

WAKULLA COUNTY SHERIFF'S OFFICE

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
 Correctional Officer
 Correctional Officer Assistant (Non-Certified)

Non-Certified Positions

Position Applying For: _____

INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. If a question does not apply to you, simply mark (N/A) Not Applicable. 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.

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)).

Name	Circumstance	Dates From Mo.Yr.	Dates To Mo.Yr.

3. Date and Place of Birth:

Date of Birth | City | County | State | Country (if not the United States)

4. Are you a United States citizen? Yes No

If naturalized, please provide:

Date _____ Place _____

Court _____

Naturalization No. _____

5. Marital Status: Married Divorced Separated Widowed Never Married

6. Do you have or have you ever applied for a passport? Yes No Passport No. _____

7. Height: _____ Weight: _____

EDUCATION/TRAINING

1.	High School Name/Address	Dates Attended Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
		From	To			

2.	*College/University Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
		From	To	Qtr.	Sem.		

*Attach diploma or official transcript from last institution of higher education attended.

Major _____ Minor _____

3. Other Schools (Trade, Vocational, Business or Military):

Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				

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

5. Please indicate any foreign languages you can Speak:

Fluent	Good	Fair

6. List any law enforcement education and/or training:

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

8. Has your law enforcement certificate ever been suspended, revoked or subject to discipline or investigation by the CJSTC?

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 the date current license expires (except vehicle operator's license):

11. Indicate any special skills you possess and equipment you can use which maybe 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 is 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.Nr.		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	From	To				
Name				Full Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				Full Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				Full Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				Full Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				Full Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						

2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? Yes No

3. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No If yes to question #2 or #3, please provide details.

4. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? Yes No If yes, please provide name of agency and date of application or service.

5. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as an employer? Yes No If yes, please provide name and address of business, corporation or organization and describe your relationship or position.

6. Is it okay to contact your current employer? Yes No If No, explain: _____

RESIDENCES

1. Actual places of residence for past 10 years- list chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Dates <u>Mo.Nr.</u>		Apt. No.	Street Address	City	County	State
From	To					

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

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

5. 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.

6. 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

7. 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.

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.

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.

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

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.

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, 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.

CONFIDENTIAL EMPLOYEE HISTORY

**THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL
AND WILL NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION.**

1 . Applicant's Current Mailing and Physical Address:

Address			
City	County	State	Zip Code
Telephone number	Email Address		

2. Applicant's Social Security Number: _____ - _____ - _____

3. Spouse/Significant Other's Name and Address (if different):

Name	Date of Birth		
Address			
City	County	State	Zip Code

4. Children's/Step Children's Names and Ages:

Name	Date of Birth	Address (if different than applicants)

Former Spouse(s) Name, Address and Date of Birth:

Name	Date of Birth		
Address			
City	County	State	Zip Code

6. Are you now able to participate in defensive tactics, firearms or physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the position for which you applied? Yes No

7. This position may require a physical agility test, if such a test or examination is required, would you be able to take this test or examination? Yes No

8. Do you now, or have you ever illegally obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steriod or any drug of a similar nature?

Yes No If yes, please complete the following:

a. Drug: _____

b. How taken: _____

c. Circumstances: _____

d. Number of times illegally obtained/possessed/supplied/sold: _____

e. First time illegally obtained/possessed/supplied/sold: _____

f. Last time illegally obtained/possessed/supplied/sold: _____

9. Do you currently use any narcotic or controlled substance, such as those listed in question #8 or have you used such a narcotic or controlled substance within the last year? Yes No

10. 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.

I understand that the "Applicants Certification" applies in all respects to the responses provided in numbers 1-10 above in this "Confidential Employee History."

Signature of the applicant as usually written

Date

Witnessed by:

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

Name/ Relationship

Address

City

State

Zip Code

(____) _____ (____) _____ (____) _____

Home Phone

Cell Phone

Business Phone

2. Please provide full name, date of birth and relationship of all current residents in your household:

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

Name

Address

City

State

Zip Code

(____) _____ (____) _____ (____) _____

Home Phone

Cell Phone

Business Phone

I understand that the "Applicants Certification" applies in all respects to the responses provided in numbers 1-3 above in this "Confidential Employee 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 understand that I will be fingerprinted. I understand that a neighborhood canvass may be conducted as part of my background check. 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:

**AUTHORITY FOR RELEASE
OF INFORMATION
(Background Investigation Waiver)**

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.

**CJSTC**

58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records **APPLICANT'S NAME:** _____

DATE OF BIRTH: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: Wakulla County Sheriff's Office

ADDRESS: 15 Oak Street, Crawfordville, FL 32327

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational 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 copy 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 copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Wakulla County Sheriff's Office Attention: Human Resources Division 15 Oak Street, Crawfordville, FL 32327

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. *Pursuant to Sections 943.134(2)(a) and (4), 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** _____**OATH**

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ **COUNTY OF** _____

Sworn to (or affirmed) and subscribed before me this _____

day of _____, **year** _____, **By** _____

Signature of Notary Public – State of Florida _____**Print, Type, or Stamp Commissioned name of Notary Public** _____

Personally Known OR Produced Identification

Type of Identification Produced _____

Wakulla County Sheriff's Office

Collection and Use of Social Security Numbers

Effective October 1, 2007, in accordance with FSS 119.071, the Wakulla County Sheriff's Office may collect Social Security numbers for the following reasons:

- ❖ Application Process – for the purpose of collecting information related to background investigations, to include fingerprints, NCIC/FCIC checks, Credit Bureau reports, verification of employment, local and state records checked, clarification for duplicate names, verification of Military Service.
- ❖ Payroll – for reporting wages to Internal Revenue Service, Division of Retirement and New Hire Reporting.
- ❖ Insurance – for medical, dental, flexible spending, life insurance, long-term disability enrollment and reporting and available optional benefits.
- ❖ Medical Leave – for Workers' Compensation reporting and medical purposes associated with Workers' Compensation.

ACKNOWLEDGEMENT: I _____, do solemnly attest that I have read the above and understand the Wavier for Social Security Number Notice of as set forth above.

(Applicant's Signature)

(Date)

(Witness)

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

888-897-7781
dhs.gov/e-verify



The E-Verify logo and mark are registered trademarks of Department of Homeland Security. Commercial sale of this poster is strictly prohibited.

English / Spanish Poster

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.