

Have you ever been charged or convicted of a felony within the past 10 years? Yes _____, No _____.

Indicate any matter that may have been expunged, sealed, nollied or dismissed.

List type offense, date occurred, location and outcome.

Have you ever been convicted of a misdemeanor offense within the past 5 years? Yes _____, No _____.

Indicate any matter that may have been expunged, sealed, nollied or dismissed.

List type offense, date occurred, location and outcome.

Have you ever been charged with a domestic violence/ assault offense?

If 'Yes', date occurred, location and outcome.

Indicate any matter that may have been expunged, sealed, nollied or dismissed.

MONTGOMERY COUNTY SHERIFF'S OFFICE

120 Commerce Street
Clarksville, TN 37040
Phone: 931-648-0611 Ext. 1201

APPLICANT Authorization for Release of Information

TO: Any Doctor, Physician, Psychologist, Dentist, Hospital, Nursing Home, Selective Service Administration;

Any Academic Dean, Registrar, Principal, Guidance Counselor or authorized person at any School: University, College, Community College, Business School, Trade School, High School or Elementary School;

Any Local, State or Federal Law Enforcement Agency;

Any Past or Present Employer;

Any Credit Bureau or Retail Merchant's Association;

Any Bank, Mortgage Company or Financial Institution;

Any Insurance Company;

Any Past or Present Landlord or Neighbor;

Any Person Named as a Reference;

Any State, County or Municipal Offices;

Any Bureau of Vital Statistics Office;

Any Grievance and Disciplinary Board or Committee;

Any Internal Affairs Investigation Results

Other: _____

I, _____, have applied for employment with the Montgomery County Sheriff's Office. I am aware that my entire background will be thoroughly investigated and hereby authorize and request the release of any and all information you have that concerns me, including academic transcripts and disciplinary matters, to an authorized representative of the Montgomery County Sheriff's Office. This authorization, or reproduction thereof, shall remain in effect for a period of six months from the date of execution of this document.

Date of Birth: _____ **Place of Birth:** _____

Social Security # _____ **Drivers License #** _____ **State** _____

Signed this _____ day of _____, 200__.

Signature

(Current Address)

Witnessed By: _____

INFORMATION TO BE USED FOR RECORDS CHECK ONLY

Montgomery County Sheriff's Office (Print legibly)

Last Name _____ First Name _____
 Complete Middle Name _____ Male _____ Female _____
 List the name you go by _____

List any other names used, include nicknames, maiden names or names that may have been legally changed:

.....
 Date of Birth _____ Place of Birth _____
 Social Security Number _____
 Driver License Number _____ State _____
 List all States you lived in: _____
 Race _____ (This is to be used for Criminal History checks only)

Do Not write below this line- FOR USE by the Montgomery County Sheriff's Office only

Local Warrants	Checked By _____	Date _____	Yes ___	No ___
Local Cri. Hist.	Checked By _____	Date _____	Yes ___	No ___
Jail	Checked By _____	Date _____	Yes ___	No ___
Bridge	Checked By _____	Date _____	Yes ___	No ___
NCIC Warrants	Checked By _____	Date _____	Yes ___	No ___
NCIC Cri. Hist.	Checked By _____	Date _____	Yes ___	No ___
NCIC States	1) ___ Yes ___ No ___ 2) ___ Yes ___ No ___ 3) ___ Yes ___ No ___			

.....
 Credit Check _____ Checked By _____ Date _____ Yes ___ No ___
 Acceptable

.....
 Pre Employment Test Date _____ Score _____ Notified _____
 Interview Date _____ Score _____ Notified _____

Rejection: Credit _____
 Cri. Hist _____
 Interview _____
 Test _____ Letter Date _____ By _____

Patrol	Jail	Jail	Records	Maintenance	Other
Deputy	Deputy	Clerk	Clerk		_____

App. Date: _____ Entered In Computer Date _____ By _____