

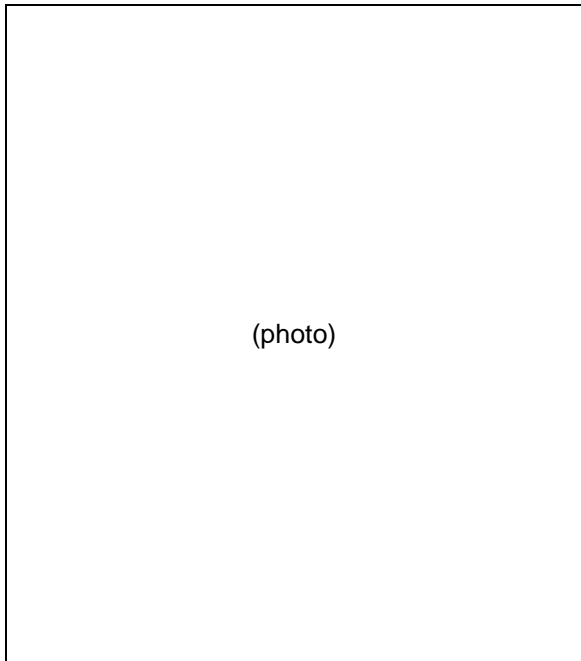
SULLIVAN COUNTY SHERIFF'S OFFICE
P.O. Box 589
BLOUNTVILLE, TN 37617
(423) 279-7500



APPLICATION

Position applying for: (Mark only one.)

- | | |
|--|---|
| <input type="checkbox"/> PATROL OFFICER | <input type="checkbox"/> SECRETARY |
| <input type="checkbox"/> CORRECTIONS OFFICER | <input type="checkbox"/> COOK |
| <input type="checkbox"/> DISPATCHER | <input type="checkbox"/> SPECIAL DEPUTY (VOLUNTEER) |
| <input type="checkbox"/> RECORDS CLERK | <input type="checkbox"/> CIVILIAN AUXILIARY (VOLUNTEER) |
| <input type="checkbox"/> NURSE | <input type="checkbox"/> OTHER: _____ |



(photo)

NAME: _____
(please print)

DATE: _____

Sullivan County Sheriff's Office
APPLICATION

THE QUALIFICATIONS REQUIRED BY THIS AGENCY ARE AS FOLLOWS:

1. Must be at least eighteen (18) years of age; and,
2. Must be a citizen of the United States of America; and,
3. Must be a high school graduate or possess its equivalency; and,
4. Not have been convicted of or pled guilty to or entered a plea of nolo contendere to any felony charge or any violation of any federal or state laws or county or city ordinances relating to driving under the influence (DUI), force, violence, theft, dishonesty, gambling, liquor or controlled substances; and,
5. Not have been released, separated or discharged from the Armed Forces of the United States with a Dishonorable or Bad Conduct discharge, or as a consequence of conviction at court martial for either state or federal offenses; and,
6. May be required to pass physical examinations by physician(s) chosen by this agency; and,
7. Have been certified by a certain qualified professional in the psychiatric or psychological fields chosen by this agency to be free of all apparent mental disorder as described in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association that would, in the judgment of the examiner, impair the subject's ability to perform any essential function of the job; and,
8. Must have good moral character as determined by a thorough investigation conducted by the Sullivan County Sheriff's Office; and,
9. Must have a set of fingerprints on file with the Tennessee Bureau of Investigation; and,
10. Must successfully pass a pre-employment voice stress analysis for the detection of deception.

POST-CERTIFIED AND TCI OFFICER POSITIONS HAVE THE FOLLOWING ADDITIONAL REQUIREMENTS:

1. Must be at least twenty-one (21) years of age; and,
2. Must be able to pass a physical fitness test; and,
3. Must meet all requirements to be certified by the Tennessee Peace Officer Standards and Training (POST) Commission.

ADDITIONAL REQUIREMENTS MAY BE APPLICABLE TO SOME POSITIONS.

If you meet the above qualifications, you may complete this application in full and return the completed application to the Sullivan County Sheriff's Office, *an equal opportunity employer*.

Please read and follow these instructions exactly. Your ability to complete this document as requested will be evaluated and used as one basis for employment decisions. This document, when completed, will be used by the Sullivan County Sheriff's Office as an investigative aid. The personal data will be retained in the investigative files of the personnel section.

1. **Handprint clearly in black or blue ink and in your own handwriting.**
2. **Answer every question truthfully and completely. If a question does not apply to you, so state with "N/A."**
3. **Furnish copies of the following when submitting this application:**

Drivers license	Naturalization certificate	Marriage certificate or divorce decree (if applicable)
Auto insurance	DD 214 form (if applicable)	High school diploma or GED with test scores
Social security card	College transcript (see note below)	

(NOTE: It is the applicant's responsibility to request a sealed transcript from the college or university most recently attended. The transcript should be mailed directly from the school to the Sullivan County Sheriff's Office.)

If you have any questions or need assistance in completing this application, contact the Chief's Office at (423) 279-7500.

Sheriff Wayne Anderson

Sullivan County Sheriff's Office
APPLICATION

EQUAL EMPLOYMENT OPPORTUNITY DATA FORM

The information requested is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies, and will not be considered as part of the application for employment. It will be separated from the application.

1. Last Name (print)		First	Middle
2. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	3. Birth Date	4. Ethnic Origin <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Islander <input type="checkbox"/> Alaskan <input type="checkbox"/> Other	
4. Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Spouse of Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Orphan of Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant's Signature: _____

Date: _____

Sullivan County Sheriff's Office APPLICATION

PERSONAL AND FAMILY HISTORY

Name (Last, First, Middle):			<input type="checkbox"/> Male <input type="checkbox"/> Female		
Street Address:		City:	State:	Zip:	
Phone Numbers:		SS#:	E-mail Address:		
Alias(es), nicknames, maiden name, and all other changes in name. (Include official documents concerning name changes.)					
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Native: <input type="checkbox"/> Yes <input type="checkbox"/> No	Height:	Weight:	Eyes:	Hair:
Scars, tattoos, other distinguishing marks:					
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			If married, are you living with your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No		
With whom do you reside? (name and relationship)					
Are you a relative (kin) to any employee of the Sullivan County Sheriff's Office? (name and relationship)					
Fiancée:		Employer:			
Name _____		Name _____			
Address _____		Address _____			
Phones _____		Phones _____			
Date of Birth _____					
Girl-/Boy-Friend ("Steady"):		Employer:			
Name _____		Name _____			
Address _____		Address _____			
Phones _____		Phones _____			
Date of Birth _____					

List information concerning all marriages.

<p>Spouse #1: Date Married _____</p> <p>County & State _____</p> <p>Spouse's Name _____</p> <p>Date of Birth _____</p> <p>SS# _____</p> <p>Present Address _____</p> <p>Phone () _____</p> <p>Current Status <input type="checkbox"/> Married <input type="checkbox"/> Separated</p> <p style="padding-left: 20px;"><input type="checkbox"/> Annulled <input type="checkbox"/> Divorced</p> <p>Date of Decree _____</p> <p>Court and State _____</p> <p>% of Support _____</p>	<p>Spouse #2: Date Married _____</p> <p>County & State _____</p> <p>Spouse's Name _____</p> <p>Date of Birth _____</p> <p>SS# _____</p> <p>Present Address _____</p> <p>Phone () _____</p> <p>Current Status <input type="checkbox"/> Married <input type="checkbox"/> Separated</p> <p style="padding-left: 20px;"><input type="checkbox"/> Annulled <input type="checkbox"/> Divorced</p> <p>Date of Decree _____</p> <p>Court and State _____</p> <p>% of Support _____</p>
<p>Spouse #3: Date Married _____</p> <p>County & State _____</p> <p>Spouse's Name _____</p> <p>Date of Birth _____</p> <p>SS# _____</p> <p>Present Address _____</p> <p>Phone () _____</p> <p>Current Status <input type="checkbox"/> Married <input type="checkbox"/> Separated</p> <p style="padding-left: 20px;"><input type="checkbox"/> Annulled <input type="checkbox"/> Divorced</p> <p>Date of Decree _____</p> <p>Court and State _____</p> <p>% of Support _____</p>	<p>Spouse #4: Date Married _____</p> <p>County & State _____</p> <p>Spouse's Name _____</p> <p>Date of Birth _____</p> <p>SS# _____</p> <p>Present Address _____</p> <p>Phone () _____</p> <p>Current Status <input type="checkbox"/> Married <input type="checkbox"/> Separated</p> <p style="padding-left: 20px;"><input type="checkbox"/> Annulled <input type="checkbox"/> Divorced</p> <p>Date of Decree _____</p> <p>Court and State _____</p> <p>% of Support _____</p>

Sullivan County Sheriff's Office APPLICATION

PERSONAL AND FAMILY HISTORY (cont'd.)

List information concerning <u>all</u> children, stepchildren, and adopted children.					
Name	Date of Birth	Place of Birth	Current Address	With Whom	Supported By

List information concerning <u>all</u> other dependents for whom you claim income tax exemptions.			
Name	Address	Relationship	% of Support

List information concerning family members <u>in this order</u> : parents guardians, stepparents, parents-in-law, siblings.					
Relationship	Name	Present Address	Occupation	Date of Birth	Phone

List information concerning all residences for the past three years, beginning with your present address.	
<p>Address #1: From (month/year) _____ To (month/year) _____ Address _____ County _____ <input type="checkbox"/> Rented <input type="checkbox"/> Owned Landlord _____ Address _____ Phone _____</p>	<p>Address #2: From (month/year) _____ To (month/year) _____ Address _____ County _____ <input type="checkbox"/> Rented <input type="checkbox"/> Owned Landlord _____ Address _____ Phone _____</p>
<p>Address #3: From (month/year) _____ To (month/year) _____ Address _____ County _____ <input type="checkbox"/> Rented <input type="checkbox"/> Owned Landlord _____ Address _____ Phone _____</p>	<p>Address #4: From (month/year) _____ To (month/year) _____ Address _____ County _____ <input type="checkbox"/> Rented <input type="checkbox"/> Owned Landlord _____ Address _____ Phone _____</p>

Sullivan County Sheriff's Office APPLICATION

EDUCATION AND SPECIAL QUALIFICATIONS

List information concerning all elementary, junior high, and high schools attended.				
School Name	Dates Attended	Location	Years Completed	Graduated
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
GED				<input type="checkbox"/> Yes <input type="checkbox"/> No

List information concerning all colleges and universities attended.				
School Name	Dates Attended	Major and Minor	Credit Hours	Degree and Year

List information concerning all trade, vocational, business, and military schools or training.			
School Name	Dates Attended	Courses Studied	Certificate
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe any special skills you possess pertaining to foreign languages.
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

Describe any skills you possess pertaining to operating or using any machines, equipment, or other devices.
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

Describe any other special skills you possess.
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

Sullivan County Sheriff's Office APPLICATION

MILITARY

Have you registered for the Selective Service? Yes No If yes, what is your number? _____

Have you ever served in the US military, including ROTC? Yes No Branch? _____ Unit? _____

How many periods of active military service have you had? _____ Highest rank held? _____

Date and location of entrance to active duty: _____

Date and location of discharge: _____

Type of discharge: Honorable Dishonorable General Medical Under honorable conditions
 Other Explain: _____

List all military medals and decorations awarded to you. _____

Were you ever subject to any type of disciplinary action while a member of the armed forces? Yes No If yes, explain.

Have you ever served in the National Guard? Yes No State? _____ Branch? _____ Unit? _____ Regiment? _____

Were you ever subject to any type of disciplinary action while a member of the National Guard or Reserves? Yes No Explain.

Are you designated disabled because of military service? Yes No If yes, what is your claim number? _____

Have you ever attempted unsuccessfully to join any branch of the armed forces? Yes No Explain. _____

EMPLOYMENT HISTORY

1. List all employment, beginning with your current or last position and working back to your first.
2. Include each position held, even those with the same employer.
3. Give complete mailing addresses for each employer, including zip code.
4. Briefly summarize the technical and managerial responsibilities; also give the number of employees supervised.
5. You may attach copies of the next sheet if you need more space for your employment history.

Employer Address Telephone Position Supervisor	Dates Employed (From / To) /	Responsibilities
<input type="checkbox"/> Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer	Hourly Rate/Salary (Current or Final) _____	
Specific reason for leaving: _____ _____ _____ _____		

Sullivan County Sheriff's Office APPLICATION

EMPLOYMENT HISTORY (cont'd.)

Employer _____ Address _____ Telephone _____ Position _____ Supervisor _____ <input type="checkbox"/> Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer Specific reason for leaving: _____ _____ _____ _____	Dates Employed (From / To) _____ / _____ Hourly Rate/Salary (Current or Final) _____	Responsibilities _____ _____ _____ _____ _____ _____ _____ _____
---	---	--

Employer _____ Address _____ Telephone _____ Position _____ Supervisor _____ <input type="checkbox"/> Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer Specific reason for leaving: _____ _____ _____ _____	Dates Employed (From / To) _____ / _____ Hourly Rate/Salary (Current or Final) _____	Responsibilities _____ _____ _____ _____ _____ _____ _____ _____
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Employer _____ Address _____ Telephone _____ Position _____ Supervisor _____ <input type="checkbox"/> Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer Specific reason for leaving: _____ _____ _____ _____	Dates Employed (From / To) _____ / _____ Hourly Rate/Salary (Current or Final) _____	Responsibilities _____ _____ _____ _____ _____ _____ _____ _____
---	---	--

Employer _____ Address _____ Telephone _____ Position _____ Supervisor _____ <input type="checkbox"/> Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer Specific reason for leaving: _____ _____ _____ _____	Dates Employed (From / To) _____ / _____ Hourly Rate/Salary (Current or Final) _____	Responsibilities _____ _____ _____ _____ _____ _____ _____ _____
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**Sullivan County Sheriff's Office
APPLICATION**

CIVIL SERVICE

Are you now on any eligibility list? Yes No If yes, give details.

If you were ever placed on an eligibility list and/or civil service list and were not hired, state why.

Have you previously submitted an application for employment with any other law enforcement agency? Yes No If yes, list below.

Approximate Date	Agency	City and State

VEHICLE OPERATOR'S LICENSE

List any valid driver's license from Tennessee, any other state within the USA, or any country outside the USA you have been issued.

State or Region of Issue	License Number	Currently Valid?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been denied issuance of a driver's license? Yes No If yes, give details.

Has your license ever been restricted due to traffic offense convictions? Yes No If yes, give details.

Has your license ever been revoked or suspended? Yes No If yes, give details.

Have you ever been involved in a motor vehicle accident? Yes No If yes, explain.

Do you presently have automobile insurance? Yes No If yes, give the company name, address, and phone number. If no, explain..

Have you ever been denied automobile insurance, or had it withdrawn or revoked? Yes No If yes, give details.

Sullivan County Sheriff's Office APPLICATION

ARREST, DETENTION, AND LITIGATION

Have you or any member of your family ever been the victim of a crime? Yes No If yes, give details.

Have you or your spouse ever sued anyone in civil or federal court? Yes No If yes, give details.

Are you or your spouse currently being sued by anyone (including suits related to your employment whether or not they have been resolved as of this writing) in civil or federal court? Yes No If yes, give details.

Have you ever had a CVSA, polygraph, or other truth-verification examination? Yes No If yes, give purpose and details.

Have you ever been placed on probation? Yes No If yes, give details.

Have you ever been required to pay a fine? Yes No If yes, give details.

Have you ever been the subject of a police investigation? Yes No If yes, give details.

Have you ever been advised of your Miranda rights? Yes No If yes, give details.

List all instances in which you were arrested, charged, or received a notice or summons to appear for any criminal violation. Include traffic arrests, any offenses to which you pleaded nolo contendere, and those adjudicated in juvenile court, regardless of suspension of sentence or withholding of adjudication. Include any arrests in which the records were sealed or expunged.

Date	Police Agency	Crime Charge(s) or Moving Violation(s)	Case Disposition

If you have ever been fingerprinted by a law enforcement agency for any reason (i.e. employment, licenses, arrests), give details below.

Date	Police Agency	Purpose

**Sullivan County Sheriff's Office
APPLICATION**

SUBSTANCE USE

During your entire lifetime, have you ever possessed and/or experimented with any illegal substances such as marijuana, cocaine, hashish, opiates, steroids, and/or any drug not prescribed to you? Yes No If yes, give details below.

Substance	First Time Used	Last Time Used	Total Number of Times Used

Have you ever bartered, sold, supplied, transferred, transported, or arranged or acted as an intermediary for sale or delivery of any such illegal substance to another person, whether or not you profited from the transaction or were arrested? Yes No If yes, explain each instance in-depth.

Have you ever possessed any such illegal substance in a quantity greater than might reasonably be construed as intended for experimentation? Yes No If yes, explain each instance in-depth.

Do you currently use, or within the last year have you used any such narcotic or controlled substance ? Yes No If yes, explain each instance in-depth.

CREDIT

Have you ever had accounts placed in the hands of a collection agency? Yes No If yes, give details.

Have you ever filed for bankruptcy? Yes No If yes, give details including court and date filed.

**Sullivan County Sheriff's Office
APPLICATION**

MEMBERSHIP IN ORGANIZATIONS

List any organizations in which you have ever held membership.

Name of Organization Address, Phone Number	Type (social, union, fraternal)	Position or Office Held	Membership Dates To / From

Have you ever been a member of any group whose goal is to deny other persons their rights under the Constitution of the United States or to alter the form of government of the United States or any other country by unconstitutional means? Yes No If yes, give details.

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which may be required of you in a law enforcement capacity, or which might require further explanation? Yes No If yes, give details.

CHARACTER REFERENCES

List only persons who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not include relatives, current or former employers and supervisors, or persons living outside the United States or its Territories.

Name	Years Known	Address (Street, City, State, Zip)	Phone Numbers	
			Business	Home

Sullivan County Sheriff's Office
APPLICATION

APPLICANT'S STATEMENT

I certify that answers given within this application are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that I may be required to submit to and pass certain physical fitness and/or agility tests.

I understand that this application will be considered active for a period of time not to exceed twelve (12) months. New applications will be solicited for the following year by either letter or public notice or both.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with Sullivan County is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct, unless such change is specifically acknowledged in writing and authorized by the Sullivan County Commission.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I further understand that I am required to abide by all rules and regulations of the employer.

Applicant's Signature

Date

Sullivan County Sheriff's Office
APPLICATION

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

To Whom It May Concern:

I am an applicant for a position with the Sullivan County Sheriff's Office. I understand that the Sheriff's Office needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

I hereby authorize any representative of the Sullivan County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to any duly authorized agent of the Sheriff's Office, whether said records are of public, private, or confidential nature. The intent of this authorization is to waive my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the agency to consider in determining my suitability for employment in that agency. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, my educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of any organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of any kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Sullivan County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Sullivan County Sheriff's Office's acceptance and processing of my application for employment, I agree to hold the Sullivan County Sheriff's Office, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Sullivan County Sheriff's Office. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be used by the Sullivan County Sheriff's Office to prosecute me or turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Sullivan County Sheriff's Office in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of _____ from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his or her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising by reason of complying with this request.

Applicant Signature

Witness Signature

Address: _____

Date

Phone: _____

Sullivan County Sheriff's Office
APPLICATION

Interviewer's Signature

Date