

COOKEVILLE POLICE DEPARTMENT

CHIEF WILLIAM A. BENSON

P.O. BOX 849, 10 EAST BROAD STREET

COOKEVILLE, TN 38503-0849

615-526-2125

FAX 528-9368

MEMORANDUM

To: Officer Eric Hall
From: Chief William Benson *WAB*
Date: March 5, 1998
Subject: Commendation

I recently received the attached letter commending your actions while assisting a stranded motorist. Ms. Viera and her children were quite impressed with your professionalism and caring.

It is always refreshing to receive such favorable letters concerning our officers. Keep up the good work!

sch

Attachment

825 Windsor Street
Cookeville, TN 38501
February 20, 1998

Chief of Police
Cookeville, TN

Dear Sir:

I would like to express my appreciation to the two officers who assisted me on Wednesday night, February 11, when my car had to be towed. It was after dark, around 7 p.m. in a cold, drizzling rain when I stalled on Broad Street, just west of the Maple intersection. Because my battery was dead, the flashers on my car were almost invisible, so I asked my small children to stand on the sidewalk.

A young officer arrived within minutes after I called 911. He immediately called a tow truck, allowed my shivering children to sit in the back of his car (where they were able to warm up), and called a second officer to help push my car out of the street (where it was in a hazardous position for other drivers). The second officer was equally helpful. By the time my car was moved from the street, one of my neighbors had arrived and kept us in her car until the tow truck appeared only a short time later.

In focusing on the needs of my children, I neglected to get the officers' name or to notice their badge numbers. I hope you will convey my appreciation to them for their help and for going beyond their call of duty. My children were well taken care of, and thanks to the foresight of the officers, my car remained in a safe place until the tow truck came. In addition, my boys, though only 6 and 8, were very impressed with the way they were treated also.

Sincerely,

Carroll Viera

Carroll Viera



CHIEF R. E. TERRY
Cookeville Police Department
10 East Broad Street
Cookeville, Tennessee 38501
Phone (931) 526-2125 Fax (931) 528-9368

March 20, 2001

Officer Eric Hall
Cookeville Police Department
PO Box 849
Cookeville, TN 38503

Officer Hall:

Mrs. Sandy Johnson, 268 E. 7th Street, sends you her and her husband's wholehearted thanks.

CHIEF

It was disturbing to them to have to call the police to dispose of a hypodermic needle that was just lying on the ground. They had never encountered anything like this and are grateful that you responded quickly and showed a compassion for their well-being that reassured them of their trust in police officers.

I want to offer my thanks to you for your continued dedication in striving to keep the citizens of our community safe. You are a valuable asset to the Cookeville Police Department.

Sincerely,

ROBERT E. TERRY
CHIEF OF POLICE



RET/nfs



NATIONALLY ACCREDITED SINCE 1998

City of Cookeville

Date 04-14-97

Mark One: ☒ New Employee ☐ Information Update

NAME: HALL ERIC LEE Soc. Sec. # [REDACTED]
Last First Middle

Address: [REDACTED]

Telephone # Date of Birth: 06-13-66

Spouses Name: HALL LISA RENA
Last First Middle

Social Security # [REDACTED] Date of Birth: 05-13-61

Dependent: CHELSIE NICOLE HALL

Soc. Sec. # _____ Date of Birth: 12-24-93

Dependent: _____

Soc. Sec. # _____ Date of Birth: _____

Dependent: _____

Soc. Sec. # _____ Date of Birth: _____

Dependent: _____

Soc. Sec. # _____ Date of Birth: _____


Dependent: _____

Soc. Sec. # _____ Date of Birth: _____

Race/Ethnic Group: ☐ Alaskan Native ☐ American Indian ☐ Asian
☐ Black ☐ Hispanic ☒ White
☐ Other _____

In Case of Emergency Notify : TERRY AND ROBERTA HALL

Relation: PARENTS Home Phone: [REDACTED] Work Phone: COURTHOUSE


Employee's Signature

Date 09/14/97

Form W-4 (2002)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2002 expires February 16, 2003. See Pub. 505, Tax Withholding and Estimated Tax.

Note: You cannot claim exemption from withholding if (a) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to

income, or two-earner/two-job situations. Complete all worksheets that apply. **However, you may claim fewer (or zero) allowances.**

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using **Form 1040-ES**, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the **Instructions for Form 8233** before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2002. See Pub. 919, especially if you used the **Two-Earner/Two-Job Worksheet** on page 2 and your earnings exceed \$125,000 (Single) or \$175,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent A _____

B Enter "1" if: { • You are single and have only one job; or
• You are married, have only one job, and your spouse does not work; or
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. } . . . B _____

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . E _____

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit . . . F _____

(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit):
• If your total income will be between \$15,000 and \$42,000 (\$20,000 and \$65,000 if married), enter "1" for each eligible child plus 1 additional if you have three to five eligible children or 2 additional if you have six or more eligible children.
• If your total income will be between \$42,000 and \$80,000 (\$65,000 and \$115,000 if married), enter "1" if you have one or two eligible children, "2" if you have three eligible children, "3" if you have four eligible children, or "4" if you have five or more eligible children. G _____

H Add lines A through G and enter total here. Note: This may be different from the number of exemptions you claim on your tax return. H _____

For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0010
			► For Privacy Act and Paperwork Reduction Act Notice, see page 2.	2002
1	Type or print your first name and middle initial <i>Eric L</i>	Last name <i>Hall</i>	2	Your social security number <i>[REDACTED]</i>
Home address (number and street or rural route) <i>[REDACTED]</i>			3	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code <i>[REDACTED]</i>			4	If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)			5 <i>1</i>
6	Additional amount, if any, you want withheld from each paycheck			6 \$
7	I claim exemption from withholding for 2002, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here			<i>[REDACTED]</i>
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.				
Employee's signature (Form is not valid unless you sign it.) <i>Eric Hall</i>			Date <i>04/24/02</i>	
8	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9	Office code (optional)
			10	Employer identification number

Form W-4 (2000)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 2000 expires February 16, 2001.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$700 and includes more than \$250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized

deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. **However, you may claim fewer (or zero) allowances.**

Child tax and higher education credits. For details on adjusting withholding for these and other credits, see Pub. 919, How Do I Adjust My Tax Withholding?

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 prepared for the highest paying job and zero allowances are claimed for the others.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2000. Get Pub. 919 especially if you used the **Two-Earner/Two-Job Worksheet** on page 2 and your earnings exceed \$150,000 (Single) or \$200,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent A _____

B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less B _____

C Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (Entering -0- may help you avoid having too little tax withheld.) C _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E _____

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit F _____

G **Child Tax Credit:**
 • If your total income will be between \$18,000 and \$50,000 (\$23,000 and \$63,000 if married), enter "1" for each eligible child.
 • If your total income will be between \$50,000 and \$80,000 (\$63,000 and \$115,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children G _____

H Add lines A through G and enter total here. **Note:** This may be different from the number of exemptions you claim on your tax return. ► H _____

For accuracy, complete all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you are single, have more than one job and your combined earnings from all jobs exceed \$34,000, OR if you are married and have a working spouse or more than one job and the combined earnings from all jobs exceed \$60,000, see the **Two-Earner/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0010 2000	
► For Privacy Act and Paperwork Reduction Act Notice, see page 2.					
1 Type or print your first name and middle initial <i>Eric L.</i>		Last name <i>Hall</i>		2 Your social security number [REDACTED]	
Home address (number and street or rural route) [REDACTED]		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <i>Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.</i>			
City or town, state, and ZIP code [REDACTED]		4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above OR from the applicable worksheet on page 2)				5	3
6 Additional amount, if any, you want withheld from each paycheck				6	\$
7 I claim exemption from withholding for 2000, and I certify that I meet BOTH of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, write "EXEMPT" here				[REDACTED]	
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status. Employee's signature (Form is not valid unless you sign it) ► <i>Eric Hall</i>				Date ► <i>03/29/00</i>	
8 Employer's name and address (Employer Complete lines 8 and 10 only if sending to the IRS.)				9 Office code (optional)	10 Employer identification number

Form W-4 (1999)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 1999 expires February 16, 2000.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$700 and includes more than \$250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet. The worksheets on page 2 adjust your withholding allowances based on itemized

deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. **However, you may claim fewer allowances.**

Child tax and higher education credits. For details on adjusting withholding for these and other credits, see Pub. 919, Is My Withholding Correct for 1999?

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding will usually be most accurate when all allowances are claimed on the Form W-4 prepared for the highest paying job and zero allowances are claimed for the others.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your estimated total annual tax. Get Pub. 919 especially if you used the Two-Earner/Two-Job Worksheet and your earnings exceed \$150,000 (Single) or \$200,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u>1</u>
B	Enter "1" if: <ul style="list-style-type: none">• You are single and have only one job; or• You are married, have only one job, and your spouse does not work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.	B	<u> </u>
C	Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (This may help you avoid having too little tax withheld.)	C	<u>1</u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u>3</u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit	F	<u> </u>
G	Child Tax Credit: <ul style="list-style-type: none">• If your total income will be between \$20,000 and \$50,000 (\$23,000 and \$63,000 if married), enter "1" for each eligible child.• If your total income will be between \$50,000 and \$80,000 (\$63,000 and \$115,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children	G	<u>3</u>
H	Add lines A through G and enter total here. Note: This amount may be different from the number of exemptions you claim on your return. ▶	H	<u>4</u>

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single, have more than one job and your combined earnings from all jobs exceed \$32,000, OR if you are married and have a working spouse or more than one job and the combined earnings from all jobs exceed \$55,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give the certificate to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0010 1999	
▶ For Privacy Act and Paperwork Reduction Act Notice, see page 2.					
1 Type or print your first name and middle initial <u>Eric L</u>		Last name <u>Hall</u>		2 Your social security number <u>[REDACTED]</u>	
Home address (number and street or rural route) <u>[REDACTED]</u>		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.			
City or town, state, and ZIP code <u>[REDACTED]</u>		4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card . . . ▶ <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the worksheets on page 2 if they apply)				5 <u>2</u>	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ <u> </u>	
7 I claim exemption from withholding for 1999, and I certify that I meet BOTH of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, write "EXEMPT" here ▶				7 <u> </u>	
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status. •					
Employee's signature (Form is not valid unless you sign it) ▶ <u>Eric Hall</u>				Date ▶ <u>02/18/99</u>	
8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)				9 Office code (optional)	
				10 Employer identification number	

Form W-4 (1998)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 1998 expires February 16, 1999.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$700 and includes unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet. The worksheets on page 2 adjust your

withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances.

New—Child tax and higher education credits. For details on adjusting withholding for these and other credits, see Pub. 919, Is My Withholding Correct for 1998?

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one W-4. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Check your withholding. After your W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your estimated total annual tax. Get Pub. 919 especially if you used the Two-Earner/Two-Job Worksheet and your earnings exceed \$150,000 (Single) or \$200,000 (Married). To order Pub. 919, call 1-800-829-3676. Check your telephone directory for the IRS assistance number for further help.

Sign this form. Form W-4 is not valid unless you sign it.

Personal Allowances Worksheet

- A Enter "1" for **yourself** if no one else can claim you as a dependent A _____
- B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. B _____
- C Enter "1" for your **spouse**. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (This may help you avoid having too little tax withheld.) C _____
- D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return D _____
- E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) E _____
- F Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit F _____
- G **New—Child Tax Credit:** • If your total income will be between \$16,500 and \$47,000 (\$21,000 and \$60,000 if married), enter "1" for each eligible child. • If your total income will be between \$47,000 and \$80,000 (\$60,000 and \$115,000 if married), enter "1" if you have two or three eligible children, or enter "2" if you have four or more G _____
- H Add lines A through G and enter total here. **Note:** This amount may be different from the number of exemptions you claim on your return. ► H _____
- For accuracy, complete all worksheets that apply.
 • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
 • If you are **single**, have **more than one job**, and your combined earnings from all jobs exceed \$32,000 OR if you are **married** and have a **working spouse or more than one job**, and the combined earnings from all jobs exceed \$55,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give the certificate to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0010 1998
► For Privacy Act and Paperwork Reduction Act Notice, see page 2.				
1 Type or print your first name and middle initial <i>Eric L.</i>		Last name <i>Hall</i>		2 Your social security number [REDACTED]
Home address (number and street or rural route) [REDACTED]		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.		
City or town, state, and ZIP code [REDACTED]		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the worksheets on page 2 if they apply)				5 <i>1</i>
6 Additional amount, if any, you want withheld from each paycheck				6 \$
7 I claim exemption from withholding for 1998, and I certify that I meet BOTH of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, enter "EXEMPT" here				7 [REDACTED]
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.				
Employee's signature ► <i>Eric Hall</i>		Date ► <i>04/22</i>		19 <i>98</i>
8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)		9 Office code (optional)	10 Employer identification number	

2/11



Application For Employment

P. O. Box 998-45 East Broad Street
Cookeville, TN 38503-0998
615-526-9591

This application is a very important part of the selection process. All requested information must be furnished. Please be aware that the information you provide will be used in the job screening process. Therefore, it is important that you be as specific as possible in your description of past and present experiences, training and education.

Answer all questions fully and accurately. If additional space is needed, please use a blank sheet and attach it to the application form. If an item does not apply to you, or if there is no information to be given, please write in the letters "N.A." for not applicable.

All applications are public documents and are open to public inspection and/or publication.

Position Applied For: Police Officer ^{10/4/97} Date 12/29/96

Name Hall Eric Lee
Last First Middle

Residential
Address [REDACTED]
Number Street
[REDACTED] [REDACTED]
City State
Mailing
Address [REDACTED]
Number Street
[REDACTED] [REDACTED] [REDACTED]
City State Zip
Telephone [REDACTED] Social Security # [REDACTED]
Area Code

The City of Cookeville is an Affirmative Action, Equal Opportunity Employer

EMPLOYMENT EXPERIENCE

Provide the information requested below beginning with your present or last job. Include military assignments.

1	Employer <u>Nashville TN Metropolitan Police Dept.</u>	Dates Employed		Work Performed
	Telephone <u>862-8600</u>	From	To	<u>School Zone traffic enforcement to serving high risk felony warrants.</u>
	Address <u>200 James Robertson Parkway Nashville, TN</u>			
	Job Title <u>Police Officer II</u>	<u>Nov/94</u>	<u>Present</u>	<u>Regular Duty, Patrol Officer for East Station 2nd shift</u>
	Supervisor <u>Sgt. Pennington</u>	Hourly Rate/Salary Starting	Final	
	Reason for Leaving <u>Present Employer</u>	<u>11.00</u>	<u>15.14</u>	
		<u>Per/Hr</u>	<u>Per/Hr</u>	

2	Employer <u>Fleetguard Inc.</u>	Dates Employed		Work Performed
	Telephone <u>526-9551</u>	From	To	<u>Assembly Work</u>
	Address <u>Rt 8 Cookeville TN 38501</u>			<u>Quality test work</u>
	Job Title <u>Grade III Welder</u>	<u>May/88</u>	<u>Oct/94</u>	<u>Forklift Driver</u>
	Supervisor <u>Bobby Allen</u>	Hourly Rate/Salary Starting	Final	<u>Welder</u>
	Reason for Leaving	<u>9.12</u>	<u>10.16</u>	
		<u>Per/Hr</u>	<u>Per/Hr</u>	

3	Employer <u>General Processing</u>	Dates Employed		Work Performed
	Telephone <u>615) 484-5163</u>	From	To	<u>Assembly Work</u>
	Address <u>P.O. Box 568 Crossville, TN 38555</u>			<u>Quality test work</u>
	Job Title <u>General Laborer</u>	<u>Jan/88</u>	<u>Apr/88</u>	<u>Forklift Driver</u>
	Supervisor <u>Albert Lowe</u>	Hourly Rate/Salary Starting	Final	
	Reason for Leaving <u>Better Pay + Benefits</u>	<u>6.75</u>	<u>6.75</u>	
		<u>Per/Hr</u>	<u>Per/Hr</u>	

4	Employer <u>Vincennes University</u>	Dates Employed		Work Performed
	Telephone <u>1-888-846-8688</u>	From	To	<u>On Duty: Making rounds & answering complaints in the dormitory.</u>
	Address <u>Main Street Vincennes, IN.</u>			<u>Front Desk Duty: Answering phone calls. Distributing mail.</u>
	Job Title <u>Resident Assistant</u>	<u>Aug/87</u>	<u>Dec/87</u>	<u>Administrative Duty: Occupancy Records. Disciplinary Reports.</u>
	Supervisor <u>Ron Campbell</u>	Hourly Rate/Salary Starting	Final	<u>Schedule Dorm & Wing Activities</u>
	Reason for Leaving <u>Graduation</u>			
		<u>Room & Board</u>		

If you need additional space, please continue on a separate sheet of paper.

Form W-4 (1997)

Want More Money in Your Paycheck?

If you expect to be able to take the earned income credit for 1997 and a child lives with you, you may be able to have part of the credit added to your take-home pay. For details, get Form W-5 from your employer.

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay. Form W-4 may be completed electronically, if your employer has an electronic system. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. *If exempt, only complete lines 1, 2, 3, 4, 7, and sign the form to validate it.* No Federal income tax will be withheld from your pay. Your exemption expires February 17, 1998.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$650 and includes unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic Instructions. If you are not exempt, complete the Personal Allowances Worksheet. Additional worksheets are on page 2 so you can adjust your withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making

estimated tax payments using Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

Two Earners/Two Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Check Your Withholding. After your W-4 takes effect, use **Pub. 919, Is My Withholding Correct for 1997?**, to see how the dollar amount you are having withheld compares to your estimated total annual tax. Get Pub. 919 especially if you used the Two-Earner/Two-Job Worksheet and your earnings exceed \$150,000 (Single) or \$200,000 (Married). To order Pub. 919, call 1-800-829-3676. Check your telephone directory for the IRS assistance number for further help.

Sign This Form. Form W-4 is not considered valid unless you sign it.

Personal Allowances Worksheet

- A Enter "1" for **yourself** if no one else can claim you as a dependent A _____
- B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.
 B _____
- C Enter "1" for your **spouse**. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld) C _____
- D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return D _____
- E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of Household** above) E _____
- F Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit F _____
- G Add lines A through F and enter total here. **Note:** This amount may be different from the number of exemptions you claim on your return ► G _____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are **single** and have **more than one job** and your combined earnings from all jobs exceed \$32,000 OR if you are **married** and have a **working spouse or more than one job**, and the combined earnings from all jobs exceed \$55,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 5 of Form W-4 below.

----- Cut here and give the certificate to your employer. Keep the top portion for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ► For Privacy Act and Paperwork Reduction Act Notice, see reverse.		OMB No. 1545-0010 1997	
1 Type or print your first name and middle initial Eric L.		Last name Hall		2 Your social security number [REDACTED]	
Home address (number and street or rural route) [REDACTED]		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.			
City or town, state, and ZIP code [REDACTED]		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card <input checked="" type="checkbox"/>			
5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply)				5	0
6 Additional amount, if any, you want withheld from each paycheck				6	\$ N/A
7 I claim exemption from withholding for 1997, and I certify that I meet BOTH of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, enter "EXEMPT" here ► 7				[REDACTED]	
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.					
Employee's signature ► Eric Hall		Date ► 04/16/97		1997	
8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)		9 Office code (optional)		10 Employer identification number	

City of Cookeville

Agreement for the return of and/or reimbursement for assigned City property

I do hereby acknowledge receipt of the City property listed below that will be used in the course of my employment. I understand that I am responsible for the care and safe keeping of the property. I do further agree to return to the City the property listed below in good working order (normal wear and tear expected), and to reimburse the City for any damaged or lost property.

(List all tools, uniforms, manuals, vehicles and other equipment assigned to the employee; however, vehicles and equipment assigned only for overnight use during on-call time should not be included. Be detailed in your description of the property. After the last item in the list, draw an "x" in the unused space on the form.)

Eric Hall 4/14/97 William A Benson 4-14-97
Employee Sign. Date Director Sign. Date

Employee Orientation Program

Page 2

Occupational Safety & Health Program (Safety Coordinator, Human Resources)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Safety Program | <input checked="" type="checkbox"/> Right-to-Know Policy |
| <input checked="" type="checkbox"/> Reporting Accidents | <input checked="" type="checkbox"/> Worker's Compensation |
| <input checked="" type="checkbox"/> Personal Protective Equipment (Foot, Eye, Head, etc.) | <input checked="" type="checkbox"/> Panel Physicians |
| <input checked="" type="checkbox"/> Work Zone Safety | <input checked="" type="checkbox"/> Return-to-Work |
| <input checked="" type="checkbox"/> Confined Space | <input checked="" type="checkbox"/> Bloodborne Pathogens |
| <input checked="" type="checkbox"/> Drug Testing | <input checked="" type="checkbox"/> Trenching Safety |
| | <input checked="" type="checkbox"/> Lumbar Belts/Proper Lifting |

☐ Other (specify) _____

☐ _____

General Sign-Up (Compensation/Benefits Coordinator)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Personnel Action Form | <input checked="" type="checkbox"/> Copy of Required Diploma |
| <input checked="" type="checkbox"/> Personal Data Form | <input checked="" type="checkbox"/> Copy of Required Certification/License |
| <input checked="" type="checkbox"/> Completed/Signed Application | <input checked="" type="checkbox"/> Health Insurance Sign-Up |
| <input checked="" type="checkbox"/> Physical Examination Form | <input checked="" type="checkbox"/> Life Insurance Sign-Up |
| <input checked="" type="checkbox"/> Withholding Form | <input checked="" type="checkbox"/> Deferred Compensation Sign-Up |
| <input checked="" type="checkbox"/> I-9 Form | <input checked="" type="checkbox"/> COBRA |
| <input checked="" type="checkbox"/> Copy of Social Security Card | <input checked="" type="checkbox"/> Elective Insurance |
| <input checked="" type="checkbox"/> Copy of Driver's License | <input checked="" type="checkbox"/> Christmas Club |
| <input type="checkbox"/> Other (specify) <u>TCRS</u> | <input type="checkbox"/> <u>Credit Union</u> |

☐ _____

Dellian G. Bess 4-14-97
Department Director Date

Nick Monroel 4/14/97
Safety Coordinator Date

Jim Burchett 4/14/97
Human Resources Director Date

Lance Byers 4-16-97
Compensation/Benefits Coordinator Date

=====

The appropriate city official has reviewed the above listed items with me and I understand my duties and responsibilities for the position of Police Officer in the Police department.

Eric Hall 04/16/97
Employee's Signature Date

COURSE NUMBER	COURSE TITLE	GRADE	CREDIT HOURS	QUALITY POINTS	COURSE NUMBER	COURSE TITLE	GRADE	CREDIT HOURS	QUALITY POINTS
---------------	--------------	-------	--------------	----------------	---------------	--------------	-------	--------------	----------------

UNDERGRADUATE ACADEMIC RECORD

SECONDARY SCHOOLS:

PENDLETON HEIGHTS HIGH SCHOOL 00/00 - 00/00

DEGREES AWARDED:

ASSOCIATE OF SCIENCE DEC 1987

VINCENNES MAIN CAMPUS

MAJOR: LAW ENFORCEMENT, CONSERVATION

CUM GPA: 2.681

-----1985 FALL-----

ADMITTED PROGRAM:

VINCENNES MAIN CAMPUS

ASSOCIATE OF SCIENCE

MAJOR: GENERAL STUDIES

R -011	READING TECHNIQUES	B	2.0	6.0
W -101	ENGLISH COMPOSITION I	C	3.0	6.0
S -100	EARTH SCIENCE	C	3.0	6.0
-012	BEGINNING ALGEBRA	W	(3.0)	0.0
-105	SURV OF PRINTING TECHN	B	2.0	6.0
AT -105	APPLIED MATHEMATICS I	C	3.0	6.0
CURRENT AHS EHS QHS QPTS GPA				
CUMULATIVE 16.0 13.0 13.0 30.0 2.308				

-----1986 SPRING-----

PS -142	GENERAL PSYCHOLOGY	B	3.0	9.0
ER -102	READING IN CONTENT ARE	W	(2.0)	0.0
PC -160	PLANT+ANIMAL MANAGEMEN	B	3.0	9.0
PE -123	ARCHERY	A	1.0	4.0
PL -150	INTRO TO CRIMINOLOGY	B	3.0	9.0
PL -155	CRIMINAL LAW I	C	3.0	6.0
CURRENT AHS EHS QHS QPTS GPA				
CUMULATIVE 15.0 13.0 13.0 37.0 2.846				
CUMULATIVE 31.0 26.0 26.0 67.0 2.577				

-----1986 FALL-----

P -100	SURVEY CRIMINAL JUSTIC	B	3.0	9.0
PC -101	CONSERV ENFORCEMENT I	B	3.0	9.0
EW -102	ENGLISH COMPOSITION II	C	3.0	6.0
PC -200	FISH MANAGEMENT	C	3.0	6.0
PF -121	INTERMEDIATE SWIMMING	W	(1.0)	0.0
-205	CRIMINAL LAW II	B	3.0	9.0
CURRENT AHS EHS QHS QPTS GPA				
CUMULATIVE 16.0 15.0 15.0 39.0 2.600				
CUMULATIVE 47.0 41.0 41.0 106.0 2.585				
***** NO FURTHER ENTRIES THIS COLUMN *****				

SLS -101
 EPC -250
 EPC -255
 SES -108
 HSS -143
 PPE -124

APD -112
 EPL -106
 EPL -200
 EPL -210

-----1987 SPRING-----				
PLANT+ANIMAL BIOLOGY	B	3.0	9.0	
CONSERV ENFORCEMENT II	B	3.0	9.0	
WILDLIFE MANAGEMENT	C	3.0	6.0	
PRINCIPLES CONSERVATIO	B	3.0	9.0	
SPEED	C	3.0	6.0	
WEIGHT TRAINING	A	1.0	4.0	
CURRENT AHS EHS QHS QPTS GPA				
CUMULATIVE 16.0 16.0 16.0 43.0 2.688				
CUMULATIVE 63.0 57.0 57.0 149.0 2.614				

-----1987 FALL-----

PROGRAM:

VINCENNES MAIN CAMPUS

ASSOCIATE OF SCIENCE

MAJOR: LAW ENFORCEMENT, CONSERVATION

STATE+LOCAL GOVERNMENT	B	3.0	9.0	
INTRO TO TRAFFIC CONTR	B	3.0	9.0	
CRIMINALISTICS I	B	3.0	9.0	
POLICE OPER+COMMUN REL	B	3.0	9.0	
CURRENT AHS EHS QHS QPTS GPA				
CUMULATIVE 12.0 12.0 12.0 36.0 3.000				
CUMULATIVE 75.0 69.0 69.0 185.0 2.681				
DEGREE REQUIREMENTS COMPLETED FOR				
ASSOCIATE OF SCIENCE				
** END OF UNDERGRADUATE ACADEMIC RECORD**				

KEY:
 R - REPEATED COURSE

[Signature]
 OFFICIAL SIGNATURE

High School Graduates



South Madison Community Schools

His Excellency

Eric Lee Hall

*has satisfactorily completed the Course of Study provided for
Graduation from this School and is therefore entitled to this*

Diploma

Given at Hendleton, Indiana, this 20th day of May, 1984.

Gene J. Hirsberg

SECRETARY

Charles S. Mock

SUPERINTENDENT

Walter A. Lewis

PRESIDENT

John Q. Skinner

PRINCIPAL

RELEASE AND WAIVER OF CLAIMS

COOKEVILLE POLICE DEPARTMENT

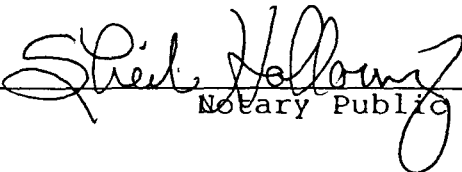
Before you will be permitted to take the physical performance test, you must sign this release and waiver of claims form. If for some reason you are not physically capable of taking this test, please do not attempt to since it might result in injury to you.

Release and Waiver of Claims:

I do hereby request permission of the Cookeville Police Department to take the police entrance physical performance exam. If granted, I do hereby release and forever discharge--and by these presents do for myself, my heirs, executors, administrators, and assigns--release and forever discharge the City of Cookeville, the Cookeville Police Department, and CPD agents and employees of and from all claims, demands, actions, or causes of actions, on account of any injuries resulting from taking this test.


Signature of Applicant

Sworn to and subscribed before me
this 10th day of Feb, 1997.


Notary Public

My commission expires: March 21, 2000

CIVIL APPLICANT RESPONSE

PCN 971198175811 CIDN OCA
HALL, ERIC LEE W 510 06/13/66
MNU [REDACTED] SEX M

FPC 08 TT TT TT 10 10 TT TT 10 12

HEN CLASS 8 S 1 T2T 10
 S 1 TT I

TN0710100 POLICE DEPARTMENT DATE FP
 COOKEVILLE TN 04/03/97

A SEARCH OF THE FINGERPRINTS ON THE ABOVE
INDIVIDUAL HAS FAILED TO DISCLOSE PRIOR ARREST DATA.

CJIS DIVISION

05/19/97 FEDERAL BUREAU OF INVESTIGATION

** SPECIAL INFORMATION

CIVIL NON-IDENT FINGERPRINT CARD FOR THIS SUBJECT HAS BEEN DESTROYED.

TN0710100
CHIEF
POLICE DEPARTMENT
10 EAST BROAD ST
BOX 849
COOKEVILLE, TN 38501-3210



Certificate of Commendation

**METROPOLITAN POLICE DEPARTMENT
Nashville-Davidson County, Tennessee**

Is Awarded to

Eric Hall

in recognition of commendable service rendered the
citizens of Nashville and Davidson County, Tennessee

HONORABLE MAYOR

CHIEF OF POLICE

March 19, 1997

DATE

Indiana University Junior College

Be It Hereby Certified that

Eric H. Hall

having completed the Course of Study as prescribed by Vincennes University and having complied with all other requirements for graduation, is granted therefore upon recommendation of the faculty the title of

Associate in Science

In Testimony Whereof, this diploma is given, attested with the seal of the University and the signatures of its duly authorized officers at Vincennes, Indiana, the nineteenth day of December, 1987.

CHAIRMAN OF THE BOARD OF TRUSTEES

Edw. C. Early

DEAN OF FACULTY

John P. Schmelking



PRESIDENT

Philip H. Summers

REGISTRAR

Henry W. Henderson

FRIENDSHIP

LOVE

TRUTH

Judge John L. Draper
Joint Nashville Police—Odd Fellow Award

This is to Certify that

Eric A. Hall

has been presented this certificate for unusual and outstanding devotion
to duty and law enforcement as a member of the Metropolitan
Nashville Police Department.

The 23rd day of October, 19 95

Arthur L. Miller

George L. Hoffman

Earl McElwaine

Earl McElwaine

Joe H. Dickson

Thos. J. Smith

Walter Smith

Donald H. Jones

Earl Smith

Donald H. Jones

COURAGE

LOYALTY

INTEGRITY

DEPARTMENT OF HEALTH

ANDERSON, INDIANA

Certificate of Birth

THIS IS TO CERTIFY, That our records show:

Name Eric Lee Hall

Was born in Anderson Indiana, on June 13, 1966

Child of Terry and Roberta Hall

Birthplace of father Tennessee Birthplace of mother Pennsylvania

Record was filed June 17 1966 (Date) Book No. CH44 Page No. 141

(SEAL)

(Health Officer)

Issued on Jan. 10, 1967



APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK
 LAST NAME NAM FIRST NAME ERIC MIDDLE NAME L

FBI LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

Eric Hall

RESIDENCE OF PERSON FINGERPRINTED

[REDACTED]

DATE 04-03-97 SIGNATURE OF OFFICIAL TAKING FINGERPRINTS *James R. Lane*

EMPLOYER AND ADDRESS

COOKEVILLE POLICE DEPARTMENT
 10 EAST BROAD STREET
 COOKEVILLE, TN 38501

REASON FINGERPRINTED

POLICE APPLICANT

ALIASES AKA

O
R
I

TN0710100
 PD
 COOKEVILLE, TN

DATE OF BIRTH DOB
 Month 06 Day 13 Year 66

CITIZENSHIP CTZ
USA

SEX	RACE	HGT	WGT	EYES	HAIR
M	W	510	165	BLU	BRO

PLACE OF BIRTH POB
ANDERSON, IN

YOUR NO. OCA

LEAVE BLANK

FBI NO. FBI

ARMED FORCES NO. MNU

SOCIAL SECURITY NO. [REDACTED]

MISCELLANEOUS NO. MNU

CLASS _____

REF. _____



1. R. THUMB



2. R. INDEX



3. R. MIDDLE



4. R. RING



5. R. LITTLE



6. L. THUMB



7. L. INDEX



8. L. MIDDLE



9. L. RING



10. L. LITTLE



LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY



L. THUMB



R. THUMB

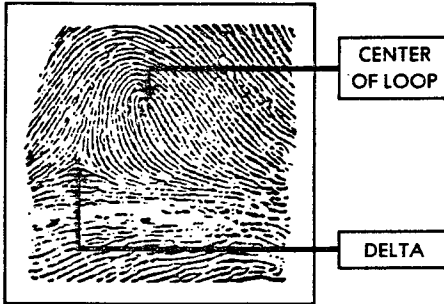


RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

**FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20537**

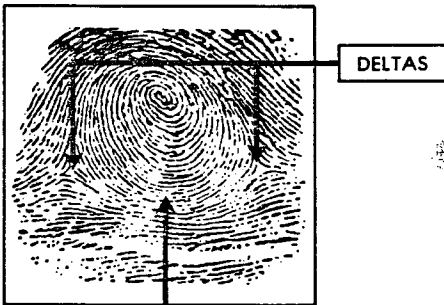
APPLICANT

1. LOOP



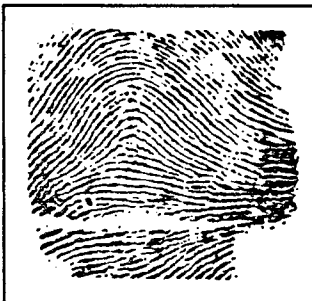
THE LINES BETWEEN CENTER OF
LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN
DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

FD-258 (REV. 12-29-82)

TO OBTAIN CLASSIFIABLE FINGERPRINTS:

1. USE BLACK PRINTER'S INK.
2. DISTRIBUTE INK EVENLY ON INKING SLAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. IF AN AMPUTATION OR DEFORMITY MAKES IT IMPOSSIBLE TO PRINT A FINGER, MAKE A NOTATION TO THAT EFFECT IN THE INDIVIDUAL FINGER BLOCK.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED WITH A MEMO STAPLED TO THE CARD EXPLAINING THE CIRCUMSTANCES.
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED. BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE).

THIS CARD FOR USE BY:

LEAVE THIS SPACE BLANK

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

INSTRUCTIONS:

- *1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
 2. PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.
 - **3. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
 4. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO., PASSPORT NO. (PP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS), VETERANS' ADMINISTRATION CLAIM NO. (VA).

COOKEVILLE POLICE DEPARTMENT

OFF-DUTY EMPLOYMENT

Request Form

I, Eric Hall (employee's name),
respectfully request permission to work security and direct
traffic on my off-duty time for department stores, auctions,
special events, and related businesses as needed and approved by
the Chief of Police.

I further request permission to wear my duty uniform during these
activities and to drive my assigned patrol car to the function.
The patrol car will be used to signify that a uniformed officer
is present and carry out necessary law enforcement activities.

Eric Hall
Signature of Requesting Employee

12/20/01
Date

Bruce Lamb Sgt
Signature of Approving Supervisor

12/20/01
Date

[Signature]
Signature of Chief of Police

12/21/01
Date

[Signature]
Signature of City Manager

12/28/01
Date

COOKEVILLE POLICE DEPARTMENT

OFF-DUTY EMPLOYMENT

Employee's Form

I, Eric Hall (name of employee), hereby knowingly and voluntarily permanently give up, waive, and release any and all rights I might have (or might later acquire) against the City of Cookeville, or any of its officers or employees for any personal injuries (physical or non-physical) or for property damage that I have (or that I may in the future experience) as a result of my self-employment, my employment by Service Merchandise (name of employer), or my employment by anyone other than the City of Cookeville.

I recognize that, in the course of my employment, compensation, or direction by anyone other than the City of Cookeville; I will not be covered under the city's workers' compensation and/or liability coverage. My waiver and release of these rights includes, but is not limited to, any right of mine to representation by an attorney, or to indemnification by the City, or to coverage under any workers' compensation or liability policies held by the City.

I agree that I shall not make any claims nor file any lawsuits against the City of Cookeville, its officers, employees, or the TML Risk Management Pool for any such injuries or damages. Should a lawsuit be filed against the City of Cookeville, its officers, employees, or the TML Risk Management Pool as a result of my employment, compensation, and/or direction by anyone other than the City of Cookeville; I agree to defend such lawsuit and to indemnify and hold them harmless from any damages due to my negligence, malfeasance, or misfeasance while working in an off-duty capacity.

WITNESS OUR HANDS, this 20th day of DEC., 2001

Eric Hall
Signature of Employee

Patrolman [Signature]
Signature of Witness

Eric Hall
Name of Employee

PATROLMAN [Signature]
Name and Title of Witness

**MASTER POLICE OFFICER
QUALIFICATION WORKSHEET**

Officer's Name: Eric Hall

Date: 12/09/00

Recommending Supervisor: SGT BRUCE LAMB

INSTRUCTIONS: The nominating supervisor will advise/assist the applying officer in filling out this form. The applying officer will fill in the blanks along the left side of the form in the "Qualifying Points" section with the number of points the officer feels appropriate (except in the "Officer Initiated Activities" section). The supervisor will confirm that minimum requirements are met, adjust the value of points assigned as needed, assign a point value for "Officer Initiated Activities", and total all points. If a supervisor adjusts the value of points assigned, the supervisor will write in the new point value and initial the change. For further information, see General Order 120-1 Career Development. Attach additional sheets as necessary.

MINIMUM REQUIREMENTS
(To Be Completed By Supervisor)

Circle appropriate selection:

- ☒ Yes / No Six (6) years of continuous sworn civilian law enforcement experience, two (2) years must be with the Cookeville Police Department
- ☒ Yes / No Five (5) years patrol experience
- ☒ Yes / No Overall satisfactory performance evaluations for past two (2) consecutive years
- ☒ Yes / No Pass physical fitness test
-

QUALIFYING POINTS

EDUCATION: (Maximum -50 Points)

College (Maximum - 20 Points)
(1 Point for Every 5 Semester Hours)

of Points

 Bachelor of Science (20 Points Maximum)

 10 Associate (10 Points Maximum)

 Other _____

(College courses must be approved by a TN Board of Regents Institution or equivalent.)

Total College Points

Law Enforcement Schools (*Maximum –50 Points*)
(*1.5 Points for Every 8 Hours*)

of Points

List Schools Attended

1.5

TIBRS - 06/18/99

7.5

Basic SWAT - 05/21/99

7.5

FTO School - 10/23/98

7.5

Traffic Accident - 03/27/98

7.5

Tactical Talk - 12/11/97

(Law Enforcement Schools must be specialized training above generic in-service training.)

31.5

Total Law Enforcement School Points

41.5

TOTAL Points from Education

SPECIAL ASSIGNMENTS: *(Maximum -- 20 Points)*

of Points

10

Active Field Training Officer Program [As Determined by FTO Committee]
(10 Points)

1992-1993

K-9 Officer Program (10 Points)

10

Critical Response Team (10 Points)

First Responder (10 Points)

Crime Scene Technicians (10 Points)

_____ Victim Services Officer (10 Points)
_____ Traffic Accident Specialist (10 Points)
_____ Crisis Team Negotiator (10 Points)
_____ Active Instructor of Certified Law Enforcement Topic and Completion of
Instructor Development Course (10 Points)
List Classes: _____

10 Other (10 Points) Honor Guard

~~30~~ 20 TOTAL Points from Special Assignments

ADDITIONAL QUALIFYING POINTS: (Maximum -- 60 Points)

of Points

12 Years of Law Enforcement Experience as Sworn Civilian Police Officer
(2 Points Per Year Up To A Maximum Of 40 Points)
_____ Years of Civilian Law Enforcement Related Experience (1 Point Per Year)
5 No At-Fault Accidents (Last 2 Years - 10 Points) OR (Last Year - 5 Points)
10 No Negative Counseling (Last 2 Years -10 Points) OR (Last Year - 5 Points)
_____ Military Experience (No More Than 1 Point Per Year Of Active Duty Or 1 Point
Per Two Years Of Guard/Reserve Duty Up To A Maximum Of 5 Points)
40 Officer Initiated Activities (Up To 40 Points Maximum To Be Given By
IMMEDIATE SUPERVISOR Along With The Recommendation.)

Self Initiated Activity (5 Points Maximum)
General Shift Productivity and Conviction Rate (10 Points Maximum)
Attitude (10 Points Maximum)
Cooperation (5 Points Maximum)
Commendations, Letters from the Public, etc. (10 Points Maximum)
Other (10 Points Maximum)

60 TOTAL Points from Additional Qualifying Factors

41.5 Education Points
20 Special Assignments Points
60 Additional Qualifying Points

121.5 Overall Point Total
(Minimum of 100 Points Required)

My signature indicates only that I have seen this assessment and does not necessarily mean that I am in agreement.

Officer's Signature Eric Hall Date: 12/09/00

Comments: I appreciate being considered for the Master Police Officer position.

Shift Commander's Signature LT. Ray Lee Date: 12/21/00

[Approve/Disapprove] Comments: Eric, without exception, is the best.

Division Commander's Signature Capt. J. T. Bennett Date: 12-28-00

[Approve/Disapprove] Comments: _____

Operations Commander's Signature Fred C. White Jr. Date: 0102/01

[Approve/Disapprove] Comments: Eric is an outstanding Officer very deserving

Chief of Police Signature [Signature] Date: 12-00/

[Approve/Disapprove] Comments: _____

ATTACHMENT B

COOKEVILLE POLICE DEPARTMENT

OFF-DUTY EMPLOYMENT

Employee's Form

I, Eric Hall (name of employee), hereby knowingly and voluntarily permanently give up, waive, and release any and all rights I might have (or might later acquire) against the City of Cookeville, or any of its officers or employees for any personal injuries (physical or non-physical) or for property damage that I have (or that I may in the future experience) as a result of my self-employment, my employment by Tutco Inc. (name of employer), or my employment by anyone other than the City of Cookeville.

I recognize that, in the course of my employment, compensation, or direction by anyone other than the City of Cookeville; I will not be covered under the city's workers' compensation and/or liability coverage. My waiver and release of these rights includes, but is not limited to, any right of mine to representation by an attorney, or to indemnification by the City, or to coverage under any workers' compensation or liability policies held by the City.

I agree that I shall not make any claims nor file any lawsuits against the City of Cookeville, its officers, employees, or the TML Risk Management Pool for any such injuries or damages. Should a lawsuit be filed against the City of Cookeville, its officers, employees, or the TML Risk Management Pool as a result of my employment, compensation, and/or direction by anyone other than the City of Cookeville; I agree to defend such lawsuit and to indemnify and hold them harmless from any damages due to my negligence, malfeasance, or misfeasance while working in an off-duty capacity.

WITNESS OUR HANDS, this 7th day of September, 2000.

Eric Hall
Signature of Employee

John B. Averitt
Signature of Witness

Eric Hall
Name of Employee

John B. Averitt
Name and Title of Witness

ATTACHMENT D

COOKEVILLE POLICE DEPARTMENT

OFF-DUTY EMPLOYMENT

Employer's Agreement

BE IT REMEMBERED that TATCO, INC. (name of business), hereinafter called Business, and the City of Cookeville, hereinafter called City, have agreed as follows:

1. Business desires to hire off-duty Cookeville Police officers for use as SECURITY OFFICERS (type of job offered).
2. Business desires that the off-duty police officers be allowed to wear the uniform of the Cookeville Police Department and on occasion utilize the communication circuit of the Cookeville Police Department for contact with the Cookeville Police Communications Section.
3. The City desires to facilitate and allow such activities so long as it gains no liability of any nature whatsoever from the contracts and agreements between Business and the individual officers.
4. The parties agree that the officers so employed by Business are, during the time of their services to Business, employees of Business and not employees of the City and, therefore, Business agrees to indemnify and hold harmless the City for any and all liability it may have to any person, company, or organization for damages caused by the police officers of the City who are at the time employed by Business.
5. Business knowingly, voluntarily and permanently gives up and waives any and all rights or claims it may have or later acquire against the City of Cookeville or its officers, employees, or insurance policies arising out of or relating to the course of off duty employment.
6. Business agrees to defend the City of Cookeville or its officers or employees against claims and further agrees not to make a claim upon any insurance held by the City of Cookeville.
7. Business agrees to maintain careful hour records indicating the hour and minute at which the officers become involved in employment by Business and the time at which they cease to be under the employment of Business.

8. Business agrees that the officers will not be directed to perform any duty, while wearing the uniform of the Police Department of the City, which would be inconsistent with the activities the public would expect to observe police officers performing.
9. It is the clear understanding between the City and Business that should any officer leave the premises of Business, during those hours which he/she is working as a Business employee, to pursue ordinary, routine, or other police business of the City, County of Putnam, or State of Tennessee, the City agrees to indemnify and hold harmless Business for any claim, suit, or action arising from the officer's actions while off the premises of Business.

WITNESS OUR HANDS, this 21ST day of July, ~~19~~ 2000.

L. E. Moore
Signature of Business Representative

John D. Giesentanner
Signature of Department Representative

L. E. Moore C. D. Craighead
Name/Title of Business Representative

John D. GIESENTANNER / MASTER PATROLMAN
Name/Title of Department Representative

V. P. Human V. P. Finance
Resources

ATTACHMENT B

COOKEVILLE POLICE DEPARTMENT

OFF-DUTY EMPLOYMENT

Employee's Form

I, ERIC HALL (name of employee), hereby knowingly and voluntarily permanently give up, waive, and release any and all rights I might have (or might later acquire) against the City of Cookeville, or any of its officers or employees for any personal injuries (physical or non-physical) or for property damage that I have (or that I may in the future experience) as a result of my self-employment, my employment by LOWES (name of employer), or my employment by anyone other than the City of Cookeville.


I recognize that, in the course of my employment, compensation, or direction by anyone other than the City of Cookeville; I will not be covered under the city's workers' compensation and/or liability coverage. My waiver and release of these rights includes, but is not limited to, any right of mine to representation by an attorney, or to indemnification by the City, or to coverage under any workers' compensation or liability policies held by the City.

I agree that I shall not make any claims nor file any lawsuits against the City of Cookeville, its officers, employees, or the TML Risk Management Pool for any such injuries or damages. Should a lawsuit be filed against the City of Cookeville, its officers, employees, or the TML Risk Management Pool as a result of my employment, compensation, and/or direction by anyone other than the City of Cookeville; I agree to defend such lawsuit and to indemnify and hold them harmless from any damages due to my negligence, malfeasance, or misfeasance while working in an off-duty capacity.

WITNESS OUR HANDS, this 1st day of JUNE, 2002



Signature of Employee



Signature of Witness

ERIC HALL

Name of Employee

PATROLMAN JON D. GIEZENHANNER

Name and Title of Witness

Cookeville Police Department
Weapon/Tool Authorization Form (9/94)

[Directions: Fill in all blanks that apply. Refer to G.O. 2-1, G.O. 4-1, or the General Departmental Instructor (GDI) for further directions. All forms should be forwarded to the Chief of Police/Operations Commander through the GDI.]

Authorization for
Personally owned: ☒ Firearm
☐ Impact Weapon
☐ Non impact Weapon
☐ Other _____

[Weapon/Tool] [Model] [Serial Number] [Trained by/Date]

1. Colt AR-15 223 cal MHO36305 12/17/99 by Ken Sircy

2. _____

3. _____

4. _____

Type(s) of Ammunition being used: Federal 55gr HP

Most commonly used method of carry: Trunk of vehicle (Patrol Vehicle)

Owner:

I have received training/certification on the approved/appropriate use of the weapon/tool within the Cookeville Police Department's use of force policy.

OR

I wish to use the above tools when appropriate in the line of duty.

OFFICER Eric Hall
DATE 12 1 19 99

ARMORER Ken Sircy
DATE 12 1 17 1 99

I have approved the use of the above listed weapon(s)/tool(s): 1__2__3__4 (Circle all that apply).

☐ Original to P.I.F.
☐ Copy to GDI (CHIEF OF POLICE/OPERATIONS COMMANDER) Fred C. White
☐ Copy to Employee

(DATE) 12 120 1 99

Restrictions/Comments: _____

**Cookeville Police Department
Weapon/tool Authorization Form - Instruction Sheet**

Purpose: For the approval of all non-issued weapons/tools while in the line of duty.

Procedure: Select type of weapon/tool by choosing the appropriate box.

Weapon/Tool:	Fill in the required information.
Model:	Fill in the required information. (If applicable)
Serial Number:	Fill in the required information. (If applicable)
Trained by/Date:	Fill in the required information. (If applicable) The approved instructor should sign and date this section or the requesting officer should fill in the organization's name that did the training.
Ammunition:	If you are using a firearm, you may be required by your instructor or the GDI to use certain types of ammunition.
Method of Carry:	This will need to be filled in for any weapon. Be specific. (type of holster and make, belt clip, etc.)
Officer:	The officer requesting approval should sign and date this area.
Armorer:	Should be signed by a Cookeville Police Department armorer if a firearm passes inspection.

This form will then need to be forwarded to the General Departmental Instructor (GDI).

The Chief of Police may approve or deny any weapon/tool

The Operations Commander may approve or deny any tool.

Be sure to have this FORM approved before using/carrying any personally owned weapon/tool in the line of duty.

(All members will have a grace period of 45 days from the institution of the FORM.)

Example of Weapons: firearms, PR24, Yawara, non-issued aerosol restraint devices, etc.

Example of Tools: Cellular Phones, CB's, Scanners, Restraining devices¹, additional emergency lights, any illumination device requiring a power supply from an assigned vehicle, etc.

(09/94)

¹

Restraining devices may be scrutinized more carefully than other tools because they can cause injury or death if improperly used. Therefore, special training may be required by the Operations Commander for such devices.

COOKEVILLE POLICE DEPARTMENT

OFF-DUTY EMPLOYMENT

Request Form

I, Eric Hall (employee's name),
respectfully request permission to work security and direct
traffic on my off-duty time for department stores, auctions,
special events, and related businesses as needed and approved by
the Chief of Police.

I further request permission to wear my duty uniform during these
activities and to drive my assigned patrol car to the function.
The patrol car will be used to signify that a uniformed officer
is present and carry out necessary law enforcement activities.

Eric Hall
Signature of Requesting Employee

04/23/99
Date

Sgt. John B. Bell
Signature of Approving Supervisor

4-23-99
Date

[Signature]
Signature of Chief of Police

4-26-99
Date

Jan Shively
Signature of City Manager

4-28-99
Date

COOKEVILLE POLICE DEPARTMENT

OFF-DUTY EMPLOYMENT

Employee's Form

I, Eric Hall (name of employee), hereby knowingly and voluntarily permanently give up, waive, and release any and all rights I might have (or might later acquire) against the City of Cookeville, or any of its officers or employees for any personal injuries (physical or non-physical) or for property damage that I have (or that I may in the future experience) as a result of my self-employment, my employment by U.S. Post Office S.W. Willow Ave. (name of employer), or my employment by anyone other than the City of Cookeville.

I recognize that, in the course of my employment, compensation, or direction by anyone other than the City of Cookeville; I will not be covered under the city's workers' compensation and/or liability coverage. My waiver and release of these rights includes, but is not limited to, any right of mine to representation by an attorney, or to indemnification by the City, or to coverage under any workers' compensation or liability policies held by the City.

I agree that I shall not make any claims nor file any lawsuits against the City of Cookeville, its officers, employees, or the TML Risk Management Pool for any such injuries or damages. Should a lawsuit be filed against the City of Cookeville, its officers, employees, or the TML Risk Management Pool as a result of my employment, compensation, and/or direction by anyone other than the City of Cookeville; I agree to defend such lawsuit and to indemnify and hold them harmless from any damages due to my negligence, malfeasance, or misfeasance while working in an off-duty capacity.

WITNESS OUR HANDS, this 23rd day of April, 1999.

Eric Hall
Signature of Employee

John B. Billy
Signature of Witness

Eric Hall
Name of Employee

SGT. JOHN BILBREY
Name and Title of Witness

ATTACHMENT D

COOKEVILLE POLICE DEPARTMENT

OFF-DUTY EMPLOYMENT

Employer's Agreement

BE IT REMEMBERED that U.S. Post Office, S. Willow Ave. (name of business), hereinafter called Business, and the City of Cookeville, hereinafter called City, have agreed as follows:

1. Business desires to hire off-duty Cookeville Police officers for use as SECURITY (type of job offered).
2. Business desires that the off-duty police officers be allowed to wear the uniform of the Cookeville Police Department and on occasion utilize the communication circuit of the Cookeville Police Department for contact with the Cookeville Police Communications Section.
3. The City desires to facilitate and allow such activities so long as it gains no liability of any nature whatsoever from the contracts and agreements between Business and the individual officers.
4. The parties agree that the officers so employed by Business are, during the time of their services to Business, employees of Business and not employees of the City and, therefore, Business agrees to indemnify and hold harmless the City for any and all liability it may have to any person, company, or organization for damages caused by the police officers of the City who are at the time employed by Business.
5. Business knowingly, voluntarily and permanently gives up and waives any and all rights or claims it may have or later acquire against the City of Cookeville or its officers, employees, or insurance policies arising out of or relating to the course of off duty employment.
6. Business agrees to defend the City of Cookeville or its officers or employees against claims and further agrees not to make a claim upon any insurance held by the City of Cookeville.
7. Business agrees to maintain careful hour records indicating the hour and minute at which the officers become involved in employment by Business and the time at which they cease to be under the employment of Business.

8. Business agrees that the officers will not be directed to perform any duty, while wearing the uniform of the Police Department of the City, which would be inconsistent with the activities the public would expect to observe police officers performing.
9. It is the clear understanding between the City and Business that should any officer leave the premises of Business, during those hours which he/she is working as a Business employee, to pursue ordinary, routine, or other police business of the City, County of Putnam, or State of Tennessee, the City agrees to indemnify and hold harmless Business for any claim, suit, or action arising from the officer's actions while off the premises of Business.

WITNESS OUR HANDS, this 23rd day of APRIL, 1999.

Harlie McCowan
Signature of Business Representative

Don A. Giezantner
Signature of Department Representative

HARLIE McCOWAN
Name/Title of Business Representative
SUPERVISOR CUSTOMER SERVICES

DON P. GIEZENTANNER, PATROLMAN
Name/Title of Department Representative

**COOKEVILLE POLICE DEPARTMENT
COUNSELING FORM**

EMPLOYEE: Officer Eric Hall DATE: March 3, 1999

ACTION: This letter is commend your performance in the investigation of

illegal drug traffic at 144 Carr Ave. on Jan.27,1999. Your initiative to investigate
an illegally parked vehicle led to the discovery of a marijuana growing operation.

SUPERVISOR'S COMMENTS: _____

The arrests made in this case made it possible for the TBI to raid a major marijuana
supplier in the Cookeville area. Seized in that raid was over 100 pounds of marijuana
and a large sum of cash. I want to take this opportunity to personally thank you for a
job well done and encourage you to keep up the good work.

NOTATION/CORRECTIVE ACTION: Job well done.

Sgt. John Bilby
SUPERVISOR'S SIGNATURE

3-3-99
DATE

Eric Hall
EMPLOYEE'S SIGNATURE

03/05/99
DATE

CPD 0304

white-director
yellow-supervisor
pink-employee

ACKNOWLEDGEMENT

I, Eric Hall, a patrolman with the Cookeville Police Department, hereby acknowledge that I have been informed that the "Agreement for Training Reimbursement" which I entered into as a requirement for being hired as a new officer is hereby rescinded. I further acknowledge that I have been given the original copy of the agreement from my personnel file and am, therefore, no longer obligated to repay any training cost.

Eric Hall
Signature

02/11/99
Date

[Signature]
Signature

02/11/99
Date

Original to Officer
✓ Copy to Personnel File

0401720
TO: CITY MANAGER
CITY OF COOKEVILLE
AUG 28 7 34 AM '87

I, Eric Hall, RESPECTFULLY REQUEST PERMISSION TO WORK SECURITY AND DIRECT TRAFFIC ON MY OFF-TIME AT DEPARTMENT STORES, AUCTIONS, SPECIAL EVENTS, AND RELATED BUSINESSES ON AN AS NEEDED BASIS.

I FURTHER REQUEST PERMISSION TO WEAR MY DUTY UNIFORM DURING THESE ACTIVITIES AND TO DRIVE MY ASSIGNED PATROL CAR TO THE FUNCTION. THE PATROL CAR WILL BE USED ONLY TO SIGNIFY THAT A UNIFORMED OFFICER IS PRESENT.

THANK YOU,

Eric Hall

Sgt. Steve Mearns
APPROVING SUPERVISOR

William A. Bens
CHIEF OF POLICE

[Signature]
CITY MANAGER

City of Cookeville

DRUG AND ALCOHOL TESTING POLICY

EMPLOYEE ACKNOWLEDGMENT

As an applicant or an employee, I have carefully read the City of Cookeville drug and alcohol testing policy. I have received a copy of the City of Cookeville drug and alcohol testing policy, understand its requirements, and agree without reservation to follow this policy. As an applicant, I am aware that my offer of employment is conditional upon the results of a drug and/or alcohol test. As an employee, I am aware that I may be required to undergo drug and/or alcohol tests, that I will be informed prior to the drug and/or alcohol test, and that I may be subject to immediate dismissal if I refuse to take the test.

Eric Hall

Name of Applicant or Employee

[REDACTED]

Social Security Number

Department

Supervisor

Eric Hall

(Signature of Applicant or Employee)

04/14/97

Date

Mark Manuel

(Signature of Witness)

4/14/97

Date

PAYROLL CHECK RELEASE AUTHORIZATION

I, Eric L. Hall, do authorize the City of Cookeville to release my payroll check to the below listed individuals if I am unable to receive the check myself. I understand that, without my written consent, no other person will be allowed to receive my payroll check.

Those authorized to receive my check are:

Lisa R. Hall (Wife)

Signature: Eric L. Hall

Date: 04/14/97

Please return this form to Sheila Holloway as soon as possible.

City of Cookeville

Cost of Living Increase Form

Effective Date: June 30, 2002

•Change

• Cost of Living Increase

Name: Hall, Eric

Job Title: Master Police Officer/Spec
Oper

SSN# [REDACTED]

Hire Date: 13-Apr-97

Dept: 120

Step / Salary FY Ending 2002		Step / Salary FY Beginning 2003	
Grade/Step	<u>11.06</u>	Grade/Step:	<u>11.06</u>
Salary	<u>\$32,096.90</u>	New Salary:	<u>\$33,059.81</u>
Bi-Wkly Rate	<u>\$1,234.50</u>	New Bi-Wkly Rate:	<u>\$1,271.53</u>
Hourly Rate	<u>\$15.431</u>	New Hourly Rate:	<u>\$15.894</u> /

Approval:



City Manager or City Clerk/Finance Director

July 1, 2002

Date

City of Cookeville

Personnel Grade / Step Increase Form

Effective Date: April 7, 2002

•Status Change

•Step / Merit Increase

Name: Hall, Eric

Job Title: Master Police Officer/Spec
Oper

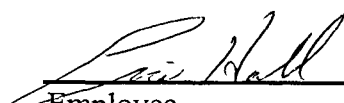
SSN# 

Hire Date: 13-Apr-97

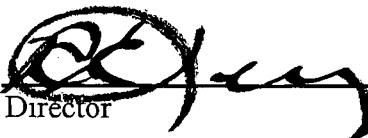
Dept: 120

Step / Salary @ July 1, '01		New Step / Salary Annv Date	
Grade/Step @ 7/1/00	<u>11.05</u>	New Grade/Step:	<u>11.06</u>
Salary @ 7/1/00	<u>\$30,714.74</u>	New Salary:	<u>\$32,096.90</u>
Bi-Weekly Rate @ 7/1/00	<u>\$1,181.34</u>	New Bi-Weekly Rate:	<u>\$1,234.50</u>
Hourly Rate @ 7/1/00:	<u>\$14.767</u>	New Hourly Rate:	<u>\$15.431</u>

Approval:


Employee

03/27/02
Date


Director

3-27-02
Date


City Manager or City Clerk/Finance Director

5-14-02
Date

✓
Kah
5-15-0

CITY OF COOKEVILLE
STEP INCREASE CATCH-UP PAY
POLICE DEPARTMENT

DATE: 15-May-02
 EMPLOYEE # [REDACTED]
 EMPLOYEE NAME: ERIC HALL
 NEW GRADE & STEP: 11.06

PAY PR END	EFFECTIVE DATE	NEW HRLY RTE	REG. HOURS	REG. PAY	ON CALL DAYS	ON CALL PAY	ON CALL WORKED HOURS	ON CALL WORKED PAY	HOLIDAY HOURS	HOLIDAY PAY	NEW OT RATE	OT HOURS	OT PAY	CANINE/ CRT	TOTAL DUE	TOTAL PAID	AMOUNT DUE
20-Apr-02	07-Apr-02	15.431	80	\$1,234.48		\$0.00		\$0.00		\$0.00	\$23.15	11	\$254.61	\$30.00	\$1,519.09	\$1,455.01	\$64.08
04-May-02	07-Apr-02	15.431	80	\$1,234.48		\$0.00		\$0.00		\$0.00	\$23.15		\$0.00	\$30.00	\$1,264.48	\$1,211.36	\$53.12

\$ 117.20

City of Cookeville

Cost of Living Increase Form

Effective Date: **July 1, 2001**

•Change

• Cost of Living Increase

Name: **Hall, Eric**

Job Title: **Master Police Officer/Spec
Oper**

SSN# **[REDACTED]**

Hire Date: **13-Apr-97**

Dept: **120**

Step / Salary @ June 30, '01		Step & Salary @ July 1, '01	
Grade/Step	11.05	Grade/Step:	11.05
Salary	\$30,112.49	New Salary:	\$30,714.74
Bi-Wkly Rate	\$1,158.17	New Bi-Wkly Rate:	\$1,181.34
Hourly Rate	\$14.477	New Hourly Rate:	\$14.767

Approval:

Stephanie Miller

July 1, 2001

City Manager or City Clerk/Finance Director

Date

City of Cookeville

Personnel Grade / Step Increase Form

Effective Date: April 8, 2001

•Status Change

•Step / Merit Increase

Name: Hall, Eric

Job Title: Master Police Officer/Spec
Oper

SSN# [REDACTED]

Hire Date: 13-Apr-97

Dept: 120

Step / Salary @ July 1, '00		New Step / Salary Annv Date	
Grade/Step @ 7/1/00	<u>11.04</u>	New Grade/Step:	<u>11.05</u>
Salary @ 7/1/00	<u>\$28,815.78</u>	New Salary:	<u>\$30,112.49</u>
Bi-Weekly Rate @ 7/1/00	<u>\$1,108.30</u>	New Bi-Weekly Rate:	<u>\$1,158.17</u>
Hourly Rate @ 7/1/00:	<u>\$13.854</u>	New Hourly Rate:	<u>\$14.477</u>

Approval:

Eric Hall

Employee

04/03/01
Date

✓
Kab
4-18-01

[Signature]

Director

4-3-01
Date

Stephane Miller

City Manager or City Clerk/Finance Director

4-18-2001
Date

CITY OF COOKEVILLE

Personnel Action Form



Effective Date 1-14-01

☒ Status Change

☐ New Employment

Name Hall Eric I.D. # 42130-422
last first middle

Job Title Police Officer/CRT to Master Police Officer/CRT SSN: [REDACTED] - [REDACTED] - [REDACTED]

Department Police Division Patrol

Account Number 42130-111 Check One: Hourly ☒ Salary ☐

Position is: ☐ Exempt ☒ Nonexempt

Type Increase: ☐ C.O.L. ☐ Step

CURRENT GRADE 10 CURRENT STEP 4 CURRENT SALARY 26,936.49

NEW GRADE 11 NEW STEP 4 NEW SALARY 28,815.78

Mark One: ☒ Regular Full-Time ☐ Regular Part-Time 13.854/hr.
☐ Temporary ☐ [REDACTED]

DOH 4-13-97 DOB 1-13-66 RACE W SEX M

Level of Formal Education [REDACTED]

Approval:

[Signature] 1-4-01
Director Date

[Signature] 1-5-01
City Manager Date

City of Cookeville

Cost of Living Increase Form

Effective Date: July 2, 2000

•Change

• Cost of Living Increase

Name: Hall, Eric

Job Title: Police Officer/CRT

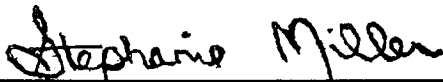
SSN# [REDACTED]

Hire Date: 13-Apr-97

Dept: 120

Step / Salary @ June 30, '00		Step & Salary @ July 2, '00	
Grade/Step	<u>10.04</u>	Grade/Step:	10.04
Salary	<u>\$26,151.93</u>	New Salary:	<u>\$26,936.49</u>
Bi-Wkly Rate	<u>\$1,005.84</u>	New Bi-Wkly Rate:	<u>\$1,036.02</u>
Hourly Rate	<u>\$12.573</u>	New Hourly Rate:	<u>\$12.950</u>

Approval:



July 2, 2000

City Manager or City Clerk/Finance Director

Date

City of Cookeville

Personnel Grade / Step Increase Form

Effective Date: April 9, 2000

•Status Change

•Step / Merit Increase

Name: Hall, Eric

Job Title: Police Officer/CRT

SSN# 

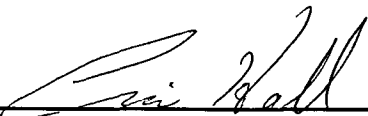
Hire Date: 13-Apr-97


Dept: 120


Step / Salary @ July 1, '99		New Step / Salary Annv Date	
Grade/Step @ 7/1/98 :	<u>10.03</u>	New Grade/Step:	<u>10.04</u>
Salary @ 7/1/98:	<u>\$25,025.77</u>	New Salary:	<u>\$26,151.93</u>
Bi-Weekly Rate @ 7/1/98 :	<u>\$ 962.53</u>	New Bi-Weekly Rate:	<u>\$1,005.84</u>
Hourly Rate @ 7/1/98:	<u>\$12.032</u>	New Hourly Rate:	<u>\$12.573</u>

✓
Kale
4-18-00

Approval:


Employee _____ Date 03/24/00


Director _____ Date 5/24/00


City Manager or City Clerk/Finance Director _____ Date 4-10-2000

City of Cookeville

Personnel Grade / Step Increase Form

Effective Date: April 11, 1999

•Status Change

•Step / Merit Increase

Name: Hall, Eric

Job Title: Police Officer/CRT

SSN# [REDACTED]

Hire Date: 13-Apr-97

Dept: 120

Step / Salary @ July 1, '98		New Step / Salary Annv Date	
Grade/Step @ 7/1/98 :	<u>10.02</u>	New Grade/Step:	<u>10.03</u>
Salary @ 7/1/98:	<u>\$23,948.11</u>	New Salary:	<u>\$25,025.77</u>
Bi-Weekly Rate @ 7/1/98 :	<u>\$ 921.08</u>	New Bi-Weekly Rate:	<u>\$ 962.53</u>
Hourly Rate @ 7/1/98:	<u>\$11.514</u>	New Hourly Rate:	<u>\$12.032</u>

Approval:

✓
Kaw
4-19-99

Eric Hall 03/31/99
Employee Date

Mayor Fred C. White 3/31/97
Director Date

Stephanie Miller 4-5-99
City Manager or City Clerk/Finance Director Date

CITY OF COOKEVILLE

Personnel Action Form



Effective Date 9-6-98

☒ Status Change

☐ New Employment

Name Hall Eric L I.D. # 304860384
last first middle

Job Title Patrol Officer/CRT Member SSN: [REDACTED] [REDACTED] [REDACTED]

Department Police Division Patrol

Account Number 42130-121 Check One: Hourly XX Salary

Position is: [] Exempt [X] Nonexempt

Type Increase: [] C.O.L. [] Step

CURRENT GRADE CURRENT STEP CURRENT SALARY

NEW GRADE NEW STEP NEW SALARY Add CRT ☒

Mark One: [] Regular Full-Time [] Regular Part-Time per Pay perio
[] Temporary []

Supplement \$23.

DOH 4-13-97 DOB 1-13-66 RACE W SEX M

Level of Formal Education

Approval:

William A. Benon 9-8-98

Director

Date

[Signature]

City Manager

9/11

Date

City of Cookeville

Cost of Living Increase Form

Effective Date: **JULY 5, 1998**

•Cost of Living Increase

Name: Hall, Eric

Job Title: Police Officer

SSN# [REDACTED]

Hire Date: 13-Apr-97

Dept: 120

Step / Salary @ June 30, '98		Step / Salary @ July 5, '98	
Grade/Step @ 6/30/98 :	<u>10.02</u>	Grade / Step @ 7/5/98:	10.02
Salary @ 6/30/98:	23,478.54	Salary @ 7/5/98:	23,948.11
Bi-Weekly Rate @ 6/30/98 :	903.02	New Bi-Weekly Rate:	921.08
Hourly Rate @ 7/1/97:	11.288	New Hourly Rate:	<u>11.514</u>

Approval:

Eric Hall

Employee

06/26/98

Date

MacBens

Director

7-6-98

Date

Stephane Miller

City Manager or City Clerk/Finance Director

7-6-98

Date

City of Cookeville

Personnel Grade / Step Increase Form

Effective Date: **APRIL 12, 1998**

•Status Change

•Step / Merit Increase

Name: **Hall, Eric**

Job Title: **Police Officer**

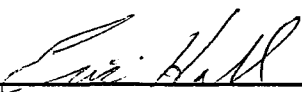
SSN# 

Hire Date: **13-Apr-97**

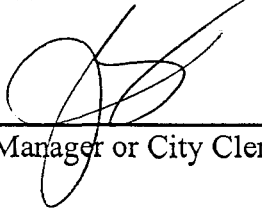
Dept: **120**

Step / Salary @ July 1, '97		New Step / Salary Annv Date	
Grade/Step @ 7/1/97 :	10.00	New Grade/Step:	10.01
Salary @ 7/1/97:	\$21,500.00	New Salary:	\$22,467.50
Bi-Weekly Rate @ 7/1/97 :	\$ 826.92	New Bi-Weekly Rate:	\$ 864.13
Hourly Rate @ 7/1/97:	\$10.337	New Hourly Rate:	\$10.802

Approval:

 03/30/98
Employee Date

 4-13-98
Director Date

 4/14
City Manager or City Clerk/Finance Director Date

✓
Kah
4-21-98

8. Physical Fitness Maintain a level of physical preparedness that will enable to successfully perform required tasks.

1	1.5	2	2.5	3	3.5	4	4.5	5	5.5	6	6.5	7	7.5	8	8.5	9
---	-----	---	-----	---	-----	---	-----	---	-----	---	-----	---	-----	---	-----	---

strengths and developmental needs: Eric appears to be in good shape displaying coordination and endurance.

9. Equipment Use/Care Proper maintenance and use of all issued and assigned equipment used in the performance of duties.

1	1.5	2	2.5	3	3.5	4	4.5	5	5.5	6	6.5	7	7.5	8	8.5	9
---	-----	---	-----	---	-----	---	-----	---	-----	---	-----	---	-----	---	-----	---

strengths and developmental needs: Eric recognizes the need for proper service and maintenance of equipment and sees that his equipment is in proper working order.

10. Professional Ethics Dealing in a manner which is above reproach in any situation.

1	1.5	2	2.5	3	3.5	4	4.5	5	5.5	6	6.5	7	7.5	8	8.5	9
---	-----	---	-----	---	-----	---	-----	---	-----	---	-----	---	-----	---	-----	---

strengths and developmental needs: Eric has good morals and does not discriminate or show favoritism, he enforces the law equally and fairly

1. ADAPTABILITY	8.0	6. JOB KNOWLEDGE	7.5
2. DECISION MAKING	7.5	7. PROFESSIONAL ATTITUDE	7.5
3. DEPENDABILITY	8.0	8. PHYSICAL FITNESS	7.5
4. APPEARANCE	8.0	9. EQUIPMENT USE/CARE	8.0
5. COMMUNICATION	7.5	10. PROFESSIONAL ETHICS	8.0
AVERAGE SCORE			7.75

PROBATIONARY EMPLOYEES ONLY

Please mark appropriate box:

- ☒ I recommend retaining this person as a permanent employee.
☐ I do not recommend retaining this person.

Plan for Improvement / Career Development: Officer Hall has done an outstanding job this past evaluation period. He has past law enforcement experience with Metro Nashville Police Department and I recommend he be compensated for his past experience.

Employee Comments:

My signature indicates only that I have seen this evaluation and does not necessarily mean that I am in agreement.

Employee Signature

Eric Hall

Date

04/03/98

Additional Rater Comments:

I concur with Sgt. Malveaux's recommendation. I recommend one extra step. Sgt. Jerry Glaser

☒ Satisfactory ☐ Unsatisfactory

CITY OF COOKEVILLE

Personnel Action Form

Effective Date July 1, 1997

Status Change

☒ Cost of Living Raise

Name HALL, ERIC
FICA # POLICE OFFICER

SS#
Job Title [REDACTED]
Hire Date 13-Apr-97 ✓

Grde/Stp 6/30/97 10.00 ✓ Salary 6/30/97 20,950.20

Bi-Weekly Rate 6/30/97 805.78 Hourly Rate 6/30/97 10.072

Grde/Stp 7/1/97 10.00 ✓ Salary 7/1/97 21,500.00 ✓

Bi-Weekly Rate 7/1/97 826.92 Hourly rate 7/1/97 10.337 ✓

Overtime Rate 7/1/97 15.505

42130-111 ✓

Approval:

Employee

Date

Director

Date

Stephanie Miller
City Manager

7-14-97
Date

CITY OF COOKEVILLE



Personnel Action Form

Effective Date 4-13-97 ✓

☐ Status Change

☒ New Employment

Name Hall Eric Lee I.D. # _____
last first middle

Job Title Police Officer ✓ SSN: [REDACTED] - [REDACTED] - [REDACTED]

Department Police Division Patrol

Account Number 42130-121 Check One: Hourly x Salary _____

Position is: [] Exempt [x] Nonexempt

Type Increase: [] C.O.L. [] Step

CURRENT GRADE 10 CURRENT STEP 0 CURRENT SALARY 20,950.20

NEW GRADE _____ NEW STEP _____ NEW SALARY _____

Mark One: [x] Regular Full-Time [] Regular Part-Time
[] Temporary [] _____

DOH 4-13-97 DOB 6-13-66 RACE W SEX M

Level of Formal Education AAS, Conservation Law Enforcement

Approval:

William A. Benson 4-29-97

Director

Date

[Signature]

City Manager

Date

10.07/hr.
4/25/97
(10)

Two mugshots of a man. The top image is a frontal view, and the bottom image is a profile view. Both images are high-contrast, black and white photographs. The man has dark hair and is wearing a light-colored shirt. The background is dark and textured.

[illegible]

CITY OF COOKEVILLE

PERSONNEL REQUISTION

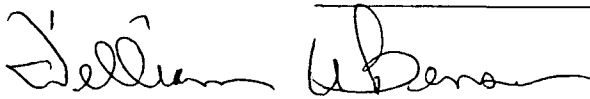
Date 12-30-96
Department Police Division Patrol
Requesting Personnel for a: [] New Position [x] Replacement
Position Title Police Officer Account # _____
Position Grade 10 Position Step 0 Starting Salary \$ 20,950.20
Requested Starting Date: 4-15-97
Position is:

[x] Regular Full-Time
[] Regular Part-Time Estimated # of Hours Per Week _____
[] Temporary Estimated # of Hours Per Week _____
Estimated Length of Assignment _____
[] Emergency Estimated Length of Assignment _____
[] Other _____

4 TOTAL POSITIONS JS 2/17/97

Recommended Forms of Advertisement:

[<] Employee Bulletin Boards
[x] Local Newspapers
[X] Nashville Tennessean/Banner
[] Other _____
[] Other _____



Director's Signature

12-30-96

Date

Attach current job description for the position and submit to the Director of Human Resources a minimum of 21 working days prior to the requested starting date.

Approved for Advertising and Hiring:


City Manager

1/6/97
Date

City of Cookeville

Critical Response Agreement

Date: 04-17-97

Name: Hall, Eric Lee

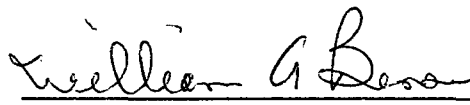

Cookeville Police Department Patrol Division

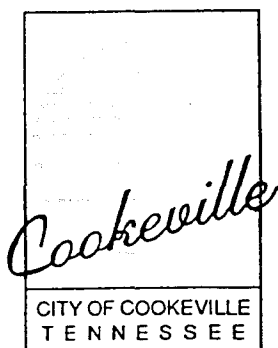
I understand that the Patrol Officer position I am accepting with the Cookeville Police Department is a Critical Response Position, and I will be required to report to work within **thirty** minutes during emergency situations when requested to do so by my supervisor, director or other City employee acting in an official capacity.

I agree to maintain my place of residence within **thirty** minutes of the Cookeville Police Department. I understand that I have six (6) months to move my place of residence if I am not living within the thirty-minute limit at the time of my employment.

I understand that this agreement is not an employment contract and does not obligate me or the City to any specific term of employment. I also understand that this agreement does in no way authorize me to travel at speeds above the posted speed limit when I am requested to report to work during an emergency situation.

 04/14/97
Employee's Signature Date

 4-14-97
Director's Signature Date



COOKEVILLE POLICE DEPARTMENT

CHIEF WILLIAM A. BENSON

P.O. BOX 849, 10 EAST BROAD STREET

COOKEVILLE, TN 38503-0849

615-526-2125

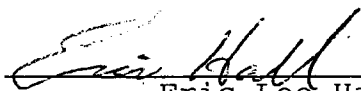
FAX 528-9368


STATE OF TENNESSEE

COUNTY OF PUTNAM

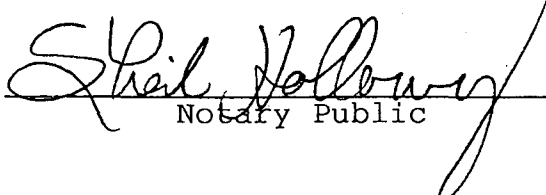
CITY OF COOKEVILLE

Personally appeared before me, Sheila Holloway, the undersigned, Eric Lee Hall, who states that "I solemnly swear that I will support the Constitution and will obey the laws of the United States and of the State of Tennessee, that I will, in all respects, observe the provisions of the charter and ordinances of the City of Cookeville, and will faithfully discharge the duties of a police officer."


Eric Lee Hall


Chief William A. Benson

Subscribed and sworn to before me this 14th day of April, 1997.


Notary Public

My commission expires the 21st day of March, 2000.



TENNESSEE
PEACE OFFICER STANDARDS AND TRAINING COMMISSION

CONFIRMATION OF MEDICAL EXAMINATION
(To be completed by a licensed physician)

OFFICER: Eric L Hall

AGENCY: Cookeville Police Department

TO THE HEAD OF LAW ENFORCEMENT AGENCY

This form should be presented to the examining physician for the purpose of police officer certification. Upon completion of physical evaluation, the examining physician should sign the appropriate statement and this form should be returned to the law enforcement agency. This form should then be attached to the Application for Certification — Police Officer, and should be forwarded to the POST Commission.

TO THE EXAMINING PHYSICIAN

Pursuant to Tennessee Code Annotated, Section 38-8-106, applicants for police certification must have passed a physical examination by a licensed physician. Upon completion of evaluation, please sign the appropriate statement and return this document to the law enforcement agency.

CONFIRMATION STATEMENT OF ATTENDING PHYSICIAN

I have performed a medical examination and find that this officer is:

- ☒ PHYSICALLY FIT — This person is physically fit within a reasonable degree of medical certainty.
- ☐ NOT PHYSICALLY FIT — This person is not physically fit for the following reasons:-

Comment: _____

Jerry Hudson 500 Old KY Rd
(Signature of Licensed Physician) (Street Address)

3-18-92 [REDACTED] Cookeville TN 38501
(Date) (Telephone) (City/State)

Vincennes University

Junior College

Be It Hereby Certified that

Eric L. Hall

having completed the Course of Study as prescribed by Vincennes University and having complied with all other requirements for graduation, is granted therefore upon recommendation of the faculty the title of

Associate in Science

In Testimony Whereof; this diploma is given, attested with the seal of the University and the signatures of its duly authorized officers at Vincennes, Indiana, the nineteenth day of December, 1987.

Charles C. Early
CHAIRMAN OF THE BOARD OF TRUSTEES

John P. Schmeling
DEAN OF FACULTY



Phillip M. Summers
PRESIDENT

Gene W. Kegenheimer
REGISTRAR

FRIENDSHIP

LOVE

TRUTH

Judge John L. Draper
Joint Nashville Police—Odd Fellow Award

This is to Certify that Eric A. Hall
has been presented this certificate for unusual and outstanding devotion
to duty and law enforcement as a member of the Metropolitan
Nashville Police Department.

This 23rd day of October, 19 95

Arthur J. Miller
WORTH

Carl J. Bell
MEMBER

Wm. H. Dineen
MEMBER

Walter Smith
MEMBER

Frank Smith
MEMBER

George L. Brown
CHAIRMAN

Frank Smith
VICE CHAIRMAN

Walter Smith
SECRETARY

Emmett H. Brown
MEMBER

COURAGE

LOYALTY

INTEGRITY



Certificate of Commendation

METROPOLITAN POLICE DEPARTMENT
Nashville-Davidson County, Tennessee

Is Awarded to

Eric Hall

in recognition of commendable service rendered the
citizens of Nashville and Davidson County, Tennessee

HONORABLE MAYOR

CHIEF OF POLICE

March 19, 1997

DATE

Madison High School



South Madison Community Schools

This Certifies That

Fritz Lee Hall

*has satisfactorily completed the Course of Study prescribed for
Graduation from this School and is therefore entitled to this*

Diploma

Given at Hendleton, Indiana, this 20th day of May, 1984.

Wesley Swenson

SECRETARY

Charles S. Mock

SUPERINTENDENT

Wesley Swenson

PRESIDENT

John Q. Skinner

PRINCIPAL



TENNESSEE
PEACE OFFICER STANDARDS AND TRAINING COMMISSION
CONFIRMATION OF PSYCHOLOGICAL EVALUATION

NAME OF
APPLICANT: Eric Hall

REFERRING
AGENCY: Cookeville Police Dept.

TO THE HEAD OF LAW ENFORCEMENT AGENCY

This form should be presented to the psychologist/psychiatrist providing psychological evaluation for the purpose of police officer certification. Upon completion of psychological evaluation, the examining professional should check the appropriate confirmation statement and sign this form in the space provided. This form should then be forwarded to the law enforcement agency. This form should then be attached to the Application for Certification — Police Officer, and should be forwarded to the POST Commission. A copy of this report and the confidential results of the evaluation should be kept in the agency's file. DO NOT SEND CONFIDENTIAL EVALUATION TO THE POST COMMISSION.

TO THE EXAMINING PSYCHOLOGIST/PSYCHIATRIST

Pursuant to Tennessee Code Annotated, Section 38-8-106, applicants for police certification must be free of all apparent mental disorders as described in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association. Applicants must be certified as meeting these criteria by a qualified professional in the psychiatric or psychological fields. Upon completion of evaluation, please sign the appropriate statement and return this document to the law enforcement agency.

CONFIRMATION STATEMENT BY THE EXAMINING PROFESSIONAL

I have evaluated tests administered to the referenced individual and find that this officer is:

☒ **QUALIFIED**

☐ **NOT QUALIFIED**

to be certified under the provisions of Tennessee Code Annotated, Section 38-8-106. The results of my evaluation are being forwarded to the employing agency.

[Signature]
(Signature of Examining Professional)

377-D Short Street
(Street Address)

3-18-97
(Date)

(615) 520-1115
(Telephone)

Cookeville, TN 38501
(City/State)

TENNESSEE DRIVER LICENSE EXTENSION
ADDRESS [REDACTED] CLASS DM

DRIVER LICENSE NO. [REDACTED] AUDIT NO. 1317300 EXPIRES ON BIRTHDAY 2001

I hereby certify that I am age 18 or over, and upon my death make anatomical gift in accordance with T.C.A. 55-50-352 and 68-30-105.

☐ Any Organ/Tissue ☐ Entire Body
☐ Specific Organ/Tissue

Date _____ Blood Type _____
Donor Signature _____ Witness #1 _____ Witness #2 _____

SOCIAL SECURITY

[REDACTED]

THIS NUMBER HAS BEEN ESTABLISHED FOR
ERIC L HALL

Eric L Hall
SIGNATURE

To whom it may concern,

3/5/02

I wanted to take the opportunity to tell you how one of your police officers went above and beyond the call of duty.

I am a student at Tennessee Tech. I live in Dayton, Tennessee and travel the 180 miles round trip 3 days a week to get my Masters. The other day, because I was trying to make it to the next exit, I ran out of gas. I was feeling very stupid as I started trekking

along Hwy 111 to find the nearest gas station. I hadn't been walking far when Eric Hall pulled up in his pick-up truck. He was so nice and took me to the nearest gas station, borrowed a gas can from the attendant, and took me back to my truck. He never once made me feel stupid for running out of gas and definatly went above the call of duty. I just wanted to let you know how much I appreciated him and his kindness and hope you will pass along my gratitude! Thank you Eric Hall!

Eric:
Good Job!
This is what the council
& I like to hear about
our policemen!
Kristin Hudlow

Jim Duffey

February 19, 2001

Dear Officer McWhorter,

You may not remember me so I will start this with referring to where and how I met you. I was leaving Plateau Mental Health Center on January 2, 2001, in a little red car. You had been called out about someone being combative there. You mistook me for that person and one thing led to another and I told you that I was depressed and suicidal not combative which in turn required you to take me into custody. Well at some point prior to you taking me to the hospital you asked me if I was angry and I replied yes, as I felt like it was a heck of a place to end up handcuffed in the back of a police car when one finally reaches out for help. Well while I was sitting back there I decided that the worst that could happen was that I would die and at that time it didn't matter to me if I did so be it. I remember your searching my purse and seeming a bit surprised that it was clean as you no doubt suspected that I was into drugs. You had a justifiable right to suspect this because of the company I had been in shortly prior to that, and I am just proud to say that is not my problem.

I will not go into great detail of what my problem is that is a book in itself. To make it short and to the point I was an abused child, and abused adolescent, and an abused adult, many times over. We battered people seem to send out some kind of signal that we are easy to control and are known for keeping our mouths shut about it. We are easily conned I guess is the way of it. Anyway, my experience with law enforcement over the years of all of this has not been positive. I have seen enough to know that our system can be and often is very corrupt, and I had over the years developed a trust none of them attitude as I have no way of knowing who is and who isn't corrupt and really feel safer not knowing in many ways sometimes what you don't know won't hurt you and sometimes it will. That is another story. Anyway if you will recall it was very cold out and the roads were covered in snow and I wanted a cigarette very badly. Well you had been talking to your partner or I suppose actually ~~other fellow officer~~ who was inside Plateau and by now had determined that I was not combative (it generally takes a considerable amount of abuse to get a battered woman to be combative and you had not been abusive just doing your job) and at this point asked me if you asked me to would I go voluntarily with you to the hospital. MY reply was that I wanted a cigarette, and you promised me that when we got to the hospital you would let me have one. Then I requested that you park my car there at Plateau so that I would not have towing and impound fees to also deal with and this your friend did for me. So the point of all of this is that I wanted to say thank you to the both of you, unfortunately I don't know what his name was as it was you that was handling most things and I remembered reading your name tag as you were handcuffing me. Well a lot has happened since then and most all of it for the good. So I wanted to thank you in hopes that in the future you will be as considerate to others as you were to me and know that it does in fact make a difference. The whole situation could have been entirely different had you been a jerk. So thank you for not hurting me when you put the handcuffs on, thank you for asking me if I would go willingly and at least letting me feel like I had a little bit of control over the situation, and thank you for keeping your promise to me and letting me

have that cigarette when we did get to the hospital, and thank you parking my car where I could retrieve it cost free, and thank you for your parting words of maybe someday I can help others, it is my desire to be able to do so. Having gone to the hospital speeded up what is usually a lengthy process and has helped me to get the help I need faster. Unfortunately women who have undergone the types of abuse I have are often miss diagnosed and very often very miss judged. Any way between you, your fellow officer, and the doctor at the hospital you returned to me a bit of faith in a system who has for so long treated me so bad. I have a daughter in the navy and it has really been hard for me to accept the fact that she is part of a system I had grown to distrust so, and it has been a major inner conflict as I am actually very patriotic. Thank you for helping to restore some of that trust and may you continue to do so in your chosen profession and may God keep you safe from any and all harm that may come your way in your chosen profession.

With much appreciation,

A handwritten signature in cursive script that reads "Naomi Woods". The letters are fluid and connected, with a prominent 'N' and 'W'.

Naomi Woods



WILLIAM E. GIBSON

District Attorney General

1519A East Spring Street
Cookeville, Tennessee 38506
(931) 528-5015 or 528-3687
Fax (931) 528-9359

Putnam County, Cookeville
Cumberland County, Crossville
White County, Sparta
Overton County, Livingston
DeKalb County, Smithville
Clay County, Celina
Pickett County, Byrdstown

STATE OF TENNESSEE
THIRTEENTH JUDICIAL DISTRICT

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55 East First Street
Crossville, TN 38555
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Livingston Office
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Livingston, TN 38570
(931) 823-1224 • Fax (931) 823-7036

Date: October 22, 2001

To: Whom it may concern

Re: Family Protection Unit
Cookeville Police Department
Sergeant Yvette Demming
Officer Eric Hall

This letter is in regards to the services the Family Protection Unit provides our office when dealing with domestic violence cases in Court. Sergeant Yvette Demming and Officer Eric Hall do an excellent job in helping gather all relevant information with regards to each case that comes before us. After retrieving this information, Officer Hall and Sergeant Demming are able to give us a quick concise summary of the facts involved as well as give us a recommendation on whether the defendant qualifies for possible diversion from prosecution.

If the defendant is found to be a possible candidate and the victim does not object, it is the usual practice of the Court to continue the case for a period of eight months to allow the defendant to go through the Skills to Avoid Violence class. This class offers defendants counseling to help them manage their anger and find constructive outlets. If the defendant completes the SAV program successfully and has paid off all cost associated with the Court, our office will dismiss the charge against the defendant at the end of the eight month period.

With as many cases that our office handles, it is of extreme benefit that the Family Protecting Unit continue to play such a vital role in the prosecution of domestic violence oriented cases.

Sincerely,

Gary S. McKenzie
Assistant District Attorney
13th Judicial District
Cookeville, TN 38501

December 8, 2001

Dear Chief Terry,

I just had to write the Cookeville Police Department and commend you on the outstanding officers, as well as the outstanding personnel you have on your force. Recently, I was the victim of a hit and run incident in May of 2001 on Carolina Ave. Officer Eric Hall responded to the accident. He was very professional and kind as he took all the appropriate information down about the wreck. Officer Hall promptly put together a photo line up and came to my place of business as not to inconvenience me furthermore. I stated that I was adamant at getting this gentleman off the roadways. Not only had he left the scene at a high rate of speed, but children and Tech. students ride their bikes down that road and he could've hit one of them. I know he wouldn't have checked on them either (plus, the bum made me late for work!!).

As weeks and finally months went by, I assumed the man that left the scene of the accident wouldn't be found. Seven months later, Officer Hall called and informed me of a court date. He noticed that that the case had been dismissed at a prior court date and stated "Ms. Scruggs would not have failed to appear for her case." He was very observant and remembered my plea to catch the culprit, plus he was right. I never received notice of that first court date. He left messages at my home and my work to make sure I knew of this second court date.

When I showed up at court, I was very dismayed with how the defense attorney treated me like I was the criminal because I wanted to file charges against this man. Little did he know, he made it worse for his client. His reaction made me want to proceed. Officer Hall persued my case and helped explain my options. I was ready to go to the grand jury if I had to. With the help of Officer Hall, the man pled guilty of the charges!

As I sat through court that day, I listened to Officer Hall's other cases. I realized how minor my little "fender bender" had been compared to chasing down an armed man who had held up a business woman and robbed her. I was so appreciative of how serious Officer Hall had taken my case. He treated me with such respect and helped me so much to proceed with my charges.

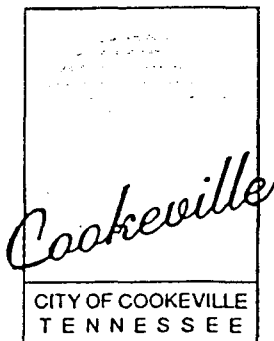
The police force sees people everyday just like the man that was involved in my wreck. I am sure it is hard not to lose faith in people. You have some wonderful officers. I often commend them, but Officer Hall is truly special. Through his professionalism, citizens can tell just how much he cares about this community and protecting the good people in it. I thank him for his respect, his kind words, and for protecting us. I only wish there were 100 more like Officer Hall. It's an honor to live in a community where people like him are the ones protecting it!

I know it seems like all you hear are complaints. This is one positive experience that I wanted to pass on to you. It was well worth my time to do it. It's the least I can do for a job well done. Now I feel that the system does work if you stand your ground and have a good officer there to back you up. Thank you so much for providing us with these great officers and dispatchers!

Sincerely,

A handwritten signature in cursive script that reads "Sheila Scruggs". The signature is fluid and elegant, with the first name and last name clearly distinguishable.

Sheila Scruggs
"Stevens & Scruggs in the Morning"
Kicks 106.9FM



COOKEVILLE POLICE DEPARTMENT

CHIEF WILLIAM A. BENSON

P.O. BOX 849, 10 EAST BROAD STREET

COOKEVILLE, TN 38503-0849

615-526-2125

FAX 528-9368

Memorandum

To: Officer Eric Hall

From: Chief William A. Benson *WAB*

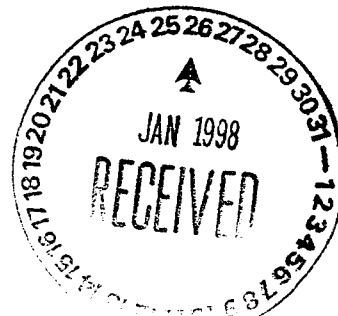
Date: January 23, 1998

Re: Commendation

We received a letter from Ms. Eula Williams of 201 South Walnut Avenue praising your assistance with her neighbor who has Alzheimer's Disease. She very much appreciated your help and your nice manner.

I want to take this opportunity to express my gratitude for a job well done. Officers like you are an asset to our department. Keep up the good work!

A copy of Ms. Williams' letter is attached, and a copy of this memo will be placed in your personnel file.



Gentlemen,

A few weeks ago I called the police station asking for help. I have a neighbor who has Alzheimer's, and we the neighbors try to watch after and help her any way we can. But one night when it became dark we couldn't get her to go into the house. You the police were the only ones I could think of who might help us. The Dispatcher sent a very nice officer who talked with her and we had no more trouble getting her to go in for several days. I just wanted to say it's good to know we have such a fine police force we can depend on when we need help. Please thank officer Eric Hall for being so nice when we were in need of help.

Thank you
Eula Williams

M E M O R A N D U M

TO: Capt. Cordell Elrod
FROM: Sgt. Mark Maxwell *M.M.*
DATE: June 17, 1997
SUBJECT: Probationary Officer Eric Hall

Officer Eric Hall has been in the Field Training and Evaluation Program for six weeks. He has progressed exceptionally well according to his Field Training Officers. Therefore, Patrol Officer Mark Loftis who trained Officer Hall in Step 1 has made a recommendation to advance Officer Hall to Solo Performance, since he is a certified Officer and has experience in Police work prior to being employed with this Department. I have also spoken with Officer's Demming and Sealy who are Officer Hall's present F.T.O.'S and they concur with Officer Loftis's recommendation.

I have reviewed the F.T.O. file on Officer Hall and it consistently reflects above average scores in all categories evaluated and is consistent with the F.T.O.'S recommendation.

Therefore based on the F.T.O.'S recommendation I am recommending Officer Hall be accelerated to Solo Performance and permanently assigned to a shift for the remainder of his probationary period.

Copies: Chief William A. Benson
F.T.O. Committee

Approved: Discussed with Capt. Elrod
and off. Hall goes to work alone
this week.

W.A. Benson
6-17-97