



# Washington County Sheriff's Office

DOWNTOWN CENTRE  
112 W. Jackson Boulevard  
P.O. Box 97  
Jonesborough, TN 37659-0097  
(423)788-1414  
Facsimile: (423)788-1518

DETENTION CENTER  
114 W. Jackson Boulevard  
P.O. Box 97  
Jonesborough, TN 37659-0097  
(423)753-1701  
Facsimile: (423)753-5011

KEITH SEXTON  
SHERIFF

## Permission for Completion of Criminal History

I, \_\_\_\_\_, am applying for a volunteer/staff position with  
the Washington County Detention Center. I understand I am subject to a criminal history records  
check, which will show any charges, arrests and/or convictions for any offenses. Records checks  
are required pursuant to standards set forth by the Tennessee Corrections Institute based on the  
Tennessee Code Annotated § 41-4-140, prior to volunteers/staff assuming duties. Any criminal  
convictions identified may result in denial of volunteer/staff status. This is for safety and security  
reasons, as well as the welfare of those volunteering and incarcerated in such facilities. By signing  
and providing the information requested below, I agree to allow the Washington County Detention  
Center to perform a complete criminal history check. Information obtained will not be shared with  
outside agencies or the public. However, if you are found to be a wanted person, your local  
information will automatically be sent to the agency holding an active warrant for your arrest.  
Please provide a copy of your photo ID with this form.

FULL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

OTHER NAMES KNOWN AS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ RACE: \_\_\_\_\_ GENDER: \_\_\_\_\_

DRIVER'S LICENSE STATE AND #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_