



SEMINOLE COUNTY SHERIFF'S OFFICE

Application For Employment

Support Staff Positions

Seminole County Sheriff's Office
Human Resources
100 Bush Blvd
Sanford, FL 32773
407-665-6782
www.seminolesheriff.org

INSTRUCTIONS

PLEASE USE BLACK INK AND PRINT CLEARLY OR TYPE. DO NOT leave any areas blank. Résumés may NOT SUBSTITUTE for any information requested on this application.

Position you are applying for: _____

PERSONAL INFORMATION

_____-_____-_____
Social Security Number

Social Security Number

YOUR SOCIAL SECURITY NUMBER IS REQUESTED FOR THE SOLE PURPOSE OF EMPLOYMENT BACKGROUND INVESTIGATIONS AND ADMINISTERING EMPLOYMENT BENEFITS.

_____|_____|_____
Last Name | First Name | Middle Name

_____|_____|_____|_____
Home Phone | Work Phone Extension | Cell Phone/Other | Email Address

_____|_____|_____|_____
Residence Address (No PO Box) | Apt Number | Apartment Complex Name

_____|_____|_____|_____
City | County | State | Zip Code

_____|_____|_____|_____
Mailing Address | Apt Number | Apartment Complex Name

_____|_____|_____|_____
City | County | State | Zip Code

Have you EVER applied for employment or been employed with the Seminole County Sheriff's Office? YES NO

If YES, please supply dates and position title: _____

Have you ever used any other name? YES NO If YES, please list those names here:

_____|_____|_____
Last Name | First Name | Middle Name

_____|_____|_____
Last Name | First Name | Middle Name

MILITARY HISTORY

Have you ever been a member of the Armed Forces of the United States (include reserve status and National Guard)? YES NO

_____|_____
Branch | Highest Rank

_____|_____
Entry Date | Discharge Date

Was any type of disciplinary action taken against you in the Service? YES NO

If yes, explain: _____

EDUCATION/TRAINING

Are you a high school graduate? YES NO GED

Date of Graduation

High School Name

City

State

Colleges/Universities Attended

Check here if not applicable

College/University	City	State
To (mm/yy)	Total Credit Hours _____	
From (mm/yy)		
Type of Degree Earned		
Date of Degree (mm/yy)	Field of Study	
College/University	City	State
To (mm/yy)	Total Credit Hours _____	
From (mm/yy)		
Type of Degree Earned		
Date of Degree (mm/yy)	Field of Study	
College/University	City	State
To (mm/yy)	Total Credit Hours _____	
From (mm/yy)		
Type of Degree Earned		
Date of Degree (mm/yy)	Field of Study	

Academy, Business, Trade or Other Schools Attended

Check here if not applicable

Academy/School Name	City	State
To (mm/yy)	Total Class Hours _____	
From (mm/yy)		
Type of Certificate Earned		
Date of Graduation (mm/yy)	Field of Study	
Academy/School Name	City	State
To (mm/yy)	Total Class Hours _____	
From (mm/yy)		
Type of Certificate Earned		
Date of Graduation (mm/yy)	Field of Study	

Current Professional Licenses or Certifications

Check here if not applicable

Type of License/Certification	State
Date Issued (mm/yy)	Issuing Agency
Expiration (mm/yy)	
Type of License/Certification	State
Date Issued (mm/yy)	Issuing Agency
Expiration (mm/yy)	

Other Languages Spoken

Check here if not applicable

List Other Languages Spoken	
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EMPLOYMENT HISTORY

You must complete the Employment History section of this application. List your most recent employer first. If currently unemployed, leave present employer section of this application blank. Include voluntary unpaid work experience as well as military service, if any, and any period of unemployment. If you held more than one position with the same employer, list each position separately. Also, list any business which you own, are a partner, or corporate officer in the work history section. If you need additional space, please photocopy this form and provide all information. **YOU MUST ACCOUNT FOR ALL PERIODS OF TIME FOR AT LEAST THE LAST TEN (10) YEARS.**

May we contact your present employer? YES NO

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Starting Salary \$ _____ Last Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	
Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Starting Salary \$ _____ Last Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	
Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Starting Salary \$ _____ Last Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	

EMPLOYMENT HISTORY (Continued)

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Starting Salary \$ _____ Last Salary \$ _____	
Position		Supervisor's Name _____	
Detailed Job Duties			
Reason for Leaving		Name When Employed _____	

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Starting Salary \$ _____ Last Salary \$ _____	
Position		Supervisor's Name _____	
Detailed Job Duties			
Reason for Leaving		Name When Employed _____	

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Starting Salary \$ _____ Last Salary \$ _____	
Position		Supervisor's Name _____	
Detailed Job Duties			
Reason for Leaving		Name When Employed _____	

PERSONAL REFERENCES

List 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. You must give *complete* information for each reference. If retired, give former occupation.

Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		
Address City, State, Zip			
Home Phone		Work Phone	
Occupation		Email Address	
Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		
Address City, State, Zip			
Home Phone		Work Phone	
Occupation		Email Address	
Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		
Address City, State, Zip			
Home Phone		Work Phone	
Occupation		Email Address	

RESIDENCES

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 addresses, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Dates (mm/yy)		Apt. No.	Street Address	City	Zip Code	County	State
From	To						

CONTROLLED SUBSTANCES

Drug testing is required for this position. All applicants must complete a drug use questionnaire when applying for a position. This questionnaire is part of the application process and must be completed before the application will be reviewed. Failure to submit this form will result in disqualification of your **application**. Applicants who are found, through investigation or personal admission, to have experimented with or used narcotics or dangerous drugs, except those medically prescribed, will not be considered for employment with the Seminole County Sheriff's Office. Exceptions to this policy may be made for applicants who admit to limited youthful and experimental use of marijuana, although any use of marijuana within the three years immediately preceding the date of your employment application will disqualify your application. Such applicants may be considered for employment if there is no evidence of regular, confirmed usage, and the full-field background investigation and results of the other steps in the process are otherwise favorable. Compliance with this policy is an essential requirement of the position.

Do you NOW, or have you EVER tried, purchased or sold any illegal drugs or controlled substances? ("Tried" includes smoking; inhaling; swallowing; placing/rubbing on gums, lips, or tongue; injecting; or ingesting by any other means as a juvenile or as an adult.) YES NO

If you answered YES, list details below.

Name of Drug or Controlled Substance	Tried	Purchased	Sold	First Time (mm/yy)	Last Time (mm/yy)
Marijuana/"Pot"	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Cocaine/"Crack"	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Steroids	Total # of cycles _____	Total # of times purchased _____	Total # of times sold _____		
Ecstasy	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Methamphetamine/"Meth"	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
LSD/"Acid"	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Heroin	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Other: Name drug _____	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Other: Name drug _____	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		

CRIMINAL HISTORY

CONVICTIONS The circumstances surrounding the conviction are considered, such as: the nature, number, severity, date of the offense, subsequent history, efforts at rehabilitation, and relation of the offense to the requirements of the position for which you are applying.

Have you EVER been convicted of, or have you EVER been found to have committed any civil or criminal law violation other than minor traffic violations?

YES NO

IF YES, LIST ALL CRIMINAL AND CIVIL LAW VIOLATIONS. INCLUDE DISPOSITIONS (Copies of all court dispositions must be submitted with application.) Be sure to include charges from all states, regardless of the outcome or timeframe. **Attach additional pages if necessary.**

Charge		Date (mm/yy)
Arresting Agency		
Disposition or Outcome		Date (mm/yy)

Charge		Date (mm/yy)
Arresting Agency		
Disposition or Outcome		Date (mm/yy)

DRIVER'S LICENSE

State of Issue	License Number	Date of Expiration
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Restrictions

Is your driver's license currently restricted, suspended, or expired? YES NO

If yes, explain: _____

Has your driver's license ever been denied, restricted, revoked, or suspended? YES NO

If yes, explain: _____

Have you received a ticket or been charged with any traffic violation(s) during the past seven (7) years? YES NO

If yes, explain: _____

CREDIT HISTORY

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. _____

Please list all debts where payment is PAST DUE, regardless of amount.

Creditor	Address	Amount	Loan or Account Number

Have you, or a company controlled by you, filed for bankruptcy? YES NO Declared bankruptcy? YES NO Had a legal judgment rendered against you for a debt? YES NO If yes to any of these questions, please provide details.

AUTHORIZATION TO RELEASE CREDIT BUREAU REPORTS

For and in consideration of my being considered for employment, I hereby authorize the Seminole County Sheriff's Office to make inquiries to a consumer reporting agency concerning my employment suitability and qualifications including any credit bureau reports. I hereby waive any privilege or right of confidentiality with respect to any claim or liability arising from the inquiry for any entity, person, or consumer reporting agency providing records to the Seminole County Sheriff's Office. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to the employer by writing or calling the consumer reporting agency.

Signature

Date

VETERANS' PREFERENCE PROCEDURES

Per Florida Statute Chapter 295 and Rules of the Florida Department of Veterans' Affairs, Veterans' Preference points shall be awarded to the earned ratings of eligible applicants who have achieved a minimum qualifying score on an examination, have received an honorable discharge, and who are residents of the State of Florida. Special consideration will be given to eligible applicants who apply for positions where examinations are not used.

In order to receive preference, an applicant must complete the following requirements by the closing date and time of the employment opportunity specified on the posting:

1. Indicate claim for Veterans' Preference on this application.
2. Answer all questions on the Veterans' Preference Claim.
3. Provide required documentation:

Veterans, disabled veterans, or spouses of disabled veterans shall provide DD-214 Member 4 Form, military discharge papers, or equivalent V.A. certification listing:

1. Military status,
2. Dates of service, and
3. Discharge type.

Disabled veterans shall also provide a document from the Department of Defense, V.A., or Department of Veterans' Affairs certifying that the veteran has a service-connected disability.

Spouses of disabled veterans shall also provide:

1. Evidence of marriage,
2. Statement that spouse is still married to the veteran, and
3. Proof that the veteran cannot qualify for employment due to service-connected disability (e.g., Department of Defense or V.A. certification of total and permanent disability or Department of Veterans' Affairs ID card).

Spouses of persons missing, captured or detained on active duty shall furnish:

1. Evidence of marriage,
2. Statement that spouse is still married to the veteran, and
3. Department of Defense or V.A. document certifying the person on active duty is missing in action or captured or forcibly detained in line of duty by foreign government or power.

Unremarried widow/widowers of deceased veterans shall furnish:

1. Evidence of marriage,
2. Statement that the widow/widower is not remarried, and
3. Department of Defense or V.A. document certifying service-connected death.

VETERANS' PREFERENCE CLAIM

1. Do you wish to claim Veterans' Preference under Florida Statute Chapter 295?

YES NO

2. Are you:

A Any veteran with a service-connected disability compensable under public laws administered by the U.S. Department of Veterans' Affairs?

B The spouse of any veteran, who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment; or, the spouse of any person who is missing in action, captured in the line of duty by a hostile force, or forcibly detained or interned in the line of duty by a foreign government or power?

C A veteran who has served on active duty for one (1) day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America?

D An unremarried widow/widower of a veteran who died as a result of a service-connected disability?

E Any veteran who has served in a qualifying campaign or expedition for which a campaign badge has been authorized?

4. If you have a service-connected disability, such disability has been rated by the V.A. or Department of Defense to be

_____ percent.

An applicant for veterans' preference who believes he or she was not afforded employment preference may file a complaint with the Florida Department of Veterans' Affairs at the Mary Grizzle Office Building, 11351 Ulmerton Rd., Rm. 311-K, Largo, FL, 33778. The complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within three months of the date the application is filed with the employer if no notice is given.

ADDITIONAL PERSONAL INFORMATION

- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Have you ever been discharged for any reason from any job or asked to resign in lieu of termination? If yes, explain below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been denied employment with a law enforcement agency? If yes, explain below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are any members of your family or relatives (by blood or marriage) employed by Seminole County Sheriff's Office? If yes, indicate below their name(s), position, and relationship. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. List all Florida law enforcement agencies that you have applied with in the last twelve months. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. To apply with the Seminole County Sheriff's Office, you must comply with the Body Ornamentation policy, which includes tattoos, brands, intentional body/tongue piercing (not including the normal piercing of the earlobe for earrings) or mutilation and dental ornamentation. "Visible" is defined as body ornamentation that is visible on the arm below the sleeve of a short sleeve or golf-style shirt or above the collar of a short sleeve or golf-style shirt. Do you have any visible body ornamentation? If yes, describe in detail below. You must include a photo of your visible tattoo(s). | <input type="checkbox"/> | <input type="checkbox"/> |

Space for detailed answers. Indicate item number to which answers apply. Use additional paper if necessary.

Item No.	

APPLICANT CHECKLIST

Along with your application, please submit copies of any of the documents listed below which apply to you. Copies should be on 8.5" by 11" paper and should be inserted in the order listed. Failure to submit all of the items listed below may disqualify your application. **Please note that the Sheriff's Office will not make copies of documents nor provide notary service for the Background Investigation Waiver form.**

- Valid Florida Driver's License
- Social Security Card
- High School Diploma or GED
- College degree; college transcripts if no degree (If applicable)
- DD214/military discharge character of service and re-enlistment code
- Court Disposition Papers (if applicable)

APPLICANT'S CERTIFICATION

The Seminole County Sheriff's Office is authorized to verify any or all of the information contained on the application form. A false answer to any question (s) in this application may be grounds for non-selection or for termination after you begin work. All statements are subject to investigation, including a check of your training and experience statements. All information you give will be considered in reviewing your application. Your application may be subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes.

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement, misrepresentation or falsification of facts shall cause forfeiture of all rights to employment with the Seminole County Sheriff's Office. If accepted for employment I agree to abide by and comply with all rules, regulations, and policies and procedures of the Seminole County Sheriff's Office. I understand and agree that I am free to terminate my employment at any time. I further understand and agree that my employer has the right to terminate my employment during my initial probationary period with or without cause. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the rules, regulations, policies and procedures of the Seminole County Sheriff's Office.

Signature

Date

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: Seminole County Sheriff's Office

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, 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:

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 is 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: _____

EQUAL EMPLOYMENT OPPORTUNITY AND RECRUITING SURVEY

The information requested on this form regarding race, sex, age, veteran, and disability status is needed to analyze and assure compliance with the Federal equal Employment Opportunity laws and to meet the reporting requirements of those laws.

This form is maintained separately from your original Employment Application and is not used during the employment process. Your cooperation in voluntarily completing this information is appreciated.

Today's Date (mm/dd/yy)	Date of Birth (mm/dd/yy)	Position Applied For

	Sex	Marital Status
Name (Last, First, MI)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Single

Age Group <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-39 <input type="checkbox"/> 40-70 <input type="checkbox"/> Over 70	Disability <p>The American Disabilities Act of 1990 (ADA) requires an employer to provide a reasonable accommodation to qualified individuals with disabilities who are applicants for employment.</p> <p>Do you have a disability that qualifies for a reasonable accommodation? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>If Yes, please briefly state disability _____</p>
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Education	
<input type="checkbox"/> High School Graduate <input type="checkbox"/> College Graduate <input type="checkbox"/> GED _____ Year _____ Year	
Check the highest grade completed if not a High School Graduate 1 2 3 4 5 6 7 8 9 10 11	

Race/Ethnic Category	Description of EEOC Race/Ethnic Categories
Check only one. See chart to the right for descriptions.	
<input type="checkbox"/> White (not of Hispanic origin)	White All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
<input type="checkbox"/> Black (not of Hispanic origin)	Black All persons having origins in any of the Black groups of Africa.
<input type="checkbox"/> Hispanic (regardless of race)	Hispanic All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture, regardless of race.
<input type="checkbox"/> Asian/Pacific Islander	Asian/Pacific Islander All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.
<input type="checkbox"/> American Indian/Alaskan Native	American Indian/Alaskan Native All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.