



Coopertown Police Department

2525 Burgess Gower Road

Springfield, TN 37172

Phone: 615-382-7007 Fax: 615-382-2479

E-mail: chief@coopertowntn.org

APPLICATION FOR EMPLOYMENT

Thank you for your interest in applying for a position with Coopertown Police Department. We appreciate your interest and will give your application every consideration.

If you are applying for a Reserve Officer position, please be advised that commission cards issued by Coopertown Police Department can only be used in the municipality of Coopertown. They cannot be used in another jurisdiction.



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B. Shane Sullivan, Chief of Police

PRE-EMPLOYMENT INVESTIGATION INFORMATION RELEASE FORM

Please print

APPLICANT NAME

DATE OF BIRTH

SOCIAL SECURITY NUMBER

To Whom It May Concern:

I am an applicant for a position with the Coopertown Police Department. As provided by state law, a pre-employment background investigation must be conducted to determine my fitness for this position.

In order for the Coopertown Police Department to conduct a comprehensive background investigation, it will be necessary for certain information, that might otherwise be confidential, to be released.

This release authorizes disclosure of all records, including but not limited to educational records, medical records, mental health records, and financial and credit reports.

By copy of this form, I hereby authorize the release (including duplication of records) to the Coopertown Police Department of any and all records concerning me that you may hold.

**APPLICANT
SIGNATURE**

DATE

Sworn and subscribed before me this _____ day

of _____ 20_____.

Notary Public Signature

My commission expires _____

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APPLICATION FOR EMPLOYMENT								
DATE								
PERSONAL HISTORY								
LAST NAME			FIRST			MIDDLE		
STREET ADDRESS								
CITY				STATE		ZIP CODE		
COUNTY								
HOME PHONE			WORK PHONE			CELL PHONE		
DRIVER'S LICENSE NUMBER				STATE		DATE OF EXPIRATION		
WEIGHT		HEIGHT	HAIR COLOR		EYE COLOR		RACE	SEX
HAVE YOU EVER HAD A NAME CHANGE?				YES		NO		
IF YES, PROVIDE FOLLOWING INFORMATION:								
PREVIOUS NAME								
DATE		LOCATION						
REASON FOR CHANGE								
CITIZENSHIP DATA								
ARE YOU A CITIZEN?		YES				NO		
NATURALIZATION INFORMATION:		DATE		LOCATION		NUMBER		
RESIDENCE INFORMATION								
LIST ALL PREVIOUS ADDRESSES IN THE LAST FIVE (5) YEARS								
STREET			CITY			STATE	ZIP CODE	
STREET			CITY			STATE	ZIP CODE	
STREET			CITY			STATE	ZIP CODE	
STREET			CITY			STATE	ZIP CODE	
STREET			CITY			STATE	ZIP CODE	

LAW ENFORCEMENT EXPERIENCE		
AGENCY NAME		
CITY	STATE	
PHONE NUMBER	DATES EMPLOYED	
POSITION HELD		
RANK	SUPERVISOR	
REASON FOR LEAVING		
AGENCY NAME		
CITY	STATE	
PHONE NUMBER	DATES EMPLOYED	
POSITION HELD		
RANK	SUPERVISOR	
REASON FOR LEAVING		
AGENCY NAME		
CITY	STATE	
PHONE NUMBER	DATES EMPLOYED	
POSITION HELD		
RANK	SUPERVISOR	
REASON FOR LEAVING		
Please attach sheet with any additional information.		
CERTIFICATION		
CERTIFICATION DATE	CERTIFICATION NUMBER	
LOCATION OF BASIC TRAINING		
ARE YOU CURRENTLY EMPLOYED AS A FULL-TIME POLICE OFFICER?	YES	NO
DATE LAST WORKED AS A POLICE OFFICER		
YEARS OF EXPERIENCE		

FOR EEOC PURPOSES ONLY

OTHER EMPLOYMENT HISTORY

EMPLOYER NAME
ADDRESS
JOB TITLE
SUPERVISOR
DATES OF EMPLOYMENT
REASON FOR LEAVING
EMPLOYER NAME
ADDRESS
JOB TITLE
SUPERVISOR
DATES OF EMPLOYMENT
REASON FOR LEAVING
EMPLOYER NAME
ADDRESS
JOB TITLE
SUPERVISOR
DATES OF EMPLOYMENT
REASON FOR LEAVING
EMPLOYER NAME
ADDRESS
JOB TITLE
SUPERVISOR
DATES OF EMPLOYMENT
REASON FOR LEAVING

EDUCATION

ELEMENTARY SCHOOL		
ADDRESS		
DATES ATTENDED		
HIGH SCHOOL		
ADDRESS		
DATES ATTENDED	GPA	
COLLEGE/UNIVERSITY		
ADDRESS		
DATES ATTENDED	GPA	
DEGREES OBTAINED:		
AA	AS	
BA	BS	
MS		
PHD		
GED OBTAINED?	YES	NO
DATE	LOCATION	
OTHER EDUCATION INSTITUTION		
ADDRESS		
DATES ATTENDED		
OTHER EDUCATION INSTITUTION		
ADDRESS		
DATES ATTENDED		

MEDICAL HISTORY

EYESIGHT – LIST NUMERICAL VALUE (I.E. 20/20) FOR EACH EYE

UNCORRECTED	RIGHT	LEFT	
CORRECTED	RIGHT	LEFT	
ARE YOU COLOR BLIND?	YES	NO	
HOW IS YOUR HEARING?	GOOD	FAIR	POOR
HOW IS YOUR HEALTH?	EXCELLENT	FAIR	POOR
DO YOU HAVE HEART PROBLEMS?	YES	NO	

IF YES, PLEASE EXPLAIN

HABITS

DO YOU USE ALCOHOLIC BEVERAGES?	YES	NO
IF YES, HOW MUCH AND HOW OFTEN		

HAVE YOU OR DO YOU USE ILLEGAL DRUGS?	YES	NO
IF YES, PLEASE EXPLAIN		

HAVE YOU OR DO YOU USE PRESCRIPTION DRUGS?	YES	NO
IF YES, PLEASE EXPLAIN, LISTING THE DRUG AND DATE LAST USED		

PHYSICAL STATUS

ARE YOU CAPABLE OF PERFORMING SUSTAINED VIGOROUS PHYSICAL ACTIVITY?	YES	NO
IF NO, PLEASE EXPLAIN		

DO YOU HAVE ANY PHYSICAL DEFECTS THAT WOULD HINDER YOU FROM PARTICIPATING IN A POST FIREARMS QUALIFICATION COURSE?	YES	NO
IF YES, PLEASE EXPLAIN		

HAVE YOU HAD ANY SERIOUS ACCIDENTS, INJURY, ILLNESS, OR OPERATION IN THE PAST FIVE (5) YEARS?	YES	NO
IF YES, PLEASE EXPLAIN		

CRIMINAL HISTORY

HAVE YOU EVER BEEN ARRESTED?	YES	NO
IF YES, PLEASE EXPLAIN		
HAVE YOU EVER BEEN CONVICTED OF A FELONY?	YES	NO
DISPOSITION		
HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR?	YES	NO
DISPOSITION		
IF YES TO EITHER, PLEASE EXPLAIN		

TRAFFIC VIOLATIONS

DATE OF CITATION	VIOLATION
CITY	STATE
COUNTY	
DATE OF CITATION	VIOLATION
CITY	STATE
COUNTY	
DATE OF CITATION	VIOLATION
CITY	STATE
COUNTY	
DATE OF CITATION	VIOLATION
CITY	STATE
COUNTY	
DATE OF CITATION	VIOLATION
CITY	STATE
COUNTY	

REFERENCES

GIVE THREE (3) REFERENCES (NOT RELATIVES, FELLOW EMPLOYEES, OR SCHOOL TEACHERS) WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITY SUCH AS HEADS OF HOUSEHOLDS, PROPERTY OWNERS, OR BUSINESS PROFESSIONALS WHO HAVE KNOWN YOU WELL.

NAME

ADDRESS

PHONE NUMBER

OCCUPATION

NAME

ADDRESS

PHONE NUMBER

OCCUPATION

NAME

ADDRESS

PHONE NUMBER

OCCUPATION

GIVE THREE (3) SOCIAL ACQUAINTANCES WHO HAVE KNOWN YOU WELL DURING THE PAST FIVE (5) YEARS.

NAME

ADDRESS

PHONE NUMBER

YEARS KNOWN

NAME

ADDRESS

PHONE NUMBER

YEARS KNOWN

NAME

ADDRESS

PHONE NUMBER

YEARS KNOWN