



HARDEE COUNTY
SHERIFF
VENT CRAWFORD

Employment Application

**Please call to schedule an appointment
to submit application
863-773-0304 EXT 223**

**ANY OMISSION, FALSIFICATION, MISSTATEMENT AND/OR MISREPRESENTATION
OF ANY INFORMATION IN THIS APPLICATION WILL BE BASIS FOR DISQUALIFICATION.**

The Hardee County 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.

Duty to Protect  *Honor to Serve*

900 East Summit Street, Wauchula FL 33873
(863) 773-0304 • www.hardeeso.com • FAX (863) 773-4593

Salary / Benefits

Base Salary Information:

Deputy Sheriff:	High School/GED \$40,993.68 (\$18.77hr)
Detention Deputy:	High School/GED \$40,993.68 (\$18.77hr)
Detention Civilian Support:	High School/GED \$23,753.60 (\$11.42hr)
Administrative Civilian Support:	High School/GED \$23,753.60 (\$11.42hr)
Communications Dispatcher:	High School/GED \$29,764.80 (\$14.31hr)

Educational:

Achievement Program:	\$30/month for AA/AS Degree
	\$80/month for BA/BS/MA/MS Degree
	\$130/month maximum for career salary incentive

Holiday Leave:

10 1/2 paid holidays per year (included in "Vacation" hours earned)

Vacation:

Years of Service

Vacation Hours Earned

1 mo	12 mo	8 hours/month
13 mo	04 years	12 hours/month
05 years	09 years	14 hours/month
10 years	14 years	16 hours/month
15 years	19 years	18 hours/month
20+ years		20 hours/month

Sick Leave:

8 hours/month

Sick Leave Incentive:

Earn 8 hours/year extra vacation leave for no sick leave usage during the previous year.

Military Leave:

Up to 30 days for each emergency or disaster.

Pension Plan:

Florida Retirement System

Health Insurance:

Employee Only / Employee + Spouse / Employee + Children / Family

Basic Life Insurance:

\$30,000 of coverage

Group Dental:

100% employee paid (payroll deductible)

Vision Care Vision Plan:

100% employee paid (payroll deductible)

Information:

As a condition of employment, all employees are required to participate in the payroll direct deposit program. This agency operates under an employee 24-pay period payroll system.

Hardee County Sheriff's Office Human Resources

900 E. Summit Street
Wauchula, Florida 33873

Application Instructions

These instructions apply to all Deputy Sheriff, Detention Deputy and Staff Support positions and internships.
PLEASE READ THESE INSTRUCTIONS CAREFULLY AND MAKE SURE YOU COMPLY WITH EACH APPLICABLE PORTION.

1. Applications will be accepted only for currently advertised positions and can be completed online at www.hardeeso.com, printed and returned along with the required documents to the address listed above. Applications can also be picked up at the Sheriff's Office during normal business hours 8:00 a.m. - 4:00 p.m., picked up application must be typewritten or printed in legible ink.
2. Applications may be returned in person or mailed with the required documentation to the address listed above.
3. When completing the application, please pay special attention to the following:
 - A. All questions must be answered. Applications that are incomplete will not be processed further until corrections, omissions, or deficiencies are resolved.
 - B. The Applicant's Certification Page must be signed and witnessed.
 - C. On the Employment History and Reference sections, provide telephone numbers and complete mailing addresses, including zip codes. List all jobs you have ever had, beginning with the most recent job. Use Additional 8 1/2x11 sheets of paper if necessary. Include all periods of no employment.
 - D. On the Confidential Employee History section, document any instances of usage of illegal drugs, i.e., inhalation, injection, or any other form of ingestion of any illegal drug or any illegally obtained drug.
4. Legible **CERTIFIED** copies of the following applicable documents **MUST** be returned with the completed application to the address listed above. You can also bring the **ORIGINALS** in with your application to be copied; they must be **ORIGINALS** or **CERTIFIED** copies.
 - A. Driver's License
 - B. Social Security Card
 - C. High School Diploma / GED or College Transcripts
 - D. Birth Certificate
 - E. DD 214 (Military)
 - F. FDLE Law Enforcement Training - Deputy Sheriff position only.
 - G. FDLE Correctional Officer Training - Detention Deputy position only.
 - H. Florida State Certification Exam Scores
 - I. Test of Adult Basic Education (TABE Scores) or Computerized Placement Test (CPT) not required if criteria successfully met through Academy.
 - J. Name change documents; Marriage, divorce, etc.

NOTE: Copies of the applicable documents must be on file prior to appointment / employment.

Application Instructions continued:

5. After an administrative review of the application and the above documents, the selection process will consist of criminal records check, position specific testing, oral board interviews, skills testing for some positions, and division specific interviews. All applicants who receive a conditional offer of employment must provide a photo and submit to a background investigation, polygraph examination, psychological examination, drug screening and other tests deemed necessary per position. An administrative Review Committee will complete the process. The application process takes approximately sixty (60) days.

6. Applicants who fail to successfully complete all elements of the testing and interview process for a position may reapply for the same position after twelve (12) months or may apply for a DIFFERENT position provided if it is currently open for application.

7. Sheriff's Office Policy requires all employees to exhibit a neat, professional appearance to the public while representing the Hardee County Sheriff's Office. This policy sets standards for hair, clothing, uniforms, accessories, and general appearance. A copy of this policy is available upon request.

8. Prior to hiring, the following requirements must be successfully met:

- A. Must be 19 years of age or older (18 for Civilian Positions)
- B. Be a citizen of the United States (For Sworn Positions)
- C. Be a High School Graduate or Equivalent
- D. Not have received a Dishonorable Discharge from the Armed Forces of the United States
- E. Possess a valid Florida Driver's License and acceptable driving record.
- F. Not have been convicted of any Felony and/or Misdemeanor involving perjury or false statement, even if the sentence was suspended or adjudication was withheld and/or any Misdemeanor after the age of 25.
- G. Successfully complete a Written Examination and Oral Interview
- H. Successfully complete a Timed Typing Test (Applicable only to Dispatch & Clerical Positions)
- I. Successfully complete a Polygraph Examination
- J. Successfully complete a Background Investigation
- K. Be of Good Moral Character
- L. Successfully complete a Physical Examination
- M. Successfully complete a Psychological Examination
- N. Pass a Drug Screen

Application Certification

I understand that my appointment of 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. Int. _____

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. Int. _____

I 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. Int. _____

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. Int. _____

I understand that I may be required to furnish the Sheriff's Office with a copy of my Income Tax Return preceding this application and for each year during my employment or appointment with the Sheriff's Office. Int. _____

I 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. Int. _____

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. Int. _____

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. Int. _____

I 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. Int. _____

I agree to executive 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. Int. _____

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. Int. _____

I authorize any of the persons or organizations referenced in the 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 damages that might result from furnishing such information to the Sheriff's Office. Int. _____

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. Int. _____

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 below:

Signature of Applicant

Date

Witnessed By:

Date:

Employment Application Form

Position Applying For:

- ☐ Deputy Sheriff
- ☐ Detention Deputy
- ☐ Dispatch

- ☐ Law Enforcement Academy Sponsorship or Internship
- ☐ Corrections Academy Sponsorship or Internship
- ☐ Other: _____

Date: _____

On What Date are you available for work? _____

Are you available to work the following?

Evenings: _____ ☐ Yes ☐ No

Midnights: _____ ☐ Yes ☐ No

Weekends: _____ ☐ Yes ☐ No

Personal History

Full Name: _____
Last First Middle

Current Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address if different from above:

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: (____) _____

Cell Phone Number: (____) _____

Alternate Phone Number: (____) _____ Relationship: _____

Other: List all other names you have used including circumstances and time periods you used them.
(For example; former, maiden, birth name (s), alias (es), or nickname(s).

Name Used: _____ Circumstances: _____

From Date Month/Year: _____ To Date Month Year: _____

Name Used: _____ Circumstances: _____

From Date Month/Year: _____ To Date Month Year: _____

Name Used: _____ Circumstances: _____

From Date Month/Year: _____ To Date Month Year: _____

Have you ever filed an application with us before? ☐ Yes ☐ No Date: _____
Have you ever been employed by us before? ☐ Yes ☐ No Date: _____
Are you related to a member of the Sheriff's Office? ☐ Yes ☐ No

If (Yes), name and relationship: _____

Have you ever applied for employment with any other Law Enforcement Agency, to include City, County, State or Federal?
☐ Yes ☐ No

If yes, list agencies below:

Agency Name: _____
City: _____ State: _____
Date Applied: _____ Were you employed? ☐ Yes ☐ No

Agency Name: _____
City: _____ State: _____
Date Applied: _____ Were you employed? ☐ Yes ☐ No

Agency Name: _____
City: _____ State: _____
Date Applied: _____ Were you employed? ☐ Yes ☐ No

Education / Training

High School(s): Diploma ☐ GED ☐

Name of School: _____
City: _____ State: _____
Date From: _____ Date To: _____
Years Completed: _____ Did you Graduate? ☐ Yes ☐ No
Degree: _____

Name of School: _____
City: _____ State: _____
Date From: _____ Date To: _____
Years Completed: _____ Did you Graduate? ☐ Yes ☐ No
Degree: _____

College / University

Name of School: _____
City: _____ State: _____
Date From: _____ Date To: _____
Credit Hours: _____ Did you Graduate? ☐ Yes ☐ No

Associates ☐ Bachelors ☐ Masters ☐ Doctorate ☐

Name of School: _____
City: _____ State: _____
Date From: _____ Date To: _____
Credit Hours: _____ Did you Graduate? ☐ Yes ☐ No

Associates ☐ Bachelors ☐ Masters ☐ Doctorate ☐

Other Schools (Law Enforcement, Trade, Vocational, Business or Military):

1. Name of School: _____
City: _____ State: _____
Date From: _____ Date To: _____
Credit Hours Earned: _____ Did you Graduate? ☐ Yes ☐ No
Major/Degree: _____

2. Name of School: _____
City: _____ State: _____
Date From: _____ Date To: _____
Credit Hours Earned: _____ Did you Graduate? ☐ Yes ☐ No
Major/Degree: _____

3. Name of School: _____
City: _____ State: _____
Date From: _____ Date To: _____
Credit Hours Earned: _____ Did you Graduate? ☐ Yes ☐ No
Major/Degree: _____

4. Name of School: _____
City: _____ State: _____
Date From: _____ Date To: _____
Credit Hours Earned: _____ Did you Graduate? ☐ Yes ☐ No
Major/Degree: _____

1. Were you ever expelled or suspended from school? ☐ Yes ☐ No
2. Do you read, write, or understand any foreign languages? ☐ Yes ☐ No
If yes, what language(s)? _____
Can you operate a computer? ☐ Yes ☐ No

Are you currently enrolled in school? Yes ☐ No ☐ If so, what school are you attending? _____

Describe any awards, honors, citations, or positions held in school, college, or community organizations and any other special recognition(s) you have received.

[illegible][illegible]

Employment History

Have you ever been terminated, asked to resign, or left by mutual agreement from any employment or position you have ever held for any reason, including allegations of misconduct or unsatisfactory performance?

☐ Yes

☐ No

If yes, provide details regarding each incident:

Have you ever separated from employment due to misconduct, or quit while under investigation pending discipline or termination?

☐ Yes

☐ No

Have you ever been fingerprinted for any reason to include employment?

☐ Yes

☐ No

Have you ever had any disciplinary action taken against you as a result of any employment or position you have ever held?

☐ Yes

☐ No

If yes, provide details regarding each incident:

Have you ever performed paid or unpaid services for a Law Enforcement Agency not listed as an employer?

☐ Yes

☐ No

If yes, please provide name(s) of agency and dates of service:

List chronologically all employment BEGINNING WITH PRESENT EMPLOYMENT, including summer, volunteer and part-time employment while attending school. All time MUST be accounted for, if unemployed for a period, list dates of unemployment.

1. **Name of Employer:** _____ Part time ☐ Full Time ☐
Address of Employer (City, State, Zip Code): _____
Mailing Address of Employer (City, State, and Zip Code): _____
Area Code and Phone Number of Employer: _____
Date Employed From: _____ Date Employed To: _____
Salary: _____ Title or Position: _____
Name of Supervisor: _____
Reason for Leaving: _____

2. **Name of Employer:** _____ Part time ☐ Full Time ☐
Address of Employer (City, State, Zip Code): _____
Mailing Address of Employer (City, State, and Zip Code): _____
Area Code and Phone Number of Employer: _____
Date Employed From: _____ Date Employed To: _____
Salary: _____ Title or Position: _____
Name of Supervisor: _____
Reason for Leaving: _____

3. **Name of Employer:** _____ Part time ☐ Full Time ☐
Address of Employer (City, State, Zip Code): _____
Mailing Address of Employer (City, State, and Zip Code): _____
Area Code and Phone Number of Employer: _____
Date Employed From: _____ Date Employed To: _____
Salary: _____ Title or Position: _____
Name of Supervisor: _____
Reason for Leaving: _____

4. **Name of Employer:** _____ Part time ☐ Full Time ☐
Address of Employer (City, State, Zip Code): _____
Mailing Address of Employer (City, State, and Zip Code): _____
Area Code and Phone Number of Employer: _____
Date Employed From: _____ Date Employed To: _____
Salary: _____ Title or Position: _____
Name of Supervisor: _____
Reason for Leaving: _____

5. **Name of Employer:** _____ Part time ☐ Full Time ☐
Address of Employer (City, State, Zip Code): _____
Mailing Address of Employer (City, State, and Zip Code): _____
Area Code and Phone Number of Employer: _____
Date Employed From: _____ Date Employed To: _____
Salary: _____ Title or Position: _____
Name of Supervisor: _____
Reason for Leaving: _____

If additional space is needed, continue in the above format on a separate 8 1/2 x 11 sheet of paper and attach to your application.

Residences

List places of residence for the past five (5) years. List chronologically beginning with your present address; Include residences while at school and in the military. When listing campus residences, give school name, dormitory name, city and state. If residences in military service cannot be shown as a street address, indicate complete military unit designation and location by city and state.

1. Date From: _____ Date To: _____

Street Address: _____

Apartment Number: (If apartment complex, include complex name): _____

City: _____ County: _____ State: _____ Zip Code: _____

2. Date From: _____ Date To: _____

Street Address: _____

Apartment Number: (If apartment complex, include complex name): _____

City: _____ County: _____ State: _____ Zip Code: _____

3. Date From: _____ Date To: _____

Street Address: _____

Apartment Number: (If apartment complex, include complex name): _____

City: _____ County: _____ State: _____ Zip Code: _____

4. Date From: _____ Date To: _____

Street Address: _____

Apartment Number: (If apartment complex, include complex name): _____

City: _____ County: _____ State: _____ Zip Code: _____

5. Date From: _____ Date To: _____

Street Address: _____

Apartment Number: (If apartment complex, include complex name): _____

City: _____ County: _____ State: _____ Zip Code: _____

If additional space is needed, continue in the above format on a separate 8 1/2 x 11 sheet of paper and attach to your application.

Arrest History / Court Data

Have you ever been arrested, charged, or received a notice of summons to appear for any criminal offense? ☐ Yes ☐ No

Have you ever been charged with or convicted of any crime in any jurisdiction? ☐ Yes ☐ No

Have you ever been denied bail or had some bail revoked? ☐ Yes ☐ No

Have you ever had any criminal charges dropped, deferred, or had adjudication of guilt withheld? ☐ Yes ☐ No

Have you ever failed to appear as directed by any court of law? (e.g., criminal, civil, traffic or family) ☐ Yes ☐ No

Are you currently under investigation, or pending prosecution, for any criminal act(s) in any jurisdiction? ☐ Yes ☐ No

As an adult, have you ever engaged in any illegal sexual activity?
(e.g., prostitution or sex with a minor under 18 years old) ☐ Yes ☐ No

Have you ever knowingly viewed or possessed child pornography? ☐ Yes ☐ No

Have you ever obtained any money, discounts, goods, or services because of a scheme or fraud? ☐ Yes ☐ No

Have you ever been a member of, associated with, or supported any gang or extremist organization that was involved in criminal activity? ☐ Yes ☐ No

Have you ever been investigated, arrested, or charged with a crime of domestic violence? ☐ Yes ☐ No

Have you ever committed any other unlawful act(s) at any time, whether or not you were caught? ☐ Yes ☐ No
If yes, provide details below, regarding each incident.

Agency Name: _____ Location (City/State): _____

Date: _____

Charges: _____

Disposition: _____

Agency Name: _____ Location (City/State): _____

Date: _____

Charges: _____

Disposition: _____

Agency Name: _____ Location (City/State): _____

Date: _____

Charges: _____

Disposition: _____

Have you ever been detained (not free to leave) and interviewed by a law enforcement officer? (To include traffic violations)

☐ Yes ☐ No

If yes, provide details regarding each incident:

To your knowledge, have you ever been the subject of, or a suspect in any criminal investigation?

☐ Yes ☐ No

If yes, provide details regarding each incident:

Have you ever failed to pay child support or alimony?

☐ Yes ☐ No

Have you ever been under an injunction for protection or a restraining order?

☐ Yes ☐ No

Other than for a traffic offense, have you ever had a civil fine or judgment entered against you?

☐ Yes ☐ No

Other than for traffic offenses, do you have any unpaid fines, judgments, or liens pending?

☐ Yes ☐ No

Have you ever failed to file your tax returns or pay your taxes?

☐ Yes ☐ No

Have you ever been a plaintiff or defendant in a court proceeding?

☐ Yes ☐ No

If yes, provide details regarding each incident:

Do you have close association or affiliation with a known Felon?

☐ Yes ☐ No

If yes, please provide the following information:

1. Name of Felon(s): _____

Relationship to Felon(s): _____

Does the Felon live in your home?

☐ Yes ☐ No

2. Name of Felon(s): _____

Relationship to Felon(s): _____

Does the Felon live in your home?

☐ Yes ☐ No

Driving History

Florida Driver License Number: _____

Date of Issue _____ Date of Expiration: _____

Restrictions: _____

Do you hold, or have you ever held, a driver license in another state? ☐ Yes ☐ No

If yes, provide state, name used, and approximate dates license(s) was/were held:

Have you ever been denied issuance of a driver license, or have you ever had a driver license suspended, canceled, or revoked? ☐ Yes ☐ No

If yes, provide complete details regarding each incident:

Within the last (5) years, have you been convicted or had adjudication withheld for a criminal traffic charge? (e.g., DUI/DWI, reckless driving, speeding, and leaving the scene) ☐ Yes ☐ No

Within the last (5) years, have you received more than six (6) moving traffic violations where you were convicted or had adjudication withheld? ☐ Yes ☐ No

Has your driver's license ever been suspended for excessive points? ☐ Yes ☐ No

Has your driver's license ever been suspended for failure to pay traffic fines? ☐ Yes ☐ No

Do you have any unpaid traffic citations pending against you anywhere? ☐ Yes ☐ No

During the past seven (7) years, have you received a traffic citation or been charged with a traffic violation (excluding parking citations)? ☐ Yes ☐ No

If yes, provide details below:

1. Agency Name: _____ Location: _____

Date: _____ Charges: _____

Disposition: _____

2. Agency Name: _____ Location: _____

Date: _____ Charges: _____

Disposition: _____

3. Agency Name: _____ Location: _____

Date: _____ Charges: _____

Disposition: _____

4. Agency Name: _____ Location: _____

Date: _____ Charges: _____

Disposition: _____

If additional space is needed, continue in the above format on a separate 8 1/2 x 11 sheet of paper and attach to your application.

Military History

Are you registered for Selective Service?

☐ Yes ☐ No

If yes, your Selective Service Number: _____

Classification: _____ Date of Classification: _____

Have you ever served on active duty in the Armed Forces of the United States?

☐ Yes ☐ No

If yes, provide the following information:

Branch of Service: _____ Highest Rank: _____

EDIPI or DOD ID Number: _____

Duty Dates From: _____ Duty Dates To: _____

Duty Dates From: _____ Duty Dates To: _____

Date of Discharge: _____ Type of Discharge: _____

Are you now, or have you ever been, a member of a Reserve Unit or National Guard Unit?

☐ Yes ☐ No

If yes, provide the following information:

State: _____ Location: _____

Branch of Service: _____ Unit: _____

Did you attend drills, meetings, or camps?

☐ Yes ☐ No

State: _____ Location: _____

Branch of Service: _____ Unit: _____

Did you attend drills, meetings, or camps?

☐ Yes ☐ No

Was any type of disciplinary action taken against you in the Military?

☐ Yes ☐ No

If yes, provide the following information:

Date of Discipline: _____ Location/Place: _____

Nature of Offense: _____

Action Taken: _____

Have you ever served in the Armed Forces of a Foreign Country?

☐ Yes ☐ No

If yes, please provide the following information:

Country: _____

Date From: _____ Date To: _____

Country: _____

Date From: _____ Date To: _____

Veterans Preference:

Check the appropriate block if you are claiming Veteran's Preference. Documentation substantiating your claim must be furnished at the time of application:

- ☐ 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.
- ☐ 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.
- ☐ 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 if any part of such active duty was performed during wartime era, excluding active duty or training.
- ☐ The un-remarried widow or widower of a Veteran who died of a service-connected disability.

Have you claimed, and been employed, using Veteran's Preference since October 1, 1987?

☐ Yes ☐ No

If Yes, Name of Employer: _____

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

Personal References & Acquaintances

Personal References: Give three (3) references (NOT relatives, present employers or employees of the Hardee County Sheriff's Office) who are responsible adults of reputable standing in their communities, not residing in the same home, who have known you well during the past five (5) years. If retired, give their former occupation.

- 1. Name:** _____
Last First Middle
Years Acquainted: _____ **Occupation:** _____
Home Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Mailing Address (if different from above): _____
City: _____ **State:** _____ **Zip Code:** _____
Home Phone: _____ **Cell Phone:** _____
Business Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Business Phone: _____
- 2. Name:** _____
Last First Middle
Years Acquainted: _____ **Occupation:** _____
Home Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Mailing Address (if different from above): _____
City: _____ **State:** _____ **Zip Code:** _____
Home Phone: _____ **Cell Phone:** _____
Business Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Business Phone: _____
- 3. Name:** _____
Last First Middle
Years Acquainted: _____ **Occupation:** _____
Home Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Mailing Address (if different from above): _____
City: _____ **State:** _____ **Zip Code:** _____
Home Phone: _____ **Cell Phone:** _____
Business Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Business Phone: _____

Organization Membership

List all Clubs and Organizations which you are, or have been, a member of:

1. Name of Club or Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

From Date: _____ To Date: _____

Position Held: _____

2. Name of Club or Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

From Date: _____ To Date: _____

Position Held: _____

3. Name of Club or Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

From Date: _____ To Date: _____

Position Held: _____

Are you now, or have you ever been, a member of, or affiliated with any foreign or domestic organization, association, movement, group, gang, or combination of persons, which has adopted, or shows a policy of advocating or approving of the commission of acts of force or violence that are criminal in nature or that would deny other persons of 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

Have you ever made a financial or other material contribution to any organization of the type described above? ☐ Yes ☐ No

Did you intend to promote any unlawful aims of the above-mentioned organization? ☐ Yes ☐ No

If yes to any of the previous three (3) questions, please explain including the name of the Organization and location.

Business Interest & Licenses

Do you, or have you, ever owned any stock or investment in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? ☐ Yes ☐ No

Are you now issued, or have you ever been issued, a license to engage in a business or profession? ☐ Yes ☐ No

Was your license ever cancelled, suspended or revoked? ☐ Yes ☐ No

If yes to any of the previous three (3) questions, please provide details including the type of license or certificate, the agency that issued the license, effective date of license, and license number:

Credit Data

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 the amount.

1. Creditor: _____
Creditor Address: _____
Total Amount Owed: _____ Loan or Account Number: _____
2. Creditor: _____
Creditor Address: _____
Total Amount Owed: _____ Loan or Account Number: _____
3. Creditor: _____
Creditor Address: _____
Total Amount Owed: _____ Loan or Account Number: _____
4. Creditor: _____
Creditor Address: _____
Total Amount Owed: _____ Loan or Account Number: _____
5. Creditor: _____
Creditor Address: _____
Total Amount Owed: _____ Loan or Account Number: _____
6. Creditor: _____
Creditor Address: _____
Total Amount Owed: _____ Loan or Account Number: _____

If additional space is needed, continue in the above format on a separate 8 1/2 x 11 sheet of paper and attach to your application.

Have you, your spouse, or a company controlled by you ever:

Filed for Bankruptcy?

☐ Yes ☐ No

Declared Bankruptcy?

☐ Yes ☐ No

Had Legal Judgment rendered against you for a debt?

☐ Yes ☐ No

Been subject to a Tax Lien?

☐ Yes ☐ No

If yes to any of the previous four (4) questions, please provide details below:

Confidential Application Data

The information contained herein is CONFIDENTIAL and used solely by background investigators and will not be made available for Public Inspection:

Applicant's Current Address:

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Physical Description: (This information is used to check your Criminal History)

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

Scars/Marks/Tattoos: _____

Date of Birth: _____ Place of Birth (City/State): _____

All Email Addresses: _____

All Social Networking Sites (Twitter, Facebook, Instagram, Snapchat, TikTok, etc.): _____

Spouse's Name: _____

Spouse's Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Children's Name and Ages:

Child's Name: _____ Date of Birth: _____

Address (If different than applicant's): _____

Child's Name: _____ Date of Birth: _____

Address (If different than applicant's): _____

Child's Name: _____ Date of Birth: _____

Address (If different than applicant's): _____

List all persons, other than your spouse and children, who live with you at your current home address

Name _____	Relationship to you _____
Last, First, Middle	

Name _____	Relationship to you _____
Last, First, Middle	

Name _____	Relationship to you _____
Last, First, Middle	

If additional space is needed, continue in the above format on a separate 8 1/2 x 11 sheet of paper and attach to your application.

Drug History

Would you require accommodation due to a qualifying disability to participate in the testing required? ☐ Yes ☐ No

Have you ever used any illegal drug, or other substance, recreationally for getting “high” or intoxicated? ☐ Yes ☐ No

Have you ever used alcohol, marijuana, or any illegal drug while at work, including lunch and breaks? ☐ Yes ☐ No

Have you ever been arrested for an alcohol or drug-related offense? ☐ Yes ☐ No

Have you ever manufactured, sold, or trafficked in any illegal drug, prescription medication, or controlled substance? ☐ Yes ☐ No

In your lifetime, have you ever possessed, used, purchased, sold, or delivered what you knew, or believed to be, any of the following substances?

Drug/Substance	Common Slang Name	Yes	No
Cannabis/Marijuana	Hashish, Hash, THC, Dig, Weed, Grass, Green, Bud, Sinse, Sinsemillia, Gold, Jamaican, Gainsville Green, Greenbud, Rosemary, Stick, Columbian Tai, Spice		
Heroin	Black, Tar, Smack, Codeine, Boy, Methadone, Horse		
Cocaine	Coke, Blow, Snow, Powder, Flake, Rock, Girl, White, Roxanne, Bolo, Crack, Cookie, Weasel, C, Stardust		
LSD	Acid, Sugar, Dot, Microdot, Blotter, Blotter Acid, Big D, Cubes, Trips, Rainbow, Sparkle		
Phencyclidine	PCP, PCPY, PEC, Angel Dust, Dust		
Psilocybin/Mushrooms	Tea, Shrooms, Bull		
Methaqualone	Ludes, 747's, Lemons, Quaaludes, Captain Quaalude		
Hydromorphone	Dilaudid, D, Big D		
Diazepam	Valium		
Oxycodone	Percodan, Percocet		
Rohypnol	Roofies		
Ketamine	Special K, K		
Methylenedioxy-	Ecstasy, MDMA, MDA		
Gamma-Hydroxy Butyrate	GHB, Super-G, Liquid-G, Liquid Ecstasy		
Barbiturate	Goofballs, Goofies, Goofers, Barbs, Yellows, Yellow Jackets, Blues, Bluebirds, Reds, Red Devils, Tues, Rainbows, Tuinal, Butbarbital, Phenobarbital, Nembutal, Seconal, or Amytal		
Amphetamine/ Methamphetamine Biphetamine	Bennies, Dexies, Speed, Wake-ups, UPS, Pep Pills, Meth, Crystal, Crystal Meth, Benzedrine, Dexe, Drine, Dexedrine, Desoxyn, Medrine, Phen-Di-Metrzine, Methamphetamine, Phentemine, Phenmetrzine		
Miscellaneous Other Substances	Nitrous Oxide, Nitrous, Glue, Gasoline, Freon, Pam, Whippets or any other inhalants / propellants, i.e. Whipped Cream		
Designer Drugs by Other Names	ICE, GHB, GBL, NEXUS, FANTS-i, EVE, Double Stack, PMA, DXM, CAT, YABA, China White		
Steroids	Anabolic, Androgenic, Testosterone, Roids, Juice		
Antihistamines, over- the-counter medications except as directed for symptoms of illness.	Sudafed, Dristan, any other over the counter medications.		

In your lifetime, have you ever possessed or used any Steroids or performance enhancing drugs other than by prescription from a licensed physician? ☐ Yes ☐ No

If yes:

Substance name: _____ First time _____ & Last time used: _____

Substance name: _____ First time _____ & Last time used: _____

Substance name: _____ First time _____ & Last time used: _____

In your lifetime, have you ever possessed or used what you thought was any other controlled substance, prescription, or illegal drug not identified in the previous chart? ☐ Yes ☐ No

If yes:

Substance name: _____ First time _____ & Last time used: _____

Substance name: _____ First time _____ & Last time used: _____

Substance name: _____ First time _____ & Last time used: _____

If yes to any of the previous questions, please provide the following information for each incident:

Name of Narcotic or Substance: _____ Date Used: _____
Circumstances of Use: _____

Name of Narcotic or Substance: _____ Date Used: _____
Circumstances of Use: _____

Name of Narcotic or Substance: _____ Date Used: _____
Circumstances of Use: _____

In your lifetime, have you ever abused, illegally obtained, illegally possessed or sold any prescription drug(s)? ☐ Yes ☐ No
If yes:

Medication name: _____ First time _____ & Last time used: _____

Medication name: _____ First time _____ & Last time used: _____

Medication name: _____ First time _____ & Last time used: _____

Have you ever consumed alcohol while underage? ☐ Yes ☐ No

In the last five (5) years, how many times have you missed work due to prior alcohol use? Times: _____

Explain: _____

In the last five (5) years, how many times have you missed work due to prior drug use? Times: _____

Explain: _____

SUBSTANCE USE EXPLANATION

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

EMERGENCY CONTACT INFORMATION

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: _____ **Cell Phone:** _____

Please provide name and contact information of your personal and/or family physician in case of emergency:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ **Cell Phone:** _____

Federal Regulation Data

The following information is solely for the purpose of compliance with Federal Regulations:

Race:

White, Non Hispanic

Black, Non Hispanic

Hispanic

Asian or Pacific Islander

American Indian or Alaskan Native

Other: _____

Sex:

Male

Female

Date of Birth: _____

(Month, Day, Year)

Place of Birth: _____

(City, County, State)

Are you a United States Citizen:

☐ Yes ☐ No

If naturalized; Date: _____ **Place:** _____

Marital Status:

Married

Divorced

Separated

Widowed

Single

Do you have, or have you ever applied, for a Passport?

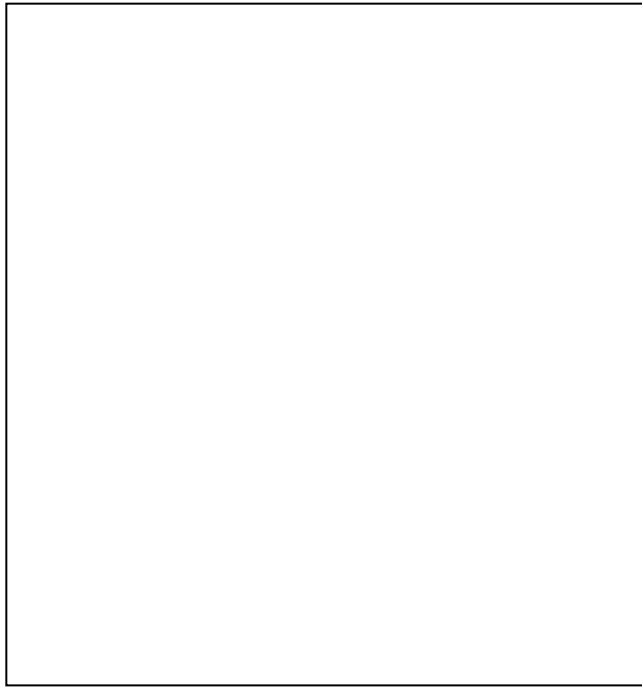
☐ Yes ☐ No.

Passport Number: _____

Employment Application Photo Page

You must attach a recent photograph:

Date photograph was taken: _____



Note:

The FDLE CJSTC 58 Background Investigative Waiver, attached to this application packet, must be completed and attached to this application for processing.

BACKGROUND AFFIRMATION

State of Florida, County of _____

I, _____, do hereby swear or affirm that all the information I have provided in this Applicant Background Questionnaire is true, correct, and complete.

Furthermore, I swear or affirm that it contains no omissions, misrepresentations, inaccuracies, mistruths, or errors of any kind.

I understand that to make a False Affirmation is a violation of Florida State Statute 837.012, and could subject me to criminal prosecution. I also recognize that any False Affirmation made by me is a violation of the Florida Administrative Code, Rule 11B-27 and could place me in violation of the Moral Character requirement for future certification as a law enforcement officer in the State of Florida.

Furthermore, I understand and agree that any omission, inaccuracy, mistruth, misrepresentation, or incomplete information provided by me may result in my immediate suspension from further processing, and not being selected for the employment position being sought.

I agree to hold harmless, the Director and the entire staff of the (Name of agency, academy or selection center) from any liability for any torts or claims arising out of the course of my background screening with the (Name of agency, academy or selection center).

Signature of Applicant

Applicant's Printed Name

The foregoing instrument was acknowledged before me this _____ day of _____ 20_____

by _____, who is known to me, or has provided

_____, as identification.

Signature of Notary

Notary Seal/Stamp

