

Revised 07/07

SHERIFF'S OFFICE

LAW ENFORCEMENT EMPLOYMENT APPLICATION FORM

The Sheriff's Office is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

- NOTICE: The following additional documents must be attached to this application: 1. A certified copy of birth certificate 2. A certified copy of high school diploma or Florida Police Standards approved G.E.D. 3. A copy of military discharge(s).

COUNTY DATE:

POSITION APPLYING FOR:

- Deputy Sheriff Law Enforcement Related Non-Certified Positions (Other positions use other application form) Correctional Officer Law Enforcement Academy Sponsorship or Internship

INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

I understand that the submission of this application for sponsorship to a law enforcement academy does not constitute an application for employment or appointment with the sponsor-law enforcement agency. Moreover, I understand this law enforcement agency is under no obligation to sponsor me as a candidate for any law enforcement training program.

PERSONAL HISTORY

1. Full Name:

Last Name First Middle Abbv.

2. Other: List all other names you have used including circumstances and time periods you used them. (For example: maiden name, former name(s), alias(es), or nickname(s).)

Table with 4 columns: Name, Circumstance, Dates From Mo./Yr., Dates To Mo./Yr.

4. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school:

5. Indicate any foreign languages you can Speak:

Read:

Write:

Fluent	Good	Fair

6. Indicate any law enforcement education/training:

7. Did you receive a certificate for this training? Yes No Certificate Number: _____

8. Has your law enforcement certificate ever been suspended, revoked, relinquished or subject to discipline or investigation by the CJST? Yes No If yes, explain.

9. Describe any special abilities, interests, and hobbies including the degree of proficiency:

10. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

11. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms, computers):

12. Have you had any training/education with K-9's? Yes No If yes, provide details:

13. Would you be willing to be transferred to a K-9 unit, if necessary? Yes No
 (I understand that there may be a lesser rate of pay for non-duty time devoted to the care and maintenance of the animal.)

EMPLOYMENT HISTORY

1. List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	Dates Worked Mo./Yr.		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	From	To				
Name _____ Address _____ City, State, Zip _____ Area Code & Phone No. _____				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Name _____ Address _____ City, State, Zip _____ Area Code & Phone No. _____				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Name _____ Address _____ City, State, Zip _____ Area Code & Phone No. _____				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Name _____ Address _____ City, State, Zip _____ Area Code & Phone No. _____				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Name _____ Address _____ City, State, Zip _____ Area Code & Phone No. _____				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		

ARREST HISTORY/COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? Yes No
2. Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)? Yes No
3. To your knowledge, has any member of your immediate family ever been arrested for other than traffic violations? Yes No If yes to question #1, #2 or #3, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (Include your juvenile record and records of your arrest(s) which have been sealed, if any.)

Date	Place & Department	Charge	Court & Place	Disposition
Relative's Name	Place & Department	Charge	Court & Place	Disposition

Provide details for each response to question #1, #2, or #3:

4. Have you or your spouse ever been a plaintiff or defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) Yes No If you answered yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition.

5. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? Yes No
6. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No If yes to questions #5 or #6, please provide details.

DRIVING HISTORY

1. Are you a licensed Florida automobile operator or chauffeur? Yes No License No.: _____

Date of Expiration: _____ Restrictions: _____

2. Do you hold or have you ever held an operator or chauffeur license in another state? Yes No If yes, please provide state(s), name used and approximate dates license(s) was/were held.

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No If yes, please provide complete details including why license was revoked.

4. Have you ever had automobile insurance refused, withdrawn, or revoked? Yes No If yes, please provide complete details.

MILITARY HISTORY

1. Are you registered for Selective Service? Yes No

If yes, your Selective Service Number: _____

Classification: _____ Date of Classification: _____

Address of Local Board: _____

2. Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Service: _____ Highest Rank: _____

Serial #: _____ Duty Dates: From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

3. Date and type of discharge: _____

4. Are you now or have you ever been a member of a reserve unit or the National Guard? Yes No

5. If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

6. Was any type of disciplinary action taken against you in the service? Yes No If yes, please provide:

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

7. Have you ever served in the Armed Forces of a foreign country? Yes No If yes, please specify countries and dates.

8. **VETERANS' PREFERENCE:** Check the appropriate block if you are claiming veteran's preference. **Documentation substantiating your claim must be furnished at the time of application.**

- 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense.
- 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.
- 3. A veteran of any war who has served on active duty for 181 consecutive days or more or who has served 180 consecutive days or more since January 31, 1995 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty or training.
- 4. The unmarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed using veteran's preference since October 1, 1987? Yes No

If "yes," please give name of employer: _____

NOTE: Under Florida law, preference in appointment shall be given first to those persons included in #1 and #2 above, and second to those persons included in #3 and #4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans' Affairs, 11351 Ulmerton Road, Suite 311-K, Largo, FL 33778-1630.

BUSINESS INTERESTS & LICENSES

- 1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? Yes No
- 2. Are you now issued or have you ever been issued a license to engage in a business or profession? Yes No
- 3. Was license ever cancelled, relinquished, suspended or revoked? Yes No
If yes to question #1, #2 or #3, please provide details including the type of license or certificate, the agency that issued the license, effective date of license and license number.

CREDIT DATA

1. Do you have any sources of income other than your salary or the salary of your spouse? Yes No
Specify each with an estimated annual amount.
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2. Are you or your spouse indebted to anyone? Yes No If yes, please list all debts over \$500. Be sure to include student loans and charge accounts. Also, list any debt where payment is **past due**, regardless of amount.

Creditor	Address	Amount	Loan or Account Number

3. Have you, your spouse, or a company controlled by you filed for bankruptcy? Yes No, or declared bankruptcy? Yes No, or had a legal judgment rendered against you for a debt? Yes No, or been subject to a tax lien? Yes No If yes to any of these questions, please provide details.
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ORGANIZATION MEMBERSHIP

1. List all clubs, societies of which you are or have been a member:

Name	City & State	Former	Present (list position held & describe activity)

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? Yes No
3. Have you ever made a financial or other material contribution to any organization of the type described in question #2 above? Yes No If yes to question #2 or #3, answer questions #4 and #5 also.
4. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? Yes No
5. Did you intend to promote any unlawful aims of the organization? Yes No If yes to question #2, #3, #4, or #5, explain including name of organization and location.
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PERSONAL REFERENCES & ACQUAINTANCES

1. Personal References: Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete Name _____		Home Address: _____ City, State & Zip: _____
(Last, First, Middle)		Home Phone: () _____
Yrs. Acq.	Occupation	Business Address: _____ City, State & Zip: _____ Business Phone: () _____

Complete Name _____		Home Address: _____ City, State & Zip: _____
(Last, First, Middle)		Home Phone: () _____
Yrs. Acq.	Occupation	Business Address: _____ City, State & Zip: _____ Business Phone: () _____

Complete Name _____		Home Address: _____ City, State & Zip: _____
(Last, First, Middle)		Home Phone: () _____
Yrs. Acq.	Occupation	Business Address: _____ City, State & Zip: _____ Business Phone: () _____

2. Social Acquaintances: Give three (3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

Complete Name _____		Home Address: _____ City, State & Zip: _____
(Last, First, Middle)		Home Phone: () _____
Yrs. Acq.	Occupation	Business Address: _____ City, State & Zip: _____ Business Phone: () _____

Complete Name _____		Home Address: _____ City, State & Zip: _____
(Last, First, Middle)		Home Phone: () _____
Yrs. Acq.	Occupation	Business Address: _____ City, State & Zip: _____ Business Phone: () _____

Complete Name _____		Home Address: _____ City, State & Zip: _____
(Last, First, Middle)		Home Phone: () _____
Yrs. Acq.	Occupation	Business Address: _____ City, State & Zip: _____ Business Phone: () _____

8. Please provide name and address of next of kin or other person to be contacted in case of an emergency:

Name

Address

City

State

Zip Code

(_____)

Home Phone

Business Phone

9. Please provide the name and address of your personal or family physician to be contacted in case of an emergency:

Name

Address

City

State

Zip Code

(_____)

Business Phone

DRUG HISTORY

The information contained herein MAY BE a confidential medical record under the Americans with Disabilities Act if the applicant is a rehabilitated drug or alcohol abuser or under section 119.071(4)(b) whether the medical information, if disclosed, would identify the applicant.

1. Do you currently use any narcotic or controlled substance, such as cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature, or have you used such a narcotic or controlled substance within the last year? Yes No

2. Have you ever illegally experimented with or used any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature?
 Yes No If yes, please complete the following:
 - a. Drug: _____
 - b. How taken: _____
 - c. Last time illegally experimented with or used: _____

3. Do you now or have you ever illegally obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature? If yes, please complete the following:
 - a. Drug: _____
 - b. Circumstances: _____
 - c. Number of times illegally obtained/possessed/supplied/sold: _____
 - d. First time illegally obtained/possessed/supplied/sold: _____
 - e. Last time illegally obtained/possessed/supplied/sold: _____

4. Do you now or have you within the last year, abused or illegally obtained, possessed or sold any prescription drug?
 Yes No If yes, provide details, including drug, date, and circumstances.

5. Do you claim to be a rehabilitated alcohol, narcotics or drug user of any of the controlled substances as set forth above?
 Yes No If yes, provide details.

I understand that the "Applicants Certification" applies in all respects to the responses provided in this "Confidential Employee History" and "Drug History."

Signature of the applicant as usually written

Date

Witnessed by:

APPLICANT'S CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Sheriff's Office and that it and the information received in response to the background examination are public records.

I also understand that I may be required to furnish the Sheriff's Office with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment.

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test and that I may be required to take drug tests during the term of my employment or appointment with the Sheriff's Office.

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the Sheriff's Office.

I further authorize the Sheriff's Office or agent of the Sheriff's Office, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law.

I further agree to execute any authorization as may be required by the Health Insurance Portability Accountability Act of 1996 (HIPAA) for health care providers to release the necessary medical information to process my application for employment.

I understand and agree that any employment or appointment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, that the Sheriff has the absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Sheriff's Office and I release all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office.

I agree to conform to the rules, regulations and orders of the Sheriff's Office and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me.

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability? Yes No
If yes, provide your version or explain fully any such incident.

Signature of the applicant as usually written

Date

Witnessed by:

CERTIFICATION OF APPLICANT
For Special Process Server Only

I understand that any appointment offered to me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be the basis to revoke my appointment. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge. I understand that I may be required to submit to the Sheriff's Office a copy of my income tax return for the year prior to employment and may be required to submit a copy of my income tax return each year thereafter during my appointment. I also understand and agree that this application shall be the property of the Sheriff's Office.

I understand that any appointment is at the pleasure of the Sheriff who shall retain the power to revoke my appointment at anytime.

I understand that I shall be disinterested in any process I may serve and my service will be contingent upon appointment by the Sheriff, whereby I will swear under oath to honestly, diligently, and faithfully exercise the duties of my office.

Signature of the applicant as usually written

Date

We, the undersigned, do hereby swear under oath to personally know _____, to vouch for his or her good moral character and to have witnessed the signature of _____ this _____ day of _____, _____.

Witnessed by:

Witnessed by:

DOCUMENTS TO BE ATTACHED TO APPLICATION

1. Attach a certified copy of birth certificate.
2. Attach a certified copy of high school diploma or Florida Police Standards approved G.E.D.
3. Attach a copy of military discharge(s).
4. If required, a certified copy of an executed bond in the amount as required by Florida Statutes with a surety company authorized to do business in Florida.
5. Attach application fee of \$15 (check or money order only).

OTHER REQUIREMENTS

When ordered by the Sheriff's Office, applicant will be fingerprinted and shall submit to a complete physical examination and electrocardiogram, if desired.

REMARKS

BACKGROUND INVESTIGATION WAIVER
Authority for Release of Information

TO: Concerned Person or
Authorized Representative of
Any Organization, Institution
or Repository of Records

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFO: _____

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, education institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: – An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.

Pursuant to Section 943.13 (4), (5) and (7) F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature

Date

Applicant's Address

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, _____. My commission expires on _____, _____.

Notary Public

Personally Known – or – Produced Identification

Type of Identification Produced: _____