# Lenoir City Police Department Application Process

**Step 1: Complete the Application**

Applicants must complete all required application materials before submission.

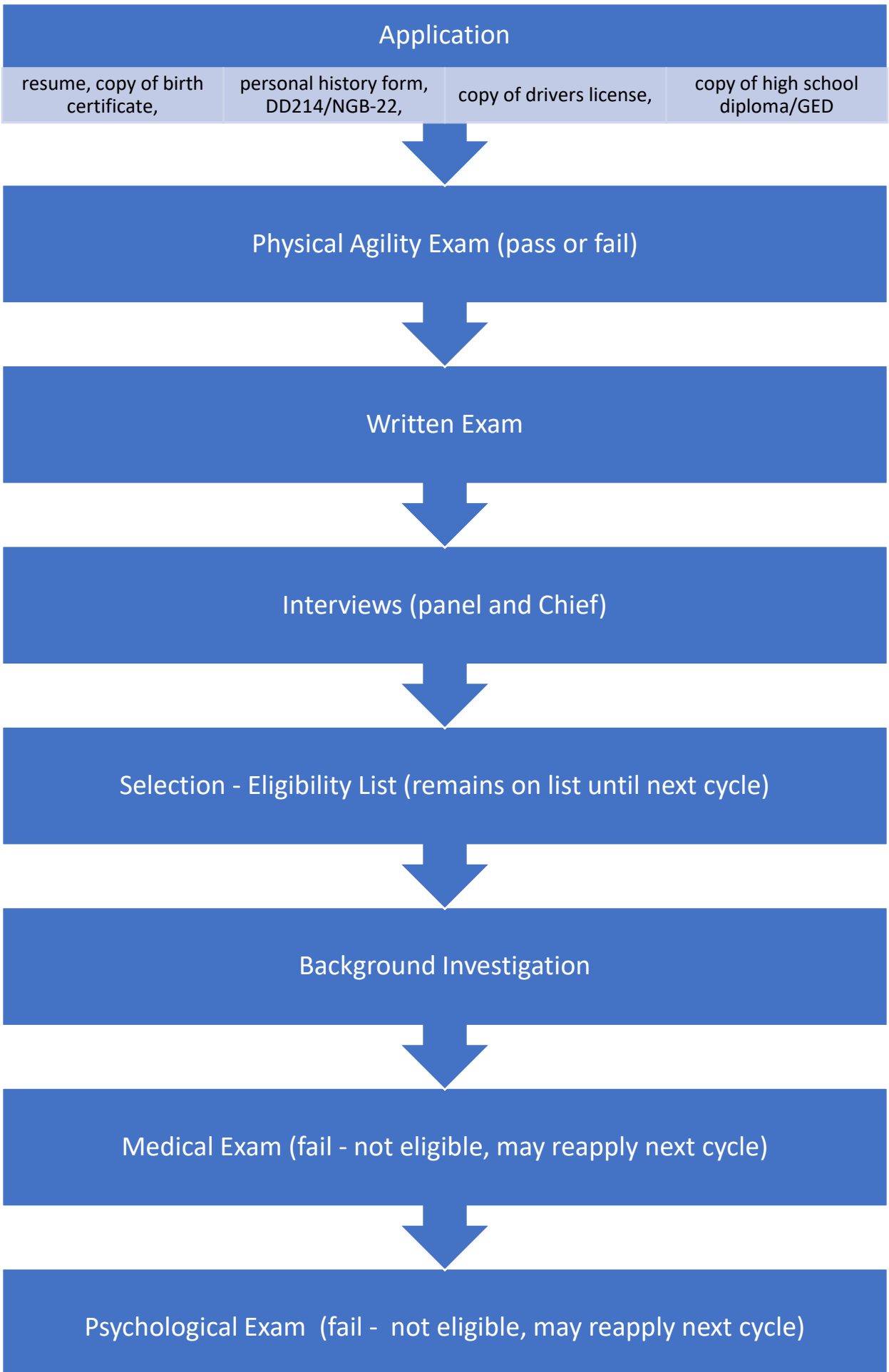
**Step 2: Submit Your Application Packet**

Submit the completed application packet by email to pdhiring@lenoircitytn.gov

Your application packet must include the following documents:

- Completed City of Lenoir City Employment Application
- Completed Lenoir City Police Department Personal History Form
- Resume
- Copy of Birth Certificate
- Copy of Valid Driver's License
- Copy of High School Diploma or GED Certificate
- Copy of DD Form 214 or NGB Form 22 (for current or former military service members)

**Incomplete application packets will not be considered for employment.**


Application
resume, copy of birth certificate,
personal history form, DD214/NGB-22,
copy of drivers license,
copy of high school diploma/GED
Physical Agility Exam (pass or fail)
Written Exam
Interviews (panel and Chief)
Selection - Eligibility List (remains on list until next cycle)
Background Investigation
Medical Exam (fail - not eligible, may reapply next cycle)
Psychological Exam (fail - not eligible, may reapply next cycle)

**City of Lenoir City**
**530 Highway 321 North**
**Lenoir City, Tennessee 37771**
**Office 865-986-2715**
**Fax 865-988-5143**

# Employment Application

**As an Equal Opportunity Employer, The City Of Lenoir City considers applicants for all positions without regard to race, color, religion, sex, national origin, age, disability and / or marital or veteran status in accordance with applicable federal and state laws.**
**Please answer the following questions and information requests accurately and completely.**

| | | | |
|---|---|---|---|
| **Date:** | | **Social Security #** | |
| **Name:** | | | |
| **Address:** | | | |
| **State/Province:** | | | |
| **Zip/Postal Code:** | | | |
| **Home Phone:** | | | |
| **Cell Phone:** | | | |

**Are you 18 years of age?** Yes ☐ No ☐

**Are you lawfully able to be employed in the United States** Yes ☐ No ☐
**(Proof of identity and employment eligibility in accordance with immigration laws will be required if you are hired)**

**Positions Applied for:** _____ **Salary Desired:** _____

☐ **Full-Time** ☐ **part-time** ☐ **Full or part-time** **When available to begin work?** _____

**Have you ever applied with The City of Lenoir City before?** Yes ☐ No ☐

**Have you ever worked for The City of Lenoir City?** Yes ☐ No ☐

**Do you have any relatives that are employed by The City of Lenoir City?** Yes ☐ No ☐

**Have you ever served in the Armed Forces?** Yes ☐ No ☐ **If yes, what branch?** _____

**Dates of service** _____

## Education

| Type of School | Name of School and Complete Mailing Address | No. Years Completed | Major or Degree |
|---|---|---|---|
| High School | | | |
| College Bus. or Trade School | | | |
| Professional School | | | |
| Other | | | |

**Have you ever been convicted of a crime:** ☐ **yes** ☐ **no**
**If yes, please explain**

**Do you have a drivers license?** ☐ **yes** ☐ **no**

**State of issue:** ☐

**Have you had any accidents in the past 3 years?** ☐ **yes** ☐ **no** **How many?** ☐

**Do you had any moving violations in the past 3 years?** ☐ **yes** ☐ **no** **How many?** ☐

**Continue on the next page**

# Previous Employment (list up to 3)

## 1.

**Name of Employer:**

**Name of last supervisor:**

**Dates of employment:** **Salary:**

**From:** **To:** **From:** **To:**

**Complete Address:**

**Phone #:**

**Last job title:**

**Reason for Leaving (be specific):**

**List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:**

**May we contact your employer:** ☐ **yes** ☐ **no**

## 2.

**Name of Employer:**

**Name of last supervisor:**

**Dates of employment:** **Salary:**

**From:** **To:** **From:** **To:**

**Complete Address:**

**Phone #:**

**Last job title:**

**Reason for Leaving (be specific):**

**List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:**

**May we contact your employer:** ☐ **yes** ☐ **no**

## 3.

**Continue on the next page**

**Name of Employer:**

**Name of last supervisor:**

**Dates of employment:** **Salary:**

**From:** **To:** **From:** **To:**

**Complete Address:**

**Phone #:**

**Last job title:**

**Reason for Leaving (be specific):**

**List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:**

**May we contact your employer:** ☐ **yes** ☐ **no**

## Please list 2 references other than relatives and previous employers

| | | |
|---|---|---|
| Name | | |
| Position | | |
| Company | | |
| Telephone | | |

**Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:**

### APPLICANT'S CERTIFICATION AND AGREEMENT

**(Please read carefully and sign below)**

**I hereby declare that the information provided by me in this application is true, accurate and complete. I understand that any misstatement, misrepresentation ( including omissions) or falsification of this information is grounds for refusal to hire and for termination if discovered after being hired.**

**I authorize you to request, receive and verify all information given in this application, except as specified and release all parties from any liability that may result from furnishing such information to The City of Lenoir City.**

**I, understand that an offer of employment may be conditioned upon satisfactory completion of a pre-employment physical examination and related test, including drug and alcohol testing as required as a condition of continued employment. If I should be hired, I agree to conform to the rules, regulations, policies and procedures of The City of Lenoir City.**

**I, understand that this employment application and any other company document are not promises of employment. I understand and agree that no supervisor, manager or representatives of The City of Lenoir City, except the City Council, has any authority to enter into any agreement for employment for any specific period of time and that any such agreement entered into by The Lenoir City Council will not be enforceable unless it is in writing.**

**Signature:** _____ **Date:** _____

**Last:**_____ **First:**_____ **Middle:**_____

# LENOIR CITY POLICE DEPARTMENT PERSONAL HISTORY FORM

## The intentional omission or falsification of any material fact is just cause for disqualification of applicant on grounds of dishonesty.

1. _____

Name: Last First Middle

_____

Address: Street name/number Apt. # City State Zip

_____

Home phone Cell phone Email

Date of birth:_____Place of birth:_____Social Security#_____

2. Have you ever gone by a different name? (i.e. nickname, maiden name, name change)
Yes_____ No_____
If you answered yes, give name and explain:_____

**Relatives (attach additional sheets if necessary)**

3. Marital status: Single____Married____Divorced____Separated____Widowed____
Spouse's Name:_____Spouse's Occupation:_____

4. Name and address of all individuals with whom you have lived during the last 15 years.
(Include relatives other than parents)
Name:_____

Address:_____

Name:_____

Address:_____

Name:_____

Address:_____

**Last:**_____**First:**_____**Middle:**_____

Name:_____

Address:_____

Name:_____

Address:_____

**Drug Use**

5. Have you ever violated the law by the illegal use of the following drugs?

| **Drug** | **Yes/No** | **Explanation:** |
|---|---|---|
| Marijuana | _____ | _____ |
| L.S.D. | _____ | _____ |
| Cocaine/Crack | _____ | _____ |
| Heroin | _____ | _____ |
| Amphetamines | _____ | _____ |
| Barbiturates | _____ | _____ |
| Methamphetamines | _____ | _____ |
| Any Other Drug | _____ | _____ |

**Education**

6. High School Graduate? Yes_____ No_____ GED_____
   Name of High School and Location_____

7. College Graduate? Yes_____ No_____ Degree_____
   Name of School:_____
   Date received degree_____
   If no degree, approximate number of credits:_____

8. Other technical training:_____

**Last:**_____**First:**_____**Middle:**_____

**Law Enforcement Experience**

9. What other law enforcement agencies do you have applications with?_____

_____

10. Were you ever rejected for employment by another law enforcement agency?
Yes_____ No_____ If yes, explain:

Date:_____

Agency:_____

Date:_____

Agency:_____

11. Have you ever been employed by other law enforcement agencies? Yes____ No_____
If you answered yes, give name and exact dates: (attach additional sheets if necessary)

Agency:_____

Dates of Employment:_____

Reason for Separation:_____

Agency:_____

Dates of Employment:_____

Reason for Separation:_____

12. If previously employed in law enforcement, did you ever receive any disciplinary actions? Yes_____ No_____ If yes, explain:

Agency:_____

Date of Discipline:_____

Disciplinary Action:_____

Reason for Action:_____

**Last:**_____**First:**_____**Middle:**_____

## Employment

13. How long do you expect to be with this department?_____

_____

14. What are your career goals?_____

_____

15. Were you ever fired or dismissed from a job? Yes_____ No_____
If you answered yes, explain:

Company:_____Date of Termination:_____

Explanation:_____

16. Did you ever quit before you were about to be fired? Yes_____ No_____
If you answered yes, explain:

Company:_____Date:_____

Explanation:_____

17. Were you ever reprimanded by any supervisor for being late or absent?
Yes_____ No_____ If you answered yes, explain:

Company:_____Date:_____

Explanation:_____

18. Were you ever reprimanded for misconduct or not doing your job right?
Yes_____ No_____ If you answered yes, explain:

Company:_____Date:_____

Explanation:_____

19. List your **PRESENT EMPLOYER,** correct mailing address and phone number. (Include name of immediate supervisor and the exact date of employment.)

Company name:_____

Street Address:_____

City/State:_____Zip Code_____

Phone #:_____Supervisor:_____

Dates of Employment:_____

**Last:**_____**First:**_____**Middle:**_____

20. List all **PREVIOUS EMPLOYERS** in the last ten years. Include exact dates of employment, Correct mailing address, zip code, phone number, and name of immediate supervisor. Submit additional pages as necessary.

Company:_____

Street Address:_____

City/State:_____Zip Code_____

Phone #:_____Supervisor:_____

Dates of Employment:_____

Company:_____

Street Address:_____

City/State:_____Zip Code_____

Phone #:_____Supervisor:_____

Dates of Employment:_____

Company:_____

Street Address:_____

City/State:_____Zip Code_____

Phone #:_____Supervisor:_____

Dates of Employment:_____

Company:_____

Street Address:_____

City/State:_____Zip Code_____

Phone #:_____Supervisor:_____

Dates of Employment:_____

**Last:**_____**First:**_____**Middle:**_____

## Indebtedness

21. Have you had any debts/bills turned over to a collection agency? Yes_____ No_____
If you answered yes, explain:

Date of incident:_____

Explanantion:_____

22. Have you ever had an item repossessed? Yes_____ No_____
If you answered yes, explain:

Date of incident:_____

Explanation:_____

23. Have you ever filed or declared bankruptcy? Yes_____ No_____
If you answered yes, explain:

Date of incident:_____

Explanation:_____

## Driving Record

24. Do you have a current valid driver's license? Yes_____ No_____
License Number _____ Class of license_____ State_____

25. List all traffic accidents you have had as the operator of a vehicle. **Include dates,** if investigated by police, and if ticket was issued._____

_____

_____

26. Had you been drinking before any of the accidents occurred? Yes_____ No_____
If you answered yes, explain:_____
_____

27. Have you ever been involved in a hit and run accident? Yes_____ No_____
If you answered yes, explain:_____
_____

**Last:**_____**First:**_____**Middle:**_____

28. Do you have any pending lawsuits because of an accident? Yes_____ No_____
If you answered yes, explain when, where, and which court:_____
_____

29. Have you ever possessed a driver's license from another state?

Yes_____ No_____ If yes, which state (s):_____

30. Has your license ever been suspended, revoked, or cancelled in this state or any other state?
If yes, explain:_____
_____

31. Do you currently have auto insurance? Yes_____ No_____

What company is/was your insurance with?_____

32. Has your insurance ever been cancelled in this state or any other state? Yes____ No___

If yes, explain:_____

_____

33. Were you ever denied auto insurance? Yes_____ No_____

34. List all traffic tickets (except parking) you have received in this state or any other state.

Include dates and locations:_____

_____

35. Do you have any parking tickets, in this state or any other state, that have not been paid? Yes_____ No_____ If yes, explain:_____

_____

**Arrest/Criminal Background**

36. Have you ever committed or participated in, or conspired to commit any of the following serious crimes: Answer **YES** or **NO** in each space

Murder_____ Theft_____ Rape_____

Robbery_____ Arson_____ Manslaughter_____

Burglary_____ Sex Crimes____ Other – Explain_____

_____

37. Have you ever been convicted of any crime as a juvenile? Yes_____ No_____

If yes, explain (when, where, charge):_____

_____

38. As a juvenile, did you ever have to report to a juvenile officer? Yes_____ No_____

If yes, explain:_____

39. Were you ever suspended from school? Yes_____ No_____
Were you ever expelled from school? Yes_____ No_____

If yes, explain (when, where, name of school):_____

_____

40. Have you ever been arrested as an adult? Yes_____ No_____
If yes, explain:
Date:_____Charge:_____

Disposition:_____

41. Do you have any criminal charges, as a juvenile or adult, that have been expunged or dismissed? Yes_____ No_____ If yes, explain (when, where, charge):_____

_____

42. Have you ever been served a summons to appear in court? Yes_____ No_____

If yes, explain (when, where):_____

_____

43. Have you ever been in jail, prison, or any type of correctional facility because of a <u>motor vehicle charge</u> or <u>criminal charge?</u> Yes_____ No_____ If yes, explain (when, where, charge):_____

_____

44. Have you ever appeared in court as an accused? Yes_____ No_____ If yes,

Explain (when, where, charges):_____

**Last:**_____**First:**_____**Middle:**_____

45. Did you ever steal anything valued at $200 or more? Yes_____ No_____

If yes, explain (what, when, where):_____

_____

46. Did you ever steal anything valued at under $200? Yes_____ No_____

If yes, explain (what, when, where):_____

_____

Check all that apply:

| | | | |
|---|---|---|---|
| Shoplifting | _____ | From another Person | _____ |
| Money | _____ | From Employer(s) | _____ |
| Merchandise | _____ | From Residence | _____ |
| Office supplies | _____ | From Parents/Relative | _____ |
| Government | _____ | Received Stolen Goods | _____ |

47. Have you ever been placed on parole or probation? Yes_____ No_____

If yes, explain:_____

_____

48. Do you presently owe any money on court fines? Yes_____ No_____

If yes, explain:_____

49. Have you ever caused the death of another person? Yes_____ No_____

If yes, explain:_____

50. Have you ever accompanied others while they engaged in any criminal act?

If yes, explain:_____

51. Have you ever committed perjury/lying under oath? Yes_____ No_____ If yes, when and where:

_____

52. Have you deliberately damaged or destroyed the property of an employer?
Yes_____ No_____ If yes, explain:_____

**Last:**_____**First:**_____**Middle:**_____

## Military

53. List all military service. Include branch, exact entrance and discharge dates, and type of discharge:_____

_____

54. While in the military, did you receive any type of punishment(s)? Include fines, extended duty time, loss of leave, loss of rank, etc. Also, type of hearing.

Yes_____ No_____ If yes, give brief description of charges and punishment (include when, where):_____

_____

55. Was your discharge anything other than honorable? Yes_____ No_____

If yes, explain:_____

56. Did you complete your entire enlistment period? Yes_____ No_____

If not, explain why:_____

_____

57. Were you ever in a Reserve or National Guard Unit? Yes_____ No_____

If yes, give exact dates and location of unit:_____

_____

58. Were you ever turned down by any military unit? Yes_____ No_____

If yes, explain why, when, where:_____

_____

59. Did you ever steal anything from the military Yes_____ No_____

If yes, explain, what, when, where:_____

_____

60. Were you discharged under a condition which prohibits your reenlistment?

Yes_____ No_____ If yes, explain:_____

**Last:**_____**First:**_____**Middle:**_____

**Drugs**

61. Have you ever been arrested for any drug violation(s)? Yes_____ No_____

If yes, explain:_____

62. Have you ever violated the law by the illegal use of the following drugs?

Answer **Yes** or **No** to each drug listed

| | | |
|---|---|---|
| Marijuana | _____ | Date of last use:_____ |
| L.S.D | _____ | Date of last use:_____ |
| Cocaine/Crack | _____ | Date of last use:_____ |
| Heroin | _____ | Date of last use:_____ |
| Amphetamines | _____ | Date of last use:_____ |
| Barbiturates | _____ | Date of last use:_____ |
| Methamphetamines | _____ | Date of last use:_____ |
| Any Other Drug | _____ | Date of last use:_____ |

***For any drug you answered "yes " to, a detailed explanation must be provided in the explanation portion of Question #5 of this form.**

63. Have you ever been convicted of possession or the use of any of the above listed drugs?

Yes_____ No_____ If yes, explain:_____

_____

64. Did you ever sell any type of illegal drug? Yes_____ No_____
If yes, explain:_____

_____

65. Have you ever bought any type of illegal drug? Yes_____ No_____

If yes, explain:_____

If yes, how often?_____

If yes, largest amount ever purchased?_____

66. Are you currently using any type of illegal drug? Yes_____ No_____

    If yes, what type of drug?_____

67. Have you ever illegally grown marijuana or mushrooms? Yes_____ No_____

68. Have you ever given away illegal prescription drugs? Yes_____ No_____

    Explain:_____

List five (5) personal references (include **complete** names, addresses and phone numbers, **including zip codes and area codes**).

**NOTE:** A reference is someone that **is not** related to you, who knows you well enough to vouch for you character.

69. Name:_____ Phone:_____

    Address:_____

    Relationship:_____

70. Name:_____ Phone:_____

    Address:_____

    Relationship:_____

71. Name:_____ Phone:_____

    Address:_____

    Relationship:_____

72. Name:_____ Phone:_____

    Address:_____

    Relationship:_____

73. Name:_____ Phone:_____

    Address:_____

    Relationship:_____

**Last:**_____**First:**_____**Middle:**_____

**I certify that all answers to the above questions are true, and I understand that any misstatement of material facts contained in this questionnaire will be cause for disqualification as an applicant for the position of Police Officer.**

_____ _____

**Signature** **Date**

# Pre-Employment Inquiry Release

**In connection with my application for employment with the City of Lenoir City I understand that inquiries will be made concerning my employment and criminal and driving records and other related matters. Accordingly, I hereby authorize all former employers and all other public and private concerns including (but not limited to) consumer reporting agencies to release any and all information maintained by any such employer, concern, agency or entity concerning my personal history.**

**In consideration of the City's acceptance and consideration of my application for employment, I hereby, and by these presents do for my heirs, agents, executors, administrators and assigns, release and forever discharge the City and all affiliated entities from all claims, demands, damages, actions and causes of action pertaining to or arising out of the City's consideration of my application for employment and use, so long as not malicious, of all information obtained in the course or as a result of all inquiries made into my personal history, and release and forever discharge all former employers from all liability arising out of disclosure to the City of information pertaining to my personal history.**

**Applicant**

**Print Name_____ Soc. Sec. No. _____**

**Current Address _____**

**City, State, Zip Code: _____**

**Date of Birth: _____ Tennessee DL# _____**

**Signature: _____ Date: _____**

**Witness:_____ Date: _____**