

LAW ENFORCEMENT DEPUTY SHERIFF CRITERIA

Jackson County Sheriff's Office

Please Check	To be considered for employment, applicants must comply with all of the following criteria
<input type="checkbox"/>	Florida Law Enforcement Certified or Successful completion of probationary period if working in Law Enforcement
<input type="checkbox"/>	At least 19 years of age
<input type="checkbox"/>	Citizen of the United States
<input type="checkbox"/>	High School Graduate or its equivalent
<input type="checkbox"/>	Free from convictions involving domestic abuse or violence
<input type="checkbox"/>	Never been convicted of any felony
<input type="checkbox"/>	Never been convicted of a misdemeanor involving perjury or a false statement
<input type="checkbox"/>	Never been convicted or plead nolo contendere to any 1st or 2nd degree misdemeanor
<input type="checkbox"/>	Have not been dishonorably discharged from any of the Armed Forces of the United States
<input type="checkbox"/>	Have valid Florida Drivers License with good driving record
<input type="checkbox"/>	Must pass a physical examination by a licensed physician
<input type="checkbox"/>	Must be of good moral character
<input type="checkbox"/>	Must pass the 8 panel drug screening

I certify that I have read the above information and meet these required criteria. I understand that non-compliance to any of these criteria is grounds for the rejection of my application or termination.

Applicant Name (Printed)

Applicant Signature

Date

Revised 10199

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

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.

3. Date and Place of Birth:

Date of Birth	City	County	State	Country (if not the United States)
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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 <u>Mo./Yr.</u>		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. 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 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 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		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	From	To				
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						

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 #11, #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 #11, #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.

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

Address

City County State Zip Code

(_____) _____
Telephone number

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

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

Name

Address

City County State Zip Code

4. Children's Names and Ages:

Name	Date of Birth	Address (if different than applicants)

5. Former Spouse(s) Name and Address:

Name

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 illegally obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid 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.

11 - 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

12. 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

I understand that the "Applicants Certification" applies in all respects to the responses provided in numbers 1-12 above in this "Confidential Employee History."

Signature of the applicant as usually written

Date

Witnessed by:

APPLICANTS 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 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 _____ '19 _____

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.

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

PERSONAL INQUIRY 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.: _____

I respectfully request and authorize you to furnish the _____ Sheriff's Office any and all information that you may have concerning my work record, school record, military record, reputation, and financial and credit status. Please include any and all reports including all information of a confidential or privileged nature, and photostats of same, if requested. This information is to be used to assist in determining my qualifications and fitness for the position I am seeking with the Sheriff's Office.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

Applicant's Signature

Date

Address

City State Zip Code

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF _____

Subscribed and sworn to (or affirmed) before me on _____ (date) by _____

(name of affiant). He/She is personally known to me or has presented _____
(type of identification) as identification.

(SEAL)

Signature _____

Name _____

Title **NOTARY PUBLIC** _____

Commission No.: _____ Expires: _____