



# Employment Application for the Dyersburg Police Department

These completed documents must be returned to the Dyersburg Police Department Training Director, 425 W. Market Street Dyersburg, TN 38024.

Questions? Contact the Training Director at 731-288-7628 (Fax Number 731-288-2500, email: [kjowers@dyersburgtn.gov](mailto:kjowers@dyersburgtn.gov))

## City of Dyersburg is an Equal Opportunity Employer.

### Instructions to Applicant

- Respond to ALL items and questions. If a question does not apply to you, enter "N/A" (not applicable) in the space provided for the response.
- Do not use "same as above," "see resume," or other abbreviated entries.
- If you need extra space for any response, use page 12 "Additional Information" or feel free to attach a typed or clearly written addendum.
- Either type your responses or neatly print your responses.
- Disqualification: There are few automatic bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, misstatements, misrepresentations, or omissions can and often will result in your application being rejected, regardless of the nature or reason.

**Bottom Line: You are responsible for providing complete, accurate, and truthful responses.**

- In accordance with the U.S. Americans with Disabilities Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.
- Deliver the completed forms to the address above, or they can be emailed directly to: [kjowers@dyersburgtn.gov](mailto:kjowers@dyersburgtn.gov)

How did you learn of the Dyersburg Police Department employment opportunity?

Social Media      In Person Recruiting Activity      Advertisement      Other(explain): \_\_\_\_\_

I have read and I understand the above instructions.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Section 2: Personal History

1. Have you tried, used or experimented, **EVEN ONE TIME**, with any of the following without a physician's prescription in the last 7 years.
- narcotic drug
  - barbiturate
  - amphetamine
  - tranquilizer
  - marijuana
  - steroid
  - any hallucinogenic drug
  - any other controlled substance or
  - any other substance for the purpose of getting high?

**Yes**      **No**

If "YES," what substance(s), on how many occasions and when most recently?

2. Have you ever bought or sold illegal narcotics. If so, explain:

3. At any time in your life have you ever:

- been arrested and booked into a detention facility
- been arrested but not booked in to a detention facility
- been questioned by any law enforcement official as a suspect in a crime
- received a ticket (traffic ticket, arrest citation or any other summons or notification of a violation of law)
- been stopped and or questioned by any law enforcement official for any reasons

**Yes**      **No**

If "YES", provide the following details (LISTING each incident separately and as complete as possible) in Section XII. This information is required regardless of the disposition of the case.):

- the date
- your age at the time of the incident
- the police agency involved
- the charge (s)
- the details of the case
- the final disposition

4. Do you have any outstanding summons against you?      **Yes**      **No**  
If "YES", provide details in Section XII.

5. Do you have any outstanding warrants for your arrest?      **Yes**      **No**  
If "YES", provide details in Section XII.

6. Do you possess a valid driver's license?      **Yes**      **No**

License No. \_\_\_\_\_ State: \_\_\_\_\_

7. List all the states in which you have ever been licensed to drive.

8. Has your driver's license or driving privilege ever been revoked, suspended, or cancelled in any state?  Yes  No

If "YES", explain the following details in Section XII:

LIST EACH INCIDENT SEPARATELY AND COMPLETELY

- a. the date(s)
- b. the state(s)
- c. reason(s) for suspension, revocation or cancellation
- d. length of suspension or revocation
- e. date(s) of reinstatement of driving privileges
- f. the final disposition

9. Have you ever been refused a driver's license by any state?  Yes  No

If "YES", provide details in Section XII.

10. At any time in your life have you ever been involved in a motor vehicle accident in which you were the operator (This includes accidents reported or not reported to a law enforcement agency, accidents occurring on private property, etc.)?  Yes  No

If "YES", provide the following details in Section XII:

LIST EACH INCIDENT SEPARATELY AND COMPLETELY

- a. the date(s)
- b. place(s) of occurrence
- c. law enforcement agency involved, (if any) and
- d. details of the accident(s)
- e. whether any civil litigation resulted and, if so, how resolved
- f. whether any criminal charges were made and, if so, who and how resolved

11. Have you ever been charged with, pleaded no contest or guilty to, or convicted of any of the following:  Yes  No

- a. any crime involving alcohol or drug use
- b. any crime involving sexual abuse
- c. any crime involving burglary, theft or dishonesty
- d. any crime at all (felony or misdemeanor)

If "YES", provide details in Section XII.

### Section 3: Military

1. Have you ever served in a military organization of the United States or any foreign government?  Yes  No

If "NO", skip to Reserve and/or National Guard Record section below.

2. If "YES" what type of discharge did you receive? (Honorable, Chapters, Other Than Honorable, General, Administrative)?

3. Give the periods of active military service and other information requested.

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_

Branch of Service \_\_\_\_\_

Unit \_\_\_\_\_ Rank \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_

Branch of Service \_\_\_\_\_

Unit \_\_\_\_\_ Rank \_\_\_\_\_

4. Have you ever received a written reprimand, been formally punished, court-martialed or received a reduction in rank for any infraction of military rules and regulations?  Yes  No

If "YES", provide the following details in Section XII:

LIST EACH INCIDENT SEPARATELY AND COMPLETELY

- a. the date(s) of action(s)
- b. charge(s) against you
- c. type of court-martial or other disciplinary proceedings and
- d. the disposition of the charges

## Section 4: Reserve and/or National Guard Record

1. Are you now or were you ever an active member of any branch of the United States Reserves or State National Guard?

Yes  No

If "NO", skip to next section below.

2. If "YES" what type of discharge did you receive? (Honorable, Chapters, Other Than Honorable, General, Administrative)?

3. Give the periods of Reserve or National Guard service and other information requested.

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_

Branch of Service \_\_\_\_\_

Unit \_\_\_\_\_ Rank \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_

Branch of Service \_\_\_\_\_

Unit \_\_\_\_\_ Rank \_\_\_\_\_

4. Have you ever received a written reprimand, been formally punished, court-martialed or received a reduction in rank for any infraction of military rules and regulations?  Yes  No

If "YES", provide the following details in Section XII:

LIST EACH INCIDENT SEPARATELY AND COMPLETELY

- a. the date(s) of action(s)
- b. charge(s) against you
- c. type of court martial or other disciplinary proceedings and
- d. the disposition of the charges

### Section 5: Employment Information

#### **OTHER THAN THE EMPLOYMENT LISTED ON YOUR INITIAL CITY OF DYERSBURG APPLICATION,**

List employment history in order, beginning with the most recent employer for the past 7 years. This includes ALL past employment, including short term, part-time, summer jobs, military/government service, consulting work, etc. Give full addresses including zip codes. If necessary, provide additional details in Section XII.

**Include periods of unemployment, by entering "Unemployment" for employer and include the dates.**

Current Employer Name	Phone: (    )	Your Exact Title/Position
Street Address		City, State, ZIP
From (mo/yr)	To (mo/yr)	Immediate Supervisor (Name and Title)
Description of duties		
Reason for leaving or Wanting to Leave		

Next Prior Employer Name	Phone: (    )	Your Exact Title/Position
Street Address		City, State, ZIP
From (mo/yr)	To (mo/yr)	Immediate Supervisor (Name and Title)
Description of duties		
Reason for leaving or Wanting to Leave		

Next Prior Employer Name	Phone: (    )	Your Exact Title/Position
Street Address		City, State, ZIP
From (mo/yr)	To (mo/yr)	Immediate Supervisor (Name and Title)
Description of duties		
Reason for leaving or Wanting to Leave		

**NOTE: If more space is needed for employment history, please provide an attachment.**

## Section 6: Additional Employment Information

1. Have you ever been terminated, fired, laid-off or have you ever involuntarily resigned from any employment?  
 Yes     No

If "YES", provide the following details on a separate sheet:  
LIST EACH INCIDENT SEPARATELY AND COMPLETELY

- a. Employer's name(s)
- b. Date(s) of incident(s)
- c. Supervisor(s) and
- d. Details of incident(s)

2. Have you ever previously applied for a position with any law enforcement agency?  Yes     No

If "YES", list when and where:

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3. Have you ever been denied employment with any law enforcement agency?  Yes     No

If "YES", list when and where:

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4. Are you currently on any eligibility list for employment?  Yes     No

If "YES", list where and for what position(s):

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5. Do you object to your present employer being contacted?  Yes     No

If "YES", please explain:

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## Section 7: Law Enforcement Academy or Certification Information

<p>1. Have you ever attended a law enforcement academy or been certified as a law enforcement officer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "YES", please list when and where:</p> <p>_____</p> <p>_____</p>
<p>2. <b>(Current and Former Police Officer)</b> In your capacity as a police officer, have you ever been formally disciplined for violating rules and regulations, laws, policies or ordinances?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "YES", provide in Section XII, a list of all formal disciplinary actions, including charges, approximate date, type of discipline received, and any other relevant information.</p>
<p>3. <b>(Current Police Officer)</b> Are you currently under investigation by your agency (or do you have disciplinary action pending) regarding a complaint or other disciplinary matter?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "YES", provide details in Section XII.</p>
<p>4. <b>(Current and Former Police Officer)</b> Have you experienced an at-fault traffic accident, either while you were operating an agency vehicle or while you were on-duty with your police employer?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "YES", provide a complete list of ALL at-fault traffic accidents with details in Section XII.</p>
<p>5. <b>(Current and Former Police Officer)</b> Do you currently have any civil judgment, and/or garnishment of wages pending against you?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "YES", attach details in Section XII.</p>

## Section 8: Professional References

In the spaces below, list the names of three (3) professional reference. These could include supervisors, coworkers, business contacts, teachers, education counselors, or other employment or education related references. All persons to whom you refer will be asked to appraise your work ethic, experience, loyalty, skills work behavior and work reputation.

Name:	Home Phone Number(s):
Complete Home Address	
Occupation or Profession	Time Known
Business Name	Business Phone Number(s):
Business Address	

Name:	Home Phone Number(s):
Complete Home Address	
Occupation or Profession	Time Known
Business Name	Business Phone Number(s):
Business Address	

Name:	Home Phone Number(s):
Complete Home Address	
Occupation or Profession	Time Known
Business Name	Business Phone Number(s):
Business Address	

### Section 9: Personal References

In the spaces below, list the names of three (3) persons who are not related to you, who are not former employers and who have known you for at least five (5) years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities. Complete the following **FULLY** for each reference. All information must be current. Be sure to include full addresses including zip codes.

Name:	Home Phone Number(s):
Complete Home Address	
Occupation or Profession	Time Known
Business Name	Business Phone Number(s):
Business Address	

Name:	Home Phone Number(s):
Complete Home Address	
Occupation or Profession	Time Known
Business Name	Business Phone Number(s):
Business Address	

Name:	Home Phone Number(s):
Complete Home Address	
Occupation or Profession	Time Known
Business Name	Business Phone Number(s):
Business Address	

## Section 10: Loyalty

The term "subversive organization" means any organization whose primary goals and objectives are directed toward the undermining and overthrow of the government of the United States of America, the principles of democracy and/or the federal, state or local government.

Answer "YES" or "NO" to each question. **If "YES", provide details in Section XII.**

1. Have you ever by word of mouth or in writing advocated, advised or taught the doctrine that the Government of the United States of America or any state or any political subdivision thereof should be overthrown by force, violence or any unlawful means? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you now or have you ever been a member of any subversive organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever knowingly paid, contributed, collected or solicited any money or dues to, for or on behalf of any subversive organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever attended any meetings or have you ever been connected or affiliated in any matter with any subversive organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you belong to any group or hold any belief, which would prevent you from vowing allegiance to the flag or Constitution of the United States of America or from taking a life in carrying out your duties when such action is lawful and necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever participated in any parade, picket line, delegation or demonstration sponsored by any subversive organization? <input type="checkbox"/> Yes <input type="checkbox"/> No





## Certification and Authorization to Validate Application

\_\_\_\_\_(Review and Initial here) All job offers are contingent on furnishing proof of authorization to work in the United States. Safety sensitive position offers are contingent upon successful completion of a drug screen and validation of physical requirements to perform the job, with or without reasonable accommodation.

\_\_\_\_\_(Review and Initial here) I hereby affirm that the information provided on this application and accompanying resume (if any) is true and accurate, and I authorize the City of Dyersburg to verify all such information. No facts or circumstances which would affect my suitability for employment have been withheld. I also understand and agree that any false information or any relevant omissions on this application may disqualify me from further consideration for employment and shall be justification for immediate dismissal from employment if discovered at a later date.

\_\_\_\_\_(Review and Initial here) I understand that no management official has any authority to enter into any agreement or make any oral assurance or promise of continued employment. If hired for a regular position, I fully understand that my employment can be terminated at the City's discretion at any time, with or without cause, during a one-year probationary period. If hired for a temporary position, I fully understand that my position may be terminated at any time by either party with or without cause

\_\_\_\_\_(Review and Initial here) I understand that, if employed by the City, I may be reassigned to any facility, shift, department, position, tasks or duties at the sole discretion of the City.

\_\_\_\_\_(Review and Initial here) I authorize the City of Dyersburg, or its agents, to conduct a background investigation into my employment, education, and other activities such as criminal background, driving record and/or credit history (if applicable to position). To conduct that investigation, I authorize the city to obtain information to the extent necessary to evaluate my suitability for employment.

\_\_\_\_\_(Review and Initial here) **WAIVER AND AUTHORIZATION – TO WHOM IT MAY CONCERN:**  
I respectfully request and authorize you to furnish the City of Dyersburg any and all information you have concerning me, my work record, my military service records, my credit history, my financial status, my criminal record (if any), my medical record and any other information you have regarding me. I understand that your reply will be used to assist the City of Dyersburg and its agents in determining my qualification and fitness for the position I am seeking with the City of Dyersburg. I understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the City of Dyersburg in conjunction with employment procedures and/or security matters. In consideration of the review of my employment with the City of Dyersburg, I hereby release the City of Dyersburg, its agents, officials, servants or employees and all persons or entities who supply information pursuant to this authorization from any and all liability or damage which may result from furnishing or using the information requested.

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