

**SEMINOLE COUNTY SHERIFF'S OFFICE
APPLICATION FOR SECURITY ACCESS**

DATE OF APPLICATION /_____/_____ MONTH DAY YEAR	NAME OF APPLICANT _____ LAST NAME FIRST NAME MIDDLE NAME
--	---

I. PERSONAL DATA (FOR BACKGROUND INVESTIGATION PURPOSES ONLY)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black; text-align: center;">/ /</td> <td style="width: 25%; border-bottom: 1px solid black;"></td> <td style="width: 25%; border-bottom: 1px solid black;"></td> <td style="width: 25%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">DATE OF BIRTH</td> <td style="text-align: center;">RACE</td> <td style="text-align: center;">SEX</td> <td style="text-align: center;">EYE COLOR PLACE OF BIRTH</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">/ /</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">SOCIAL SECURITY NUMBER</td> <td style="text-align: center;">HEIGHT</td> <td style="text-align: center;">WEIGHT</td> <td style="text-align: center;">HAIR COLOR</td> </tr> </table>	/ /				DATE OF BIRTH	RACE	SEX	EYE COLOR PLACE OF BIRTH	/ /				SOCIAL SECURITY NUMBER	HEIGHT	WEIGHT	HAIR COLOR
/ /																	
DATE OF BIRTH	RACE	SEX	EYE COLOR PLACE OF BIRTH														
/ /																	
SOCIAL SECURITY NUMBER	HEIGHT	WEIGHT	HAIR COLOR														

II. INDIVIDUAL DATA	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">STREET ADDRESS</td> <td style="width: 30%; border-bottom: 1px solid black;">APARTMENT NUMBER</td> </tr> <tr> <td style="border-bottom: 1px solid black;">CITY</td> <td style="border-bottom: 1px solid black;">STATE</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">ZIP CODE</td> </tr> </table>	STREET ADDRESS	APARTMENT NUMBER	CITY	STATE		ZIP CODE
STREET ADDRESS	APARTMENT NUMBER						
CITY	STATE						
	ZIP CODE						

Mailing Address if Different	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">P.O. BOX NUMBER</td> <td style="width: 30%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">CITY</td> <td style="border-bottom: 1px solid black;">STATE</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">ZIP CODE</td> </tr> </table>	P.O. BOX NUMBER		CITY	STATE		ZIP CODE
P.O. BOX NUMBER							
CITY	STATE						
	ZIP CODE						

HOME TELEPHONE	/_____)_____ Listed ___ ___ Unlisted ___ ___
-----------------------	---

BUSINESS TELEPHONE	/_____)_____ May we call you at this number? _____
---------------------------	---

EMERGENCY CONTACT	/_____)_____ Emergency Contact Name _____
--------------------------	--

II. BACKGROUND INFORMATION	List your reason for requesting access into the John E. Polk Correctional Facility: _____ Current Employer: _____
-----------------------------------	--

Do you possess a <u>VALID</u> driver's license? YES ___ NO ___ Driver's License Number: _____ Issuing Driver's License State: _____	What type of driver's license do you have? Operator _____ Commercial (please circle) A B C D Do you have transportation to work? YES ___ NO ___
---	--

*VALID: An issued license which has not expired, nor been denied, revoked, or suspended within the past three (3) years.

Has your driver's license been denied, revoked, or suspended within the past three years? YES ___ NO ___ If yes, please explain _____

Is your driver's license currently suspended, revoked, or expired? YES ___ NO ___ If yes, please explain _____

Have you ever been arrested? YES ___ NO ___ Have you ever been convicted of a crime? YES ___ NO ___
 List arrests and case dispositions. Use the back of application if needed _____

Do you currently have a relative incarcerated at the John E. Polk Correctional Facility? Yes ___ No ___ Relation to you? _____

Do you have the legal right to work in the United States? YES ___ NO ___ If no, please explain _____

ATTENTION
READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THE BELOW CERTIFICATION

The Seminole County Sheriffs Office is authorized to verify any or all of the information contained herein. A false answer to any question in this application may be grounds for terminating your volunteer services. All statements are subject to investigation, including a check of your training, experience, and criminal history. In addition, you must agree to be photographed and fingerprinted. All of the information will be considered in reviewing your application. Also, your application may be subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes.

Your social security number is requested for the sole purpose of a background investigation.

CERTIFICATION

I hereby certify that all statements made in this application are true and correct to the best of my knowledge. I also certify that I have read the statements above. If accepted for volunteer service/security access, I agree to abide by and comply with all rules, regulations, and policies and procedures of the Seminole County Sheriffs Office. I understand and agree that I am free to terminate my services at any time. I further understand and agree that the Seminole County Sheriffs Office has the right to terminate my volunteer services at any time, with or without cause.

DATE SIGNED

SIGNATURE

John E. Polk Correctional Facility Volunteer/Contractor Rules and Regulations

All facility rules and regulations will be followed by volunteers/contractors working at the John E. Polk Correctional Facility.

1. Will not report to duty while under the influence of an intoxicant, narcotic, hallucinogenic drug, barbiturate or central nervous system stimulant.
2. Will keep all confidential matters confidential.
3. Will not bring any type of weapon into the facility.
4. Will not bring cameras into the facility including cell phones that have cameras.
5. Will not use profane or abusive language in supervising others.
6. Will not abuse others in any manner.
7. Will not accept a bribe.
8. Will not recommend or furnish any legal advice or any other advice concerning the selection of a specified lawyer or bondsman for others.
9. Will not provide medical or mental health advice.
10. Will not give money or property to an inmate incarcerated in the facility except when approved by the Director of the facility.
11. Be professional at all times. Any behavior or conduct, which is improper or gives the appearance of being improper, will not be tolerated.
12. Volunteers shall immediately report corrupt, unethical or unlawful behavior or violations of county and/or facility policies to the Director of the facility.
13. Volunteers shall notify the Program Coordinator when they have been arrested, convicted or information has been filed or under Grand Jury indictment for any felony, misdemeanor or traffic arrest.
14. Volunteers shall not make fraudulent statements.
15. Cell phones will only be brought into the facility with approval and if necessary to complete the job.
16. Do not give anything to inmates or take anything from inmates.
17. Conversation with inmates is prohibited unless it is directly related to the job at hand.
18. Do not leave personal items where inmates can access them.
19. Ensure a tool inventory is completed before entering the facility and verified before leaving the facility; all tools must be accounted for.
20. Do not leave tools and work materials unattended in an area where inmates may access them.
21. Materials brought into the facility will be limited to items necessary to complete job assignment and will be subject to search.
22. No tobacco products, alcohol, controlled substance, lighters, matches or drug paraphernalia.
23. Personal or romantic relationships with inmates are strictly prohibited.
24. Any problems will immediately be reported to a deputy in the assigned area or a supervisor.

Volunteer/Contractor Sign/Print and Date

Witness Sign/Print and Date

Acknowledgement of Receipt of Rules and Regulations for Contract Workers

I, _____ agree to adhere to the following guidelines while working at the John E. Polk Correctional Facility.

1. To follow all Facility Policies, Procedures, and Regulations while at the Facility, particularly those relating to security and confidentiality of information.
2. To submit to a reasonable personal search, by the Facility Staff.
3. By signing this agreement, I acknowledge that I have received a copy of the Rules and Regulations for Contract Workers and understand about confidentiality of information.

SIGNATURE:

DATE:

WITNESS:

DATE:



Sexual Abuse Prevention and Response for Volunteers and Contractors

1. “Zero tolerance” means that sexual abuse, sexual harassment, and sexual misconduct will not be tolerated at the John E. Polk Correctional facility. One incident is too many.
2. There is no consensual sex between inmates and volunteers or contractors. Sexual abuse of an inmate by a staff member, contractor, or volunteer includes all of the abusive sexual contact we just reviewed. Sexual misconduct also includes any display or “flashing” of the genitals, buttocks, or breasts of a staff member, contractor, or volunteer; and “voyeurism”, which is viewing an inmate who is not fully clothed.
3. By law, inmates cannot consent to sexual contact with staff members, volunteers or contractors. All sexual contact between inmates and staff or volunteers is considered sexual abuse. It is against the law for you to have sexual contact with inmates, even if the inmate agrees or seems willing. There is no such thing as consensual sexual activity between inmates and staff, volunteers, or contractors.
4. Sexual harassment is also prohibited in this jail. Sexual harassment of an inmate by another inmate includes: repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature. Sexual harassment of an inmate by a staff member, contractor, or volunteer is basically the same thing, regardless of whether or not these actions are wanted by an inmate.
5. Just like employees, potential consequences for volunteers or contractors who sexually abuse or sexually harass inmates include dismissal from the facility, termination of the contract/volunteer duties, reporting to relevant licensing bodies, criminal prosecution, and civil liability. That means that if you sexually abuse or sexually harass an inmate in this facility, your work with our agency will end, you may be charged with a crime, and/or you may be sued.
6. If at any point an inmate makes an allegation about a sexual harassment or sexual abuse to you, please notify a supervisor immediately. You must notify someone of authority prior to you exiting the facility or you can be deemed liable for in action.

Signature of Contractor

Date and Time

Signature of Staff Member

Date and Time



BACKGROUND INVESTIGATION WAIVER
Authority for Release of Information

PERSONAL CONTACT INFORMATION

Form with fields: Applicant's Name, Company, Social Security Number, Date of Birth, Personal Email, Phone Number

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

SCSO Department/Division, Escorted, Yes, No, Offsite (radio buttons)

EMPLOYING AGENCY REQUESTING BACKGROUND INFO: Seminole County Sheriff's Office and Seminole County Government

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 authorize the National Records Center, St. Louis, Missouri, and 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: Seminole County Sheriff's Office; 100 Eslinger Way, Sanford, FL 32773

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.

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

Personally Known - or - Produced Identification

Notary Public

Type of Identification Produced: