

Lexington Police Department

Employment Application



**The Lexington Police Department and
the City of Lexington are
Equal Employment Opportunity Employers**

This application must be returned to:

**The Lexington Police Department
88 First Street
Lexington, TN 38351**

**If you need further information, please contact:
Lexington Police Department
(731)968-6666**

Lexington Police Department

Applicant Filing Checklist

Filing documents as required, is considered part of the selection process. The documents listed below must be attached to your application. The only exception to this rule would be : if the applicant does not have a copy of their DD-214/DD-215 (Military Discharge), or copies of their enlisted or officer efficiency reports, or other military related reports. The applicant would have to enclose a letter of explanation, or have completed the attached Standard Form 180 indicating the records have been requested by the applicant.

Applicant to check each item: (X)

- ☐ 1. Application completed in full (no resumes), signed and dated and notarized
- ☐ 2. High school diploma or GED
- ☐ 3. Birth Certificate
- ☐ 4. Social Security Card
- ☐ 5. Valid Drivers License
- ☐ 6. Copy of DD-214/DD-215 Military Discharge (if applicable)
- ☐ 7. Military Veterans:
A copy of all enlisted efficiency reports and/or officer efficiency reports; a copy of any disciplinary actions. Article 15, letters of reprimand or any court martial action.
It will take between 60 and 90 days to obtain your records from the personnel center. Enclosed is a Standard Form 180. Complete the form and mail it to the appropriate address as listed in Standard Form 180.

I hereby certify that all of the above listed DOCUMENTS are being submitted as specified

Applicants Signature

Date

Employment Application

Lexington Police Department Equal Opportunity Employer

Instructions:

1. Please complete all questions and have this application notarized
2. Notify the Lexington Police Department of any changes of information

Position Applied For:

Name: Last	First	MI	Social Security No.
Address (Street name and number)		Apt No.	Date of Birth MM/DD/YYYY
City	State	Zip Code	Telephone: Daytime/Evening
Drivers License: Do you currently have a valid drivers license? ☐ Yes ☐ No If yes, driver license number: _____ Type: _____ State: _____ Expiration: _____ Endorsement: _____ Have you ever had your drivers license suspended or revoked? ☐ Yes ☐ No The failure to have a driver's license will not always be considered grounds for disqualification, but will be weighed relative to the position sought.		Citizenship: Are you a U.S. Citizen? ☐ Yes ☐ No	

Education: Did you graduate from high school? ☐ Yes ☐ No GED Score _____

	High School	Vocational/Technical	College/University
School Name			
City, State			
Year Completed			
Dates Attended (Mo.Yr.)	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____
Type of Diploma/Degree			
Major Field			

Please list any profession you are licensed or certified to practice, give the type, number, expiration date, and state by which the license was issued.

Check "Yes" or "No" for each of the following questions. If you check "Yes" to any question give details in the area provided below.

1. Are you now or have you ever been an employee of the City of Lexington? If yes, please give employment dates and department. ☐ Yes ☐ No

2. Have you ever applied for employment with the City of Lexington before? If yes, state job applied for and approximate date of application. ☐ Yes ☐ No

3. Have you ever been arrested or convicted for violation of the law other than minor traffic offenses (where a citation was issued and you were released)? If yes, state the nature of the offense(s), city, state and disposition: ☐ Yes ☐ No

4. Have you ever been discharged or forced to resign from employment? (FIRED)
(Note: Do not include business closures or general layoffs) ☐ Yes ☐ No

5. Are you willing to take a polygraph test? ☐ Yes ☐ No

Question No.	Explanation
_____	_____
_____	_____
_____	_____
_____	_____

EMPLOYMENT EXPERIENCE: May we contact your present employer? ☐ Yes ☐ No

List your two most recent jobs. Include any job related military assignment and volunteer activities.

Employer	Job Title: Supervisors Name:	Date Employed (Mo. Yr.) From: To:
Address:	Phone:	Starting Salary: Ending Salary:
Total # of employees supervised by you	Reason for leaving:	
Specific Job Duties:		
Equipment/Computer Software Used:		

Employer	Job Title: Supervisors Name:	Date Employed (Mo. Yr.) From: To:
Address:	Phone:	Starting Salary: Ending Salary:
Total # of employees supervised by you	Reason for leaving:	
Specific Job Duties:		
Equipment/Computer Software Used:		

APPLICANT STATEMENT

- I. I hereby affirm that the information I have provided in this application and employment history attachment 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 from employment.

- II. I understand that nothing contained in this employment application or in granting an interview, is intended to create an express or implied employment contract between the Lexington Police Department and myself. No promises regarding employment or duration of employment have been made to me.

- III. 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 understand that drug and/or alcohol test are required for appointment to all positions. The results of the above screenings or assessments will be released to the Lexington Police Department and may be a factor in determining my suitability for the position for which I have applied.

- IV. I authorize the City of Lexington/ Lexington Police Department or its representative 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.

- V. I understand that in Compliance with Tennessee Law, all applications are subject to Public Disclosure.

Signature: _____ Date: _____

State of Tennessee, County of Henderson

Sworn and subscribed before me this

_____ day of _____ 20 _____

Notary Public

My commission expires: _____



Lexington Police Department



Applications filed with other law enforcement agencies

Have you either previously submitted an application for employment for the Lexington Police Department or any other law enforcement agency? YES ☐ NO ☐ If yes, please answer the following:

Agency: _____

Address: _____

Date of Application: _____

Agency: _____

Address: _____

Date of Application: _____

Agency: _____

Address: _____

Date of Application: _____

Agency: _____

Address: _____

Date of Application: _____

Agency: _____

Address: _____

Date of Application: _____

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____, **DO HEREBY AUTHORIZE** a review of and full disclosure of all records, or any part thereof, concerning myself, to and by a duly authorized agent of the City of Lexington Police Department, whether said records are of a public, private, and/or confidential nature.

THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY CONSENT for full and complete disclosure of records including, but not limited to, those held by educational institutions, financial institutions, credit agencies, including records of deposits, withdrawals, and balances of checking and savings accounts and loans, and also the records of commercial retail agencies (including credit reports and/or credit ratings); medical and/or psychiatric treatment and/or consultations, including records held by hospital(s), clinics, private practitioners, and the United States Veteran's Administration; records held by public utility companies; employment and pre-employment examination results, efficiency ratings and/or performance evaluations, records of complaints and/or grievances filed by or against me, and salary records; real and personal property records; and other financial statements and records, wherever filed; records or complaint arrest, trial and/or conviction(s) for alleged or actual violations of law, including criminal and/or traffic offense records, and records of civil nature made by and/or against me, whether representing me or another person in any case in which I presently am involved or have had an interest.

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 background investigation**, which may provide pertinent data for the CITY OF LEXINGTON POLICE DEPARTMENT to consider in determining my suitability for employment by said department.

IT IS MY SPECIFIC INTENT TO PROVIDE ACCESS TO PERSONAL INFORMATION, however personal, private or confidential it may appear to be, and the source(s) of information specifically identified herein.

I UNDERSTAND THAT ANY INFORMATION OBTAINED during the course of the background investigation which is developed directly or indirectly, in whole or in part, upon this AUTHORIZATION FOR THE RELEASE OF INFORMATION, will be considered in determining my suitability for employment with the CITY OF LEXINGTON POLICE DEPARTMENT.

I FURTHER UNDERSTAND that in the event my employment application is disapproved, not considered or otherwise does not result in my appointment to the CITY OF LEXINGTON POLICE DEPARTMENT, the source(s) of confidential information **CANNOT AND WILL NOT BE RELEASED AND/OR REVEALED TO ME.**

ADDITIONALLY, I AGREE TO INDEMNIFY AND HOLD HARMLESS the person(s) to whom this AUTHORIZATION FOR RELEASE OF INFORMATION is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of, or by reason(s) for complying with the request for information that this AUTHORIZATION provides.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

LASTLY, IT IS FURTHER UNDERSTOOD BY ME THAT A PHOTOCOPY, including a facsimile (or FAX) copy of the actual original of this AUTHORIZATION FOR THE RELEASE OF INFORMATION will be valid as an original hereof, even though the said photocopy or facsimile does not contain an original writing of my signature.

(Signature of Applicant)

(Date)

(Witness)

NOTARY ACKNOWLEDGEMENT

State of _____

County of _____

Personally appeared before me, _____, with whom I am personally acquainted, or who produced proper identification, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand this _____ day of _____, 20_____

Notary signature: _____ Date of Expiration _____

1. **Information needed to locate records.** Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can.
2. **Restrictions on release of information.** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. Others requesting information from military personnel/health records must have the release authorization in Section III of the SF 180 signed by the member or legal guardian, but if the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the public. The next of kin may be any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother. Employers and others needing proof of military service are expected to accept the information shown on documents issued by the military service departments at the time a service member is separated.
3. **Where reply may be sent.** The reply may be sent to the member or any other address designated by the member or other authorized requester.
4. **Charges for service.** There is no charge for most services provided to members or their surviving next of kin. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified as soon as that determination is made.
5. **Health and personnel records.** Health records of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs a week or two after the last day of active duty. (See page 2 of SF 180 for record locations/addresses.)
6. **Records at the National Personnel Records Center.** Note that it takes at least three months, and often up to seven, for the file to reach the National Personnel Records Center in St. Louis after the military obligation has ended (such as by discharge). If only a short time has passed, please send the inquiry to the address shown for active or current reserve members. Also, if the person has only been released from active duty but is still in a reserve status, the personnel record will stay at the location specified for reservists. A person can retain a reserve obligation for several years, even without attending meetings or receiving annual training. (See page 2 of SF 180 for record locations/addresses.)
7. **Definitions and abbreviations.** DISCHARGED -- the individual has no current military status; HEALTH -- Records of physical examinations, dental treatment, and outpatient medical treatment received while in a duty status (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.
8. **Service completed before World War I.** National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then filed in the requested military service record as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Transportation (Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per response, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.

REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)				
BRANCH OF SERVICE		DATES OF SERVICE		CHECK ONE
		DATE ENTERED	DATE RELEASED	OFFICER
				ENLISTED
a. ACTIVE SERVICE				
b. RESERVE SERVICE				
c. NATIONAL GUARD				
6. IS THIS PERSON DECEASED? IF "YES" enter the date of death.			7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?	
☐ NO ☐ YES			☐ NO ☐ YES	

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. REPORT OF SEPARATION (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

☐ An UNDELETED Report of Separation is requested for the year(s) _____

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

☐ A DELETED Report of Separation is requested for the year(s) _____

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

2. OTHER INFORMATION AND/OR DOCUMENTS REQUESTED _____

3. PURPOSE (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS:

☐ Military service member or veteran identified in Section I, above
☐ Next of kin of deceased veteran _____
(relation)

☐ Legal guardian (must submit copy of court appointment)
☐ Other (specify) _____

2. SEND INFORMATION/DOCUMENTS TO:
(Please print or type. See item 3 on accompanying instructions.)

3. AUTHORIZATION SIGNATURE REQUIRED (See item 2 on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Name _____
Street _____ Apt. _____
City _____ State _____ Zip Code _____

Signature of requester (Please do not print.) _____
Date of this request _____ Daytime phone _____
Email address _____

RESET

LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	ADDRESS CODE	
		Personnel Record	Health Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired on or after 5/1/1994	14	11
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	13	
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 - 3/31/1998	14	14
	Discharged, deceased, or retired on or after 4/1/1998	14	11
	Active, reserve, or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1905	6	
	Discharged, deceased, or retired 1/1/1905 - 4/30/1994	14	14
	Discharged, deceased, or retired on or after 5/1/1994	14	11
	Individual Ready Reserve or Fleet Marine Corps Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 - 10/15/1992 (enlisted) or 7/1/1917 - 10/15/1992 (officer)	14	14
	Discharged, deceased, or retired on or after 10/15/1992	14	11
	Reserve; or active duty records of current National Guard members who performed service in the U.S. Army before 7/1/1972	7	
	Active enlisted (including National Guard on active duty in the U.S. Army) or TDRL enlisted	9	
	Active officers (including National Guard on active duty in the U.S. Army) or TDRL officers	8	
	Current National Guard enlisted not on active duty in Army (including records of Army active duty performed after 6/30/1972)	13	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 - 1/30/1994 (enlisted) or 1/1/1903 - 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 - 12/31/1994	14	11
	Discharged, deceased, or retired on or after 1/1/1995	10	
	Active, reserve, or TDRL	10	
PUBLIC HEALTH SERVICE	Commissioned Corps - active, inactive, terminated, retired	15	

ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) - Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Old Military and Civil Records (NWCTB-Military) Textual Services Division 700 Pennsylvania Ave., N.W. Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center /DSMR HQ ARPC/DPSSA/B 6760 E. Irvington Place, Suite 4600 Denver, CO 80280-4600	7	Commander U.S. Army Reserve Personnel Command ATTN: ARPC-ZCC-B 1 Reserve Way St. Louis, MO 63132-5200	12	Army National Guard Readiness Center NGB-ARP 111 S. George Mason Dr. Arlington, VA 22204-1382
3	Commander, CGPC-udm-3 USCG Personnel Command 4200 Wilson Blvd., Suite 1100 Arlington, VA 22203-1804	8	U.S. Total Army Personnel Command ATTN: TAPC-MSR-S 200 Stoval Street Alexandria, VA 22332-0444	13	The Adjutant General (of the appropriate state, DC, or Puerto Rico)
4	Headquarters U.S. Marine Corps Personnel Management Support Branch (MMSB-10) 2008 Elliot Road Quantico, VA 22134-5030	9	Commander USAEREC ATTN: PCRE-F 8899 E. 56th St. Indianapolis, IN 46249-5301	14	National Personnel Records Center (Military Personnel Records) 9700 Page Ave. St. Louis, MO 63132-5100
5	Marine Corps Reserve Support Command (Code MMI) 15303 Andrews Road Kansas City, MO 64147-1207	10	Navy Personnel Command (PERS-313C1) 5720 Integrity Drive Millington, TN 38055-3130	15	Division of Commissioned Personnel ATTN: Records Officer 5600 Fishers Lane, Room 4-36 Rockville, MD 20857-0001