



Coopertown Police Department

Tyler Haley, Chief of Police

2525 Burgess Gower Rd., Springfield, TN 37172

Emergency: 911 • Non-Emergency: 615-384-4911 • Office: 615-382-7007 • Fax: 615-382-2479

Website: www.CoopertownPD.org E-mail: PoliceDept@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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**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.

DO NOT SIGN BELOW UNTIL YOU ARE IN THE PRESENCE OF A NOTARY

APPLICANT SIGNATURE		DATE	
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Sworn and subscribed before me this _____ day
 of _____, 20_____.

 Notary Public Signature

My commission expires _____



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APPLICATION FOR EMPLOYMENT

Date: _____

Name: _____ Date of Birth: _____

SSN: _____ Driver's License Number: _____ State: _____ Gender: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Are you a U.S. Citizen? YES NO Place of birth: (City,State,Country) _____

If applicable, Location of Naturalization: _____ Date: _____

Naturalization Number: _____

How long have you lived at your current residence? _____

If less than five (5) years, list all previous residences for the past five (5) years

DATE FROM	DATE TO	STREET ADDRESS	CITY	STATE	ZIP

Have you served in the military? YES NO If YES, submit a copy of your DD-214 (long form)

Have you ever been released from the military under anything other than an Honorable Discharge, such as General Discharge, Dishonorable Discharge, etc? YES NO

If YES, explain:

Are you currently serving in the military? YES NO If YES, Active Duty? Reserve? Nat'l Guard?

If YES, what is your ETS Date? _____

Have you applied to join the military? YES NO If YES, which branch? _____

Beginning with your current employer, list your places of employment in chronological order.

From	To	Employer Name	
Phone		Address	
Starting Pay	Ending Pay	Last Position Held	
Supervisor Name		Supervisor Phone	
Reason For Leaving			
May we contact this employer? YES NO If NO, Why?			

From	To	Employer Name	
Phone		Address	
Starting Pay	Ending Pay	Last Position Held	
Supervisor Name		Supervisor Phone	
Reason For Leaving			

From	To	Employer Name	
Phone		Address	
Starting Pay	Ending Pay	Last Position Held	
Supervisor Name		Supervisor Phone	
Reason For Leaving			

From	To	Employer Name	
Phone		Address	
Starting Pay	Ending Pay	Last Position Held	
Supervisor Name		Supervisor Phone	
Reason For Leaving			

What is the earliest date you are available to begin working? _____

Officers are occasionally subject to be called in for staffing issues, inclement weather, search & rescue, or other emergency situations. Do you have any issues with being called in on occasion?

YES NO If YES, please explain:

Are you available and willing to work days, nights, weekdays, weekends, and/or holidays?

YES NO If NO, please explain:

Where else have you applied?

How many years of law enforcement experience do you have? *(Do not count Corrections/Jail)* _____

Are you presently working as a full-time, POST-Certified law enforcement officer working more than twenty (20) hours per week or more than one hundred (100) hours per month? YES NO

If NO, has it been more than seven (7) years since you worked as a full-time, POST-Certified law enforcement officer? YES NO

If NO, has it been more than three (3) years, but less than seven (7) years since you worked as a full-time, POST-Certified law enforcement officer? YES NO

Where did you attend a POST-Certified Law Enforcement Academy? _____

When did you graduate? _____

List any certifications/training you have had that will benefit you as a law enforcement officer:

What aspect of law enforcement do you find most interesting?

Do you have a high school diploma or equivalent (GED)? YES NO

College? YES NO Degree? _____

Other? _____

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:

Do you drink alcoholic beverages? YES NO

If YES, how much and how often?

Have you ever or do you currently use marijuana or other illegal substances? YES NO

If YES, please explain and list substance and dates last used:

Have you ever or do you currently use prescription medications? YES NO

If YES, please explain and list medication and dates last used:

Are you capable of performing sustained, vigorous physical activity? YES NO

If NO, please explain:

Are you physically able to participate in a POST firearms qualification course? YES NO

If NO, please explain:

Have you had any serious accidents, injuries, illnesses, or operations in the past five (5) years? YES NO

If YES, please explain:

In order for a person to be eligible for POST-Certification as a law enforcement officer, applicants must not have been convicted of or pleaded guilty to or entered a plea of nolo contendere to any felony charge or to any violation of any federal or state laws or city ordinances relating to force, violence, theft, dishonesty, gambling, liquor, or controlled substances. The POST Commission may consider a waiver from pre-employment requirements (on an individual basis and depending on circumstances). Upon applying for POST-Certification as a law enforcement officer, applicants are asked the following questions:

Have you ever been convicted of any criminal violation? YES NO

Have you ever been convicted of anything other than a traffic violation? YES NO

Have you ever been convicted of driving under the influence? YES NO

(If the answer to any of these questions is YES, the POST Commission will require a full explanation including date, location, charge(s), disposition, court, and the law enforcement agency having jurisdiction. If YES, and the charges have been dismissed and expunged, the POST Commission will require a copy of the court documents. If selected to move forward in the application process, applicants will receive a Personal History Packet, which assists in the background investigation as a part of the pre-employment requirements for POST. **You are not required to submit any documentation at this time, but will be required to submit documentation along with the Personal History Packet if selected to move forward.**

If you answered YES to any of the above three (3) questions, please explain:

LIST ALL TRAFFIC VIOLATIONS

CITATION/TICKET DATE		VIOLATION(S)			
CITY		COUNTY	STATE		
DISPOSITION: Paid Ticket Traffic School Dismissed Retired Guilty Pending					

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CITY		COUNTY	STATE		
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CITATION/TICKET DATE		VIOLATION(S)			
CITY		COUNTY	STATE		
DISPOSITION: Paid Ticket Traffic School Dismissed Retired Guilty Pending					

REFERENCES

GIVE THREE (3) REFERENCES (NOT RELATIVES, FELLOW EMPLOYEES, OR SCHOOL TEACHERS) WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING 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:

I hereby affirm that the information I have provided on this application and employment history is true and complete to the best of my knowledge. I understand that any falsified, misrepresented, incomplete, or omitted information may disqualify me from consideration for employment or result in my dismissal for employment. I understand that nothing contained in this employment application or in granting me an interview is intended to create an express or implied employment contract between Coopertown Police Department and myself. No promises regarding employment or duration of employment have been made to me. I understand that any offer of employment will be conditional on successful completion of a number of requirements, including a health assessment, verification of credentials and experience, and similar screenings required for the position. I authorize Coopertown Police Department or its representatives to investigate and verify any and all of the information contained in this employment application and to conduct a criminal background investigation. I also authorize all previous employers, schools, organizations, and individuals listed herein to verify any and all information I have provided and to give any additional information in response to reference questions intended to determine my suitability for employment. I understand that in compliance with Tennessee Laws, all applications are subject to Public Disclosure.

Applicant Name (Handwritten)

Applicant Signature

Date Signed