Attachment C

Facility Protection Officer Background Investigation Packet

Instructions:

A Background Investigation is an essential element in determining a person'squalifications for employment within State of Tennessee Facilities as an armed security officer with limited police authority. Theinformation requested in this packet is a vital part of that process.As the applicant, it is your responsibility to insure that all necessary information isprovided in order for this investigation to be conducted in a reasonable amount of timeand with the least amount of difficulty possible. Therefore, make sure that all sectionsare completed prior to submitting this packet. Each question mustbe answered. If there are questions that are not applicable to you, please indicate thisfact by the notation "N/A" in the appropriate space.Should you need additional space to provide the requested information, attach sheets ofthe same size as this packet and specify continuation of a particular block ofinformation.The packet should be typed or completed in black ink and must be clear andlegible.You are reminded that providing false information or failing to provide informationcould result in failing to be allowed to work in a State of Tennessee Facility as an armed guard with limited police authority, or yourdismissal should you be hired and the Background Investigation reveals thefalsification.

COMMON AREAS OF OMISSION: We find that some applicants exclude middlenames of relatives, personal references, and acquaintances. If a person does not have amiddle name, indicate (NMN), meaning "No Middle Name". If you are unable tofurnish complete information concerning your relatives or acquaintances, give sufficientexplanation. Nicknames should not be used.If you have ever served in the Armed Forces, indicate in Part II by each address if youlived on or off base, including overseas tours. If you have a relative currently in themilitary, indicate complete address, including Military Serial Number, branch of serviceand whether or not his/her residence is on or off base.

SECTION 1: PERSONAL HISTORY

Last Name	First Name	Middle Name	Maiden name

List below all other names you have used, including nicknames. If you have ever used any surnames other than your true name, during what period and what circumstances were these names used? If you have ever legally changed your name, give date, place and court.

Birth Date:	City & State of Birth:		
Age:	Gender:	☐ Male ☐ Female	Social Security Number:
Driver License Number:		State:	

Ethnicity:	☐ White	☐ Hispanic	☐ American Indian		
	☐ Black	☐ Asian	☐ Other		
# of Children:		(Include biological, step and adopted children)			
Marital Status:	☐ Single	☐ Married	☐ Separated	☐ Widowed	☐ Divorced

State date, place, and reason for all separations, divorces, or annulments:

Are you a U.S. Citizen?	☐ Yes	☐ No
Are you willing to reside anywhere in Tennessee?	☐ Yes	☐ No
Do you understand that you are not eligible to request a transfer to another post, except in extreme hardship cases, for one year?	☐ Yes	☐ No

SECTION 2: RESIDENCES

Home Street Address		
City:	State:	Zip:
Home Phone (including area code):		
Work Phone (including area code):		

In the event this information becomes invalid, indicate the name and phone number of a relative through whom you may be reached or who could furnish your current address and phone number.

Name:

Relationship:

Phone # (including area code):

If you have not lived at your current residence for (1) one year, explain the reason.

ACTUAL PLACES OF RESIDENCE FOR PAST 5 YEARS					
Include address while at school and in military, as well as family-owned vacation homes. For college on-campus residences, give dorm name, city, and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city, state, and country. If post office box, give location of post office.					
From (Month/Year)	To (Month/Year)	Apt. #	Street Address	City	State

SECTION 3: EDUCATIONAL BACKGROUND

High School (attach copy of diploma)			
Name of High School:			
Address: (City & State)			
Telephone Number (including area code):			
Graduated:	☐ Yes	☐ No	Date: (Month & Year)

GED (attach copy of GED)			
Issuer of GED:			
Testing Location: (City & State)			
GED:	☐ Yes	☐ No	Date: (Month & Year)

College/University (attach transcript)						
Name of College	City	State	Major	Yrs Attended		Graduated (Y/N)
				TO	From	

Technical Schools (attach transcript)						
Name of School	City	State	Study/ Specialty	Yrs Attended		Graduated (Y/N)
				TO	From	

SECTION 4: EMPLOYMENT HISTORY

NOTE: LIST MOST RECENT EMPLOYMENT FIRST. Please list each job you have held for the last **five years**. Include chronological history of employment starting with current or most recent position. Account for all periods, including casual employment and all periods of unemployment. Be sure to include military experience, if applicable. If additional space is needed, attach additional sheets using same format. Be sure to provide all of the required information.

Job A			
Name of Business:			
Address:			
City:		State:	
Telephone Number (including area code):			
Type of Business			
Period of Employment (Month/Year):	From:	To:	
Position Held:			
Supervisor:			
Reason for leaving this employment:			
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc.		☐ Yes	☐ No
If you answered yes to the above question concerning disciplinary action during previous employment, below provide a detailed description of the events.			

Job B			
Name of Business:			
Address:			
City:		State:	
Telephone Number (including area code):			
Type of Business			
Period of Employment (Month/Year):	From:	To:	
Position Held:			
Supervisor:			
Reason for leaving this employment:			
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc.		☐ Yes	☐ No
If you answered yes to the above question concerning disciplinary action during previous employment, below provide a detailed description of the events.			

Job C			
Name of Business:			
Address:			
City:		State:	
Telephone Number (including area code):			
Type of Business			
Period of Employment (Month/Year):	From:	To:	
Position Held:			
Supervisor:			
Reason for leaving this employment:			
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc.		☐ Yes	☐ No
If you answered yes to the above question concerning disciplinary action during previous employment, below provide a detailed description of the events.			

Job D			
Name of Business:			
Address:			
City:		State:	
Telephone Number (including area code):			
Type of Business			
Period of Employment (Month/Year):	From:	To:	
Position Held:			
Supervisor:			
Reason for leaving this employment:			
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc.		☐ Yes	☐ No
If you answered yes to the above question concerning disciplinary action during previous employment, below provide a detailed description of the events.			

Job E			
Name of Business:			
Address:			
City:		State:	
Telephone Number (including area code):			
Type of Business			
Period of Employment (Month/Year):	From:	To:	
Position Held:			
Supervisor:			
Reason for leaving this employment:			
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc.		☐ Yes	☐ No
If you answered yes to the above question concerning disciplinary action during previous employment, below provide a detailed description of the events.			

In any previous employment (**not just employment in last five years**) have you been terminated and/or disciplined for any misconduct, behavior problems, etc.?	☐ Yes	☐ No
If you answered yes to the above question, provide a detailed description of events and the results of all disciplinary actions taken by the employer.		

OWNERSHIP/PROPRIETORSHIP/CONTRACTS WITH THE STATE OF TENNESSEE	
Do you have any interest in, engage in, have a financial interest in, are the sole proprietor, a partner (limited or otherwise) in any non-profit agency, for-profit agency, business or corporation?	
☐ No	☐ Yes – please list below the name of the business, the type of business, the services/products produced by this business and if any contracts for the purchase of materials, supplies, equipment or services with the State of Tennessee are active.
Do you receive gifts, money or anything of value whatsoever directly or indirectly from any person, firm or corporation who has a contract for the purchase of materials, supplies, equipment or services with the State of Tennessee?	
☐ No	☐ Yes – please list below the name of the person, firm or corporation, the type of business, and the services/products produced by this business.

SECTION 5: MILITARY SERVICE

Are you registered for Selective Service?	☐ Yes	☐ No
If yes, list location (city and state)		
Have you served in any branch of the U.S. Armed Services	☐ Yes	☐ No

Complete Section Below for Each Period of Service
(Begin with most recent)
Attach DD-214 Member 4 Copy or NGB-22 for Each Period of Service

Period of Service A

☐ Army	☐ Air Force	☐ Marine Corp	☐ Navy	☐ Coast Guard
☐ Army Reserve	☐ Air Force Reserve	☐ Marines Corp Reserve	☐ Navy Reserve	☐ Coast Guard Reserve

☐ Army National Guard State- ☐ Air National Guard State-

Dates of Service

From (Month/Year):		To (Month/Year):	
Date of Discharge:			
Type of Discharge:			
Last Duty Station:			

Were you ever disciplined while in military service? (Includes Court-Martial, Article 15, Captains Mast, etc)	☐ Yes	☐ No

If you answered yes to the above question concerning being disciplined while in the military, below provide a detailed account of the incident. Be sure to include dates, locations, and circumstances.

Period of Service B

☐ Army	☐ Air Force	☐ Marine Corp	☐ Navy	☐ Coast Guard
☐ Army Reserve	☐ Air Force Reserve	☐ Marines Corp Reserve	☐ Navy Reserve	☐ Coast Guard Reserve

☐ Army National Guard State- ☐ Air National Guard State-

Dates of Service

From (Month/Year):		To (Month/Year):	
Date of Discharge:			
Type of Discharge:			
Last Duty Station:			

Were you ever disciplined while in military service? (Includes Court-Martial, Article 15, Captains Mast, etc)	☐ Yes	☐ No

If you answered yes to the above question concerning being disciplined while in the military, below provide a detailed account of the incident. Be sure to include dates, locations, and circumstances.

SECTION 6: ORGANIZATION MEMBERSHIPS

Are you now, or have you ever been a member of any club, society or organization?	☐ Yes	☐ No

If yes, please list below: Do Not Abbreviate.

Name of Organization	City	State	Former / Present		If Present, list position & Extent of Activity
			☐ Former	☐ Present	
			☐ Former	☐ Present	
			☐ Former	☐ Present	
			☐ Former	☐ Present	

SECTION 7: SPECIAL QUALIFICATIONS AND SKILLS

Do you have foreign language ability?	☐ Yes	☐ No

If yes, indicate your proficiency in each phase of each foreign language.

Name of Language	Speak	Understand	Read	Write
	☐ Slight ☐ Good ☐ Fluent	☐ Slight ☐ Good ☐ Fluent	☐ Slight ☐ Good ☐ Fluent	☐ Slight ☐ Good ☐ Fluent
	☐ Slight ☐ Good ☐ Fluent	☐ Slight ☐ Good ☐ Fluent	☐ Slight ☐ Good ☐ Fluent	☐ Slight ☐ Good ☐ Fluent
	☐ Slight ☐ Good ☐ Fluent	☐ Slight ☐ Good ☐ Fluent	☐ Slight ☐ Good ☐ Fluent	☐ Slight ☐ Good ☐ Fluent

Are you a member of the bar?	☐ Yes	☐ No	Date:		State(s):
Are you a CPA?	☐ Yes	☐ No	Date		States(s):
Are you a licensed pilot?	☐ Yes	☐ No	Ratings Held:		

Please list any other licenses or certifications you possess:

SECTION 8: COURT RECORD

Have you ever been arrested, indicted, charged with or convicted of a criminal or disorderly offense or instance of domestic violence in this state or in any other jurisdiction? (For the purpose of this question, the words "arrested" or "indicted" etc., include any detaining or taking into custody by any law enforcement authorities.)?	☐ Yes	☐ No

Since you are applying for a public safety position, you must list all arrests, convictions, instances of domestic violence, and expungments, even though you may have been advised by your attorney, a judge, prosecutor or other official that there is no record. Juvenile and expunged records are sealed and most employers will not have access to them. Law enforcement agencies, such as this department, do have access to these records. All juvenile arrests, convictions, expungments will surface during your background investigation. .

I acknowledge that I have read and understand the above statement. I fully understand what information is required of me and that failure to supply accurate information will be considered willful falsification of my application which is adequate cause for removal from the register.

Applicant Signature _____ Date _____

If yes, type of charge:	☐ Felony	☐ Misdemeanor	☐ Not Sure

If you answered yes to the previous question concerning being arrested, below provide a detailed account of the circumstances. Be sure to include dates, locations, and types of charges.

Have you ever been incarcerated, in jail, prison, correctional training school, or military stockade?	☐ Yes	☐ No

If you answered Yes to the previous question concerning incarceration, below give a detailed account of the situation. Be sure to include dates, locations, and circumstances.

Are you now, or have you ever been involved as a plaintiff, defendant, or petitioner, or respondent in any civil action?	☐ Yes	☐ No

If you answered Yes to the previous question concerning involvement in a civil action, below give an account of the circumstances, be sure to include the date, county, court and type of action.