

Glades County Sheriff's Office

1297 East State Road 78/ P.O. Box 39

Moore Haven, Florida 33471-0039

Employment Application Form

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

Under the provisions of Section 943.13, Florida Statutes, and Rule 11B-27.0022, Florida Administrative Code, a Background Investigation is required prior to employment of anyone as a Law Enforcement Officer in the State of Florida. The information you provide within this application will be used to determine your eligibility and suitability for any position within this agency.

Please complete this application accurately and neatly, without errors, omissions or misleading information. **Any misrepresentation, falsification, omission or concealment of a material fact may be considered grounds for non-employment or dismissal.**

Questions must be answered with a **Yes, No** or **None** answer, and all questions must be answered. Applications that are incomplete and/or are not typed or printed legibly in ink will not be processed for consideration. If space is insufficient for complete answers, use additional sheets, the same size as this application, and number the answers to correspond with the questions. *The applicant must also attach a color photograph along with this application. The photo must be at least 2 inches by 2 inches in size.*

Personal Information Section

1.
Last, First, Middle Name: _____

Maiden or Former Name(s): _____

Place of Birth (City, State, Country): _____

Date of Birth: _____ Social Security Number: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Are you a United States Citizen? Yes No Naturalization Certificate Number: _____

2.
Current Physical Address: _____
Street No. Street Name Apartment Number

Address Cont.: _____
City State Zip Code

Current Phone Number(s): Home (_____) _____ Alternate (_____) _____

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

Education / Training

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

*College/University Name/Address	Dates Attended (Mo./Yr.) From – To	Credit Hours Earned	Did You Graduate?	Type of Degree

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

Major: _____ Minor: _____

Other schools (Trade, Vocational, Business, Military, Law Enforcement, etc):

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

7. List any honors or awards that you have received, please also include leadership positions you have held:

8. Please list any foreign languages that you are able to Read, Write and/or Speak:

9. Has your law enforcement certificate ever been suspended, revoked, relinquished or subject to discipline or investigation by the Criminal Justice Standards and Training Commission? Yes No If yes, Explain:

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

11. *Please list any type of special licenses you possess such as pilot, radio operator, etc.: _____

*Please attach a copy of the licenses to this application

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

Employment History

13. 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 of time, please explain lapse of employment including dates.

Name and Address of Employer	Dates Worked (Mo./Yr.) From – To	Salary	Title or Position	Supervisor	Reason for Leaving
Name <hr/> Address <hr/> City, State, Zip <hr/> Area Code and Phone Number <hr/>					

Name _____ Address _____ City, State, Zip _____ Area Code and Phone Number _____					
Name _____ Address _____ City, State, Zip _____ Area Code and Phone Number _____					
Name _____ Address _____ City, State, Zip _____ Area Code and Phone Number _____					

14. *May we contact your present employer? Yes No If no, please explain why: _____

* Your present employer will be contacted if this application is forwarded to background for processing

15. 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

16. Have you ever applied to (including Auxiliary/Reserve) or been sponsored by a criminal justice agency? Yes No If yes, please list agencies and approximate date: _____

17. Are you currently or have you ever been the subject of an Internal Affairs Investigation? Yes No

18. Have you ever been the subject of a formal complaint, including criminal and non-criminal? Yes No

19. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? Yes No

If you answered yes to questions 17-19, please provide a detailed explanation regarding the incident. Please provide name and address of business, corporation, or organization and describe your relationship or position.

Arrest/Criminal History/Court Data

SEALED AND EXPUNGED RECORDS

Section 943.058, Florida Statutes requires law enforcement applicants to list any expunged or sealed records, whether adult, juvenile, civilian or military.

20. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violation (including juvenile)? Yes No If yes, explain: _____

21. 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 (including juvenile)?

Yes No If yes, explain: _____

Dates	Law Enf. Agency	Charge	Court/Place	Disposition

22. Have you ever been a plaintiff or defendant in a court action? (This includes liens, lawsuits, bankruptcy, domestic violence injunctions, divorce proceedings, etc.) Yes No If yes, provide date, place of court, case number, names of those involved, nature of action, final disposition and any relative documents to said proceeding. _____

23. Have you ever been fingerprinted for any reason (arrest, military, job application, etc?) Yes No If yes, provide details: _____

24. Have you ever committed a crime, such as theft, possession of illegal drugs, firearms offenses, fraud, passing worthless checks, etc., even if you did not get caught or arrested? Yes No If yes, explain: _____

25. Have you ever committed an act of Domestic Violence? Yes No If yes, explain: _____

Driving History/Drivers License Information

26. List all states where you have been granted or currently possess a license to operate a motor vehicle:

State	License Number	Lic. Type	Restrictions	Exp. Date

27. Have you ever been denied issuance of a license, automobile insurance or have you ever had your license or automobile insurance suspended or revoked? Yes No If yes, explain: _____

28. Have you ever been involved in a motor vehicle accident? Yes No If yes, explain: _____

29. List all traffic citations or tickets, excluding parking violations, which you have received since you were licensed to drive (including out of state information):

Date	City/County/State	Agency	Violation	Disposition

Military History

30. Are you registered with the Selective Service? Yes No If yes, provide your selective service number: _____

31. Are you now or have you ever been a member of a reserve unit or the National Guard? Yes No
 Dates: _____ Branch: _____ Location: _____

32. Have you ever served on active duty in the Armed Forces of the United States? Yes No
 If yes, provide date and type of discharge: _____

Dates	Branch	Highest Rank	Serial Number

33. Have you ever served in the Armed Forces of a foreign country? Yes No If yes, specify country and dates of service: _____

34. Have you ever had any disciplinary action taken against you in the service? Yes No If yes, explain: _____

Veterans Preference

NOTE:
Under Florida Law, preference in appointment shall be given first to those persons included in #1 and #2 below, and second to those persons included in #3 and #4 below. If an applicant claiming veteran's preference for a vacant position is not selected for the vacant position, he or she may file a complaint with the Division of Veteran's Affairs, P.O. Box 1437, St. Petersburg, Florida 33731.

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

Have you ever claimed and been employed using veteran's preference since October 1, 1987? Yes No
If yes, provide name and address of employer: _____

Business Interests & Licenses

35. Do you or have you ever owned any stock or had a direct or indirect interest in any firm, partnership or corporation dealing wholly or partly with the sale or distribution of alcoholic beverages or tobacco?
 Yes No

36. Are you currently issued or have you ever been issued a license to engage in a business or profession?
 Yes No

37. Was the license ever cancelled, relinquished, suspended or revoked? Yes No

If you answered yes to questions 35, 36, 37 please provide details including the type of license or certificate, the agency that issued the license, effective date of license and license number. _____

38. List all stocks, bonds, securities or other direct or indirect ownership interest in any business entity currently owned directly or indirectly by you:

Company	Nature of Business	Nature of Interest

Financial Status

39. List all outstanding debts, including credit cards, charge accounts, mortgages, contracts, loans, etc.:

Creditor/Company	City/State	Account Balance	Account Number

40. List all debts that are more than 30 days past due: _____

41. Have you ever had debts turned over to a collection agency? Yes No If yes, explain in detail:

42. Have you ever had any goods you purchased repossessed? Yes No If yes, explain in detail:

43. Have you ever had your wages garnished? Yes No If yes, explain in detail: _____

44. Have you or a company controlled by you ever filed for bankruptcy? Yes No If yes, explain in detail: _____

45. Have you or a company controlled by you ever been subject to a tax lien, other lien or had a judgment rendered against you for a debt? Yes No If yes, explain in detail: _____

References / Acquaintances

46. List five (5) individuals who have known you well for the past five (5) years, excluding relatives and employers:

Name:	Occupation:
Current Address	Telephone Numbers
Street Apt. No.	Home ()
City State/Zip	Work ()

Name:	Occupation:
Current Address	Telephone Numbers
Street Apt. No.	Home ()
City State/Zip	Work ()

Name:	Occupation:
Current Address	Telephone Numbers
Street Apt. No.	Home ()
City State/Zip	Work ()

Name:		Occupation:	
Current Address		Telephone Numbers	
Street	Apt. No.	Home	()
City	State/Zip	Work	()

Name:		Occupation:	
Current Address		Telephone Numbers	
Street	Apt. No.	Home	()
City	State/Zip	Work	()

Waiver Forms and Support Documentation

Please utilize this portion of the application to attach any support documentation you are providing as a result of any questions that did not provide you with adequate space to provide a complete answer or explanation. You may also use this section to attach any and all support document(s) that you are providing that may assist with the hiring process and or background investigation.

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 may be the basis for my disqualification as an applicant or my dismissal from the Glades County 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 or CVSA examination concerning the truthfulness of my responses to the information requested on this application or information discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I will be fingerprinted. I also 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 during the term of my employment or appointment with the Sheriff's Office. I understand that the use of drugs and alcohol are not permitted during work or on 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 my medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of my physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the Sheriff's Office. I also authorize the Sheriff's Office without further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state and 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 persons from any and all liability from 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 that an investigation will be conducted on all information listed in this application. Because of this, are you aware of any information about yourself which might tend to reflect unfavorably on your reputation, morals, character or ability?

Yes No If yes, explain in detail: _____

 Printed Name of Applicant / Signature of Applicant

 Date of Signature

 Printed Name of Notary Public / Signature of Notary Public

Notary Stamp

Confidential Employee History

List all Former Spouse(s):

Name:		Occupation:	
Current Address		Telephone Numbers	
Street	Apt. No.	Home	()
City	State/Zip	Work	()

Name:		Occupation:	
Current Address		Telephone Numbers	
Street	Apt. No.	Home	()
City	State/Zip	Work	()

Please provide next of kin information to be contacted in case of emergency:

Name:		Relationship:
Current Address		Telephone Numbers
Street	Apt. No.	Home ()
City	State/Zip	Work/Other ()

Please provide the following information on personal or family physician to be contacted in case of emergency:

Name:		Type of Doctor:
Current Address		Telephone Numbers
Street	Ste. No.	Work ()
City	State/Zip	Alternate ()

I understand that the “Applicants Certification” (page 12) applies in all respects to the responses provided within this page containing confidential employee history information.

Printed Name of Applicant / Signature of Applicant

Date of Signature

Printed Name of Notary Public / Signature of Notary Public

Notary Stamp