\$50 per year)

**Paid 5-wk Detention Training Academy**

**Uniforms & equipment Provided**

**Opportunities for Advancement**

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

**IF USING A MOBILE DEVICE, DOWNLOAD THE ADOBE APP TO USE THE FILLABLE OPTION.**  
**OTHERWISE, PLEASE PRINT YOUR ANSWERS IN INK AND BE SURE TO ANSWER ALL QUESTIONS COMPLETELY AND HONESTLY. ANY MISREPRESENTATION OR OMISSION MAY BE GROUNDS FOR PERMANENT DISQUALIFICATION.**

### **GENERAL INFORMATION**

Date: \_\_\_\_\_ Position Applying For: \_\_\_\_\_  
Have you been employed by Williamson County before? (circle) Yes No  
Have you ever submitted an application to Williamson County before? If so, when?  
How did you hear about this position?

### **PERSONAL INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle)  
Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Best Time To Call: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_

**If applying for a Deputy Position, please answer all of the following questions.**

**If applying for Civilian Position, please skip to Question 2.**

1. Are you a U.S. Citizen or a Permanent Legal Resident of the U.S.? Yes No
2. Are you legally eligible to work in the U.S.? Yes No
3. Are you over the age of 18? Yes No
4. Have you ever served in the U.S Armed Forces? Branch: Yes No
5. Are you currently TN POST Certified? Yes No
6. Have you ever been discharged, asked to resign, laid-off, put on inactive status for cause, or subjected to disciplinary action while in any position (except military)? Yes No
7. Have you ever resigned or quit a job after being informed that your employer intended to discharge you for any reason? Yes No

**If you answered “Yes” to question 6 and/or 7 above, please submit a letter explaining the reasoning for your answers with this application.**

## Education

Do you have a high school diploma or GED? Yes No

LIST ALL HIGH SCHOOLS ATTENDED

| NAME OF SCHOOL | Address | Date Graduated |
|----------------|---------|----------------|
|                |         |                |
|                |         |                |
|                |         |                |
|                |         |                |

LIST ALL COLLEGES OR UNIVERSITIES ATTENDED

| NAME OF SCHOOL | Address | Date Graduated |
|----------------|---------|----------------|
|                |         |                |
|                |         |                |
|                |         |                |

Have you ever been dismissed from school or subject to any disciplinary action while enrolled at any level? If yes, please explain which school, the date of the discipline, and the action taken.

### Driver's License Information:

| License Number | State and Class | Expiration |
|----------------|-----------------|------------|
|                |                 |            |
|                |                 |            |
|                |                 |            |

Have you ever been denied issuance of a license, had it suspended, or revoked? If yes, please explain:

**Military Record, if applicable:**

Branch of Service: Service Number:

Dates of Service: \_\_\_\_\_ Was your discharge listed as honorable?      Yes    No

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? If yes, please explain on a separate sheet and attach.

Highest Grade or Rank Obtained:

Organization and State or Unit and Location:

Indicate Reserve Obligation, if any:

Most Recent commanding officer's name and phone number:

## Employment

Please begin with your current or most recent employer, dating back up to 10 years. Any periods of unemployment please notate why and include additional sheets if more employment spaces are needed.

|                                                                                                           |      |       |          |                        |
|-----------------------------------------------------------------------------------------------------------|------|-------|----------|------------------------|
| EMPLOYER                                                                                                  |      |       |          | PHONE NUMBER           |
| STREET ADDRESS                                                                                            | CITY | STATE | ZIP CODE | Start and End Dates    |
| STARTING JOB TITLE / FINAL JOB TITLE:                                                                     |      |       |          | FINAL WAGE RATE/SALARY |
| IMMEDIATE SUPERVISOR & PHONE NUMBER                                                                       |      |       |          |                        |
| WHY DID YOU LEAVE AND IN WHAT MANNER (I.E., RESIGNED, TERMINATED, RESIGNED IN LIEU OF TERMINATION, ETC.)? |      |       |          |                        |

|                                                                                                           |      |       |          |                        |
|-----------------------------------------------------------------------------------------------------------|------|-------|----------|------------------------|
| EMPLOYER                                                                                                  |      |       |          | PHONE NUMBER           |
| STREET ADDRESS                                                                                            | CITY | STATE | ZIP CODE | Start and End Dates    |
| STARTING JOB TITLE / FINAL JOB TITLE:                                                                     |      |       |          | FINAL WAGE RATE/SALARY |
| IMMEDIATE SUPERVISOR & PHONE NUMBER                                                                       |      |       |          |                        |
| WHY DID YOU LEAVE AND IN WHAT MANNER (I.E., RESIGNED, TERMINATED, RESIGNED IN LIEU OF TERMINATION, ETC.)? |      |       |          |                        |

|                                                                                                           |      |       |          |                        |
|-----------------------------------------------------------------------------------------------------------|------|-------|----------|------------------------|
| EMPLOYER                                                                                                  |      |       |          | PHONE NUMBER           |
| STREET ADDRESS                                                                                            | CITY | STATE | ZIP CODE | Start and End Dates    |
| STARTING JOB TITLE / FINAL JOB TITLE:                                                                     |      |       |          | FINAL WAGE RATE/SALARY |
| IMMEDIATE SUPERVISOR & PHONE NUMBER                                                                       |      |       |          |                        |
| WHY DID YOU LEAVE AND IN WHAT MANNER (I.E., RESIGNED, TERMINATED, RESIGNED IN LIEU OF TERMINATION, ETC.)? |      |       |          |                        |

|                                                                                                                  |             |              |                 |                               |
|------------------------------------------------------------------------------------------------------------------|-------------|--------------|-----------------|-------------------------------|
| <b>EMPLOYER</b>                                                                                                  |             |              |                 | <b>PHONE NUMBER</b>           |
| <b>STREET ADDRESS</b>                                                                                            | <b>CITY</b> | <b>STATE</b> | <b>ZIP CODE</b> | <b>Start and End Dates</b>    |
| <b>STARTING JOB TITLE / FINAL JOB TITLE:</b>                                                                     |             |              |                 | <b>FINAL WAGE RATE/SALARY</b> |
| <b>IMMEDIATE SUPERVISOR &amp; PHONE NUMBER</b>                                                                   |             |              |                 |                               |
| <b>WHY DID YOU LEAVE AND IN WHAT MANNER (I.E., RESIGNED, TERMINATED, RESIGNED IN LIEU OF TERMINATION, ETC.)?</b> |             |              |                 |                               |

### Employment Continued

|                                                                                                           |      |       |          |                        |
|-----------------------------------------------------------------------------------------------------------|------|-------|----------|------------------------|
| EMPLOYER                                                                                                  |      |       |          | PHONE NUMBER           |
| STREET ADDRESS                                                                                            | CITY | STATE | ZIP CODE | Start and End Dates    |
| STARTING JOB TITLE / FINAL JOB TITLE:                                                                     |      |       |          | FINAL WAGE RATE/SALARY |
| IMMEDIATE SUPERVISOR & PHONE NUMBER                                                                       |      |       |          |                        |
| WHY DID YOU LEAVE AND IN WHAT MANNER (I.E., RESIGNED, TERMINATED, RESIGNED IN LIEU OF TERMINATION, ETC.)? |      |       |          |                        |

|                                                                                                           |      |       |          |                        |
|-----------------------------------------------------------------------------------------------------------|------|-------|----------|------------------------|
| EMPLOYER                                                                                                  |      |       |          | PHONE NUMBER           |
| STREET ADDRESS                                                                                            | CITY | STATE | ZIP CODE | Start and End Dates    |
| STARTING JOB TITLE / FINAL JOB TITLE:                                                                     |      |       |          | FINAL WAGE RATE/SALARY |
| IMMEDIATE SUPERVISOR & PHONE NUMBER                                                                       |      |       |          |                        |
| WHY DID YOU LEAVE AND IN WHAT MANNER (I.E., RESIGNED, TERMINATED, RESIGNED IN LIEU OF TERMINATION, ETC.)? |      |       |          |                        |

|                                                                                                                  |             |              |                 |                               |
|------------------------------------------------------------------------------------------------------------------|-------------|--------------|-----------------|-------------------------------|
| <b>EMPLOYER</b>                                                                                                  |             |              |                 | <b>PHONE NUMBER</b>           |
| <b>STREET ADDRESS</b>                                                                                            | <b>CITY</b> | <b>STATE</b> | <b>ZIP CODE</b> | <b>Start and End Dates</b>    |
| <b>STARTING JOB TITLE / FINAL JOB TITLE:</b>                                                                     |             |              |                 | <b>FINAL WAGE RATE/SALARY</b> |
| <b>IMMEDIATE SUPERVISOR &amp; PHONE NUMBER</b>                                                                   |             |              |                 |                               |
| <b>WHY DID YOU LEAVE AND IN WHAT MANNER (I.E., RESIGNED, TERMINATED, RESIGNED IN LIEU OF TERMINATION, ETC.)?</b> |             |              |                 |                               |

|                                                                                                                  |             |              |                 |                               |
|------------------------------------------------------------------------------------------------------------------|-------------|--------------|-----------------|-------------------------------|
| <b>EMPLOYER</b>                                                                                                  |             |              |                 | <b>PHONE NUMBER</b>           |
| <b>STREET ADDRESS</b>                                                                                            | <b>CITY</b> | <b>STATE</b> | <b>ZIP CODE</b> | <b>Start and End Dates</b>    |
| <b>STARTING JOB TITLE / FINAL JOB TITLE:</b>                                                                     |             |              |                 | <b>FINAL WAGE RATE/SALARY</b> |
| <b>IMMEDIATE SUPERVISOR &amp; PHONE NUMBER</b>                                                                   |             |              |                 |                               |
| <b>WHY DID YOU LEAVE AND IN WHAT MANNER (I.E., RESIGNED, TERMINATED, RESIGNED IN LIEU OF TERMINATION, ETC.)?</b> |             |              |                 |                               |

## Drug History:

Type or print answers in the correct block or section. **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.** If you have taken any scheduled medications/narcotics illegally, respond “YES” to the referenced question.

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

## PREA:

The Prison Rape Elimination Act (PREA) requires that all applicants for employment with the Williamson County Sheriff's Office answer the following questions:

- Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?      Yes      No
- 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
- 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 the above questions, please explain your answer(s) on a separate piece of paper and submit with your application.**

## **REFERENCES**

Please list five people, other than relatives, who have knowledge of your character and/or abilities:

| NAME | PHONE | YEARS KNOWN | RELATIONSHIP |
|------|-------|-------------|--------------|
|      |       |             |              |
|      |       |             |              |
|      |       |             |              |
|      |       |             |              |
|      |       |             |              |

## **Criminal History and Litigation:**

Please disclose all convictions including juvenile and traffic, excluding parking tickets. 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, alcoholic beverages (other than a first offense DUI that is over three years old, in which case an applicant may be considered on a case-by-case basis), 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.

Have you ever been 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 convicted of a traffic offense, excluding parking violations?      Yes      No

Have you ever been formally charged with or accused of any of the previously listed offenses?      Yes      No

Have the police been called to your residence for any domestic-related issues in the past 10 years?      Yes      No

Have you ever been involved in any CIVIL court action?      Yes      No

**If you answered "Yes" to any of the above questions, please explain your answer(s) on a separate piece of paper and submit with your application. Include the date and place of incident, a brief explanation, and final outcome / court action.**

## **SUBVERSIVE ORGANIZATIONS:**

1. 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 States by unconstitutional means?      Yes      No

2. 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

3. 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 you answered "Yes" to any of the above questions, please explain your answer(s) on a separate piece of paper and submit with your application.**

## **AGREEMENT AND CERTIFICATION**

**Please initial each box and sign and date the bottom page**

I hereby affirm that the information provided in this application and the included documentation is true and complete to the best of my knowledge. I understand that falsified information, significant omissions, or failing to submit any material or information as required or requested, may disqualify me and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that a criminal history inquiry will be submitted via the National Crime Information Center (NCIC) prior to any interview or interaction and that I can be disqualified for consideration of employment based on the results of this report.

I understand that if I am employed by the Williamson County Sheriff's Office, employment will be at-will and that this "Application for Employment" will not constitute a contract of employment.

I acknowledge that any offer of employment from the Williamson County Sheriff's Office is conditioned upon undergoing and passing the County's post-offer medical and psychological examinations as well as the passing of a drug and alcohol test.

I hereby consent and authorize the Williamson County Sheriff's Office to perform reference, education, employment, and any other background check verifications as necessary for employment consideration with their agency. I waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by references or others whom I have listed.

(Applicant Signature)

(Date)