



Santa Rosa County Sheriff's Office
Sheriff Wendell Hall

Department of Administration
Human Resource Section

EMPLOYMENT APPLICATION

The Santa Rosa 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.

NOTICE: The following additional documents must be attached to this application:

1. A certified copy of birth certificate
2. A certified copy of high school diploma or Florida Police Standards approved G.E.D.
3. A copy of military discharge(s).

Position Applied For: _____ Date of Application: _____

INSTRUCTIONS

Application must be hand written legibly in black or blue ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions. Those questions that do not apply, write N/A in front of the question.

I understand that the submission of this application for sponsorship to a law enforcement academy does not constitute an application for employment or appointment with the sponsor-law enforcement agency. Moreover, I understand this law enforcement agency is under no obligation to sponsor me as a candidate for any law enforcement training program.

PERSONAL HISTORY

1.01 Full Name: _____
Last First Middle

1.02 Confidential Information:

_____ | _____ | _____ | _____ | _____
Date of Birth City of Birth State County Country

Social Security #: _____ Gender: Male Female

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

1.03 Physical Address:

Address: _____ City: _____ State: _____ Zip: _____

1.04 Mailing Address:

Address: _____ City: _____ State: _____ Zip: _____

1.05 Home Phone #: _____ Cell Phone #: _____ Other Phone #: _____

1.06 E-Mail Address: _____

1.07 List all other names you have used including circumstances and time periods you used them. (For example: Maiden Name, former name(s), alias(es), or nicknames(s).)

Name	Circumstance	Dates From: Mo./Yr.	Dates To: Mo./Yr.

1.08 Family Members: List everyone that resides in your residence.

Name	Date of Birth	Relationship	Address (if different than applicants)

1.09 Former Spouse(s) Name and Address:

Name	Address	City	State

EMERGENCY CONTACT INFORMATION

2.01 Please provide name and address of next of kin or other person to be contacted in case of an emergency:

Name: _____ Phone #: (_____) _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

2.02 Please provide the name and address of your personal or family physician to be contacted in case of an emergency:

Name: _____ Phone #: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

BACKGROUND INFORMATION

This information is required to conduct background investigations only!

Circle "Yes" or "No" for each of the following questions. If you answer "YES" to any of the following questions, list the question number and your **thorough** explanation on the explanation sheets provided.

3.01 Are you a United States Citizen? Yes No

If naturalized, please provide: Date: _____ Place: _____

Court: _____ Naturalization #: _____

3.02 Marital Status: Married Divorced Separated Widowed Never Married

3.03 Do you have or have you ever applied for a passport? Yes No Passport #: _____

3.04 Have you ever been convicted of any felony or misdemeanor involving perjury or false statement?

Yes No

3.05 Have you ever received a dishonorable discharge from any of the Armed Services of the United States?

Yes No

3.06 Have you successfully completed a basic recruit-training program as established by the Florida Department of Law Enforcement?

Yes No

3.07 Have you ever failed to complete a basic law enforcement recruit-training program?

Yes No

3.08 Have you ever applied to a basic law enforcement recruit-training program?

Yes No

3.09 Have you ever been denied entry into a basic law enforcement recruit-training program?

Yes No

3.10 Have you ever applied to a law enforcement agency in the past, including the Santa Rosa County Sheriff's Office?

Yes No

3.11 Have you ever been denied employment with a law enforcement agency?

Yes No

3.12 Have you ever been released, fired, asked to resign, resigned, or terminated from a law enforcement agency?

Yes No

3.13 Have you ever been disciplined by the Police Standards and Training Boards of any state?

Yes No

3.14 Have you ever been the subject of, or witness in, an Internal Affairs Investigation, Civilian Complaint Investigation or any other type of administrative investigation?

Yes No

3.15 Do you currently use any form of Tobacco products? If yes, what and last time used.

Yes No

3.16 Have you used any form of Tobacco Products within the past six (6) months?

Yes No

5.03 Other Schools (Trade, Vocational, Business or Military):

Name & Address	Dates Attended (Mo./Yr.)		Credit Hours Earned		Did you Graduate?	Type of Diploma
	To	From	Qtr.	Sem.		

If you answer "Yes" to any of the following questions, list the question number and provide complete details.

5.04 Were you ever suspended from school? Yes No

5.05 Were you ever subjected to disciplinary action while in school? Yes No

5.06 Have you had any specialized training while in school? Yes No

5.07 Can you operate any specialized equipment? Yes No

5.08 Are you currently enrolled in any school? Yes No

5.09 When was the last semester/quarter that you were enrolled in school? _____

5.10 Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school:

5.11 Indicate any foreign languages you can:

	Fluent	Good	Fair
Speak			
Read			
Write			

5.12 Indicate any law enforcement education and/or training:

5.13 Did you receive a certificate for this training? Yes No Certificate #: _____

5.14 Has your law enforcement certificate ever been suspended, revoked, relinquished or subject to discipline or investigation by the CJSTC? Yes No If yes, explain:

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

5.16 Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

5.17 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

6.01 Employment History: List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	Dates Worked Mo/Yr		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Supervisor:
	From	To		
Name:			Title or Position:	Reason for Leaving:
Address:				
Phone#:			Salary:	
Were you ever Disciplined by this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:				

Name & Address of Employer	Dates Worked Mo/Yr		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Supervisor:
	From	To		
Name:			Title or Position:	Reason for Leaving:
Address:				
Phone#:			Salary:	
Were you ever Disciplined by this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:				

Name & Address of Employer	Dates Worked Mo/Yr		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Supervisor:
	From	To		
Name:			Title or Position:	Reason for Leaving:
Address:				
			Salary:	
Phone#:				
Were you ever Disciplined by this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:				

Name & Address of Employer	Dates Worked Mo/Yr		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Supervisor:
	From	To		
Name:			Title or Position:	Reason for Leaving:
Address:				
			Salary:	
Phone#:				
Were you ever Disciplined by this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:				

Name & Address of Employer	Dates Worked Mo/Yr		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Supervisor:
	From	To		
Name:			Title or Position:	Reason for Leaving:
Address:				
			Salary:	
Phone#:				
Were you ever Disciplined by this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:				

- 6.02. 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
- 6.03. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No If yes to question #2 or #3, please provide details.
 Yes No
- 6.04. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? Yes No If yes, please provide name of agency and date of application or service.
 Yes No
- 6.05. 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 yes, please provide name and address of business, corporation or organization and describe your relationship or position.
 Yes No

CRIMINAL HISTORY

NOTICE TO APPLICANT: If you answer “Yes” to any of the following questions, you must attach a complete and detailed explanation. For purposes of criminal justice employment, an arrest or conviction, sealed or expunged under Florida law may not be denied. You will be required to provide court documents and law enforcement reports when responding to any question in the affirmative, where applicable or deemed necessary by the investigator. Please check “Yes” or “No” for all of the following questions.

- 7.01 In your lifetime, have you ever been arrested, received a notice to appear, been charged, convicted, pled nolo contendere (no contest), or pled guilty to *any* criminal violation, regardless if the record was sealed or expunged? Yes No
- 7.02 In your lifetime, have you ever committed any of the following criminal acts? Yes No
- | | |
|--|---|
| a. FSS 409 – Public Assistance Fraud | o. FSS 812 – Retail Theft |
| b. FSS 784 – Stalking | p. FSS 837 – False report to Law Enforcement Officer |
| c. FSS 720 – Possession/Sale of a Firearm with altered serial number | q. FSS 837 – False Official Statement |
| d. FSS 796 – Prostitution or Lewdness | r. FSS 843 – Resisting an Officer |
| e. FSS 800 – Unnatural or Lascivious Act | s. FSS 843 – Obstruction by Disguise |
| f. FSS 800 – Exposure of Sexual Organs | t. FSS 843 – Refusal to Aid a Law Enforcement Officer |
| g. FSS 806 – False Report of a Fire | u. FSS 847 – Pornography and related Offenses |
| h. FSS 817 – False Report of a Crime | v. FSS 843 – Impersonating a Police Officer |
| i. FSS 817 – Sale of Counterfeit Controlled Substance | w. FSS 914 – Witness Tampering |
| j. FSS 817 – Fraudulent Drug Test | x. FSS 893 – Possession/Sale/Delivery of a Controlled Substance |
| k. FSS 827 – Child Abuse, Neglect, Delinquency or Dependence | y. FSS 741 – Domestic Violence |
| l. FSS 831 – Prescription Fraud | z. FSS 832 – Passing Bad or Worthless Check/Credit Card |
| m. FSS 831 – Manufacture of a Counterfeit Controlled Substance | aa. FSS 831 – Uttering/Forgery |
| n. FSS 837 – Perjury not in an Official Proceeding | bb. FSS 784 – Violation of an Injunction for Protection |
| | cc. FSS 794 – Sexual Battery |
- 7.03 In your lifetime, have you ever had a criminal prosecution plea-bargained, Nolle Prosequi (not prosecuted), prosecution deferred or otherwise settled? Yes No
- 7.04 In your lifetime, have you ever served community service in lieu of a criminal or civil conviction? Yes No
- 7.05 In your lifetime, have you ever been involved in the sale, delivery, purchase, manufacture or trafficking of any illegal or controlled substance? Passing a joint qualifies as a delivery. Yes No
- 7.06 Have you possessed or used a controlled substance within the past three years? Yes No
- 7.07 Do you have any criminal wants, warrants, or court process of any other type pending? Yes No
- 7.08 In your lifetime, has a law enforcement agency ever been called to *any activity* in which you were involved or a participant? Yes No
- 7.09 In your lifetime, have you ever been the subject of a field interview by a police officer (a field interview occurs when you are stopped for some reason and interrogated to determine why and what you are doing, etc.)? Yes No
- 7.10 In your lifetime, have you ever been interviewed or interrogated by a law enforcement officer as a suspect in an investigation of any type? Yes No
- 7.11 In your lifetime, have you ever been arrested for a crime involving domestic violence? Yes No
- 7.12 In your lifetime, have you ever been convicted of a crime involving domestic violence? Yes No

7.13 In your lifetime, have you ever obstructed or lied to a law enforcement officer, for example, presented a false or altered identification? Yes No

7.14 In your lifetime, have you ever possessed, used, taken, trafficked in, purchased, sold, delivered, transported or experimented with what you knew, or believed to be, any of the following substances? Yes No

7.15 Place a check mark in the appropriate box for each item. If you answer “Yes” to any of the following, provide dates for the first time and last time you used, possessed, etc the item.

Drug	Common Slang Names	Yes	First time used	Last time Used	No
Cannabis/Marijuana	Hashish, Hash, THC, Dig, Weed, Grass, Green, Bud, Sinse, Sinsemillia, Gold, Jamaican, Gainsville Green, Greenbud, Rosemary, Stick, Columbian Tai				
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				
Methylenedioxyamphetamine	Ecstasy, MDMA, MDA, X				
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, 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, or any other inhalant/propellant, i.e. whipped cream, computer keyboard cleaner				
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 or other over the counter medications except as directed for symptoms of illness	Sudafed, Dristan, Nyquil, any other over the counter medications				

7.16 In your lifetime, have you ever obtained Steroids, or what you thought were Steroids from any source, other than by prescription from a licensed physician?

Yes No If yes, how many times? _____ Last time? _____

- 7.17 In your lifetime, have you ever obtained steroids, or what you thought were steroids, over the internet, or from a gym?
 Yes No If yes, how many times? _____ Last time? _____
- 7.18 In your lifetime, have you ever while not under the care of a licensed physician prescribing for you, possessed, used, taken or experimented with, or what you thought was any other controlled substance, prescription or illegal drug not listed on this entire application?
 Yes No If yes, how many times? _____ Last time? _____
- 7.19 In your lifetime, have you ever possessed, used, taken, or experimented with, or what you thought was a prescribed medication that was not prescribed for you?
 Yes No If yes, what was the medication? _____
 If yes, how many times? _____ Last time? _____
- 7.20 How frequently do you consume alcoholic beverages?
 Daily Weekly Monthly Holidays and special occasions Never
- 7.21 How often do you become intoxicated (intoxicated means the progressive deterioration of your faculties)?
 2-4 times per year 4-6 times per year more than 6 times per year Never
- 7.22 In your lifetime, have you ever physically abused another person? Yes No
- 7.23 In your lifetime, have you ever taken a polygraph, Computer Voice Stress Analyzer (CVSA) or any other truth verification examination? Yes No
- 7.24 In your lifetime, have you ever had a criminal record sealed or expunged? Yes No
- 7.25 In your lifetime, have you ever committed perjury or made a false statement or affirmation of any type? Yes No
- 7.26 In your lifetime, have you ever falsified an employment application? Yes No
- 7.27 In your lifetime, have you ever committed or been involved in an undetected crime of any type (undetected crime is any criminal act for which you have not been caught, i.e. underage drinking, petit theft, shoplifting, stealing from your employer, burglary, use of illegal substance, or anything else illegal)? Yes No
- 7.28 In your lifetime, have you ever been fingerprinted by a law enforcement agency for any reason? Yes No
- 7.29 Criminal History of Family or Associates: Are you currently or formerly related to or associated with any individual who has a history of criminal behavior and/or arrests? Yes No

If "Yes" provide the following information:

Name (Last, First, Middle)	Relationship	Criminal activity – Identify the city and state where crime occurred.

CIVIL HISTORY

Please check "Yes" or "No" for all of the following questions and provide an explanation if you mark Yes.

- 8.01 Do you have any type of civil process or litigation pending at this time?
 Yes No
- 8.02 In your lifetime, have you ever been served civil process of any type, either directly or by services through another person, family member, or attorney?
 Yes No
- 8.03 In your lifetime, have you ever been involved in civil litigation or court process of any type, either as a plaintiff, respondent, witness; for example: a divorce, a repossession, a lien, a debt of any type, a contract dispute, an eviction, a contempt of court?
 Yes No
- 8.04 In your lifetime, have you ever settled a civil matter in which you were involved?
 Yes No
- 8.05 In your lifetime, has a legal judgment ever been issued against you, i.e. divorce, child support, alimony, or any other type?
 Yes No
- 8.06 In your lifetime, have you ever declared bankruptcy?
 Yes No
- 8.07 In your lifetime, have you ever had any property repossessed?
 Yes No
- 8.08 In your lifetime, have you ever had your wages garnished?
 Yes No
- 8.09 In your lifetime, have you ever owned your own business or been self-employed?
 Yes No
- 8.10 In your lifetime, have you ever obtained a city or county occupational license?
 Yes No
- 8.11 In your lifetime, have you ever registered with any State Department of Revenue for the payment of sales tax?
 Yes No
- 8.12 In your lifetime, have you ever incorporated, been involved in a partnership, or filed for a fictitious name?
 Yes No
- 8.13 In your lifetime, have you ever had a lien or judgment filed against you or your business?
 Yes No

DRIVING HISTORY

Please check "Yes" or "No" for all of the following questions and provide an explanation if you mark Yes.

- 9.01 In your lifetime, have you ever been refused a driver's license in any state?
 Yes No
- 9.02 In your lifetime, has your license ever been suspended in any state?
 Yes No

- 9.03 In your lifetime, have you ever received a traffic citation?
 Yes No
- 9.04 In your lifetime, have you ever failed to pay a traffic citation?
 Yes No
- 9.05 Do you have any outstanding or pending traffic citations at this time?
 Yes No
- 9.06 Do you have any parking tickets that you have failed to pay?
 Yes No
- 9.07 In your lifetime, has your vehicle insurance ever been withdrawn, suspended or revoked, or have you been refused vehicle insurance for *any* reason?
 Yes No
- 9.08 In your lifetime, have you ever reported your license lost or stolen?
 Yes No
- 9.09 In your lifetime, have you ever been issued a duplicate license?
 Yes No
- 9.10 Is your vehicle registered in the State of Florida?
 Yes No If not, why? _____
- 9.11 Has your driver's license ever been suspended for non-payment of child support?
 Yes No
- 9.12 Has your driver's license ever been suspended for retail theft or theft of gasoline?
 Yes No
- 9.13 In your lifetime, have you ever created, modified, purchased, or otherwise obtained or used a driver's license as false identification?
 Yes No
- 9.14 In your lifetime, have you ever operated a motor vehicle after consuming alcoholic beverages?
 Yes No
- 9.15 In your lifetime, have you ever operated a motor vehicle after consuming any controlled substance?
 Yes No

Traffic Citation History
List all traffic citations you have *ever* received:

Date	Location (City, County, State)	Violation	Disposition

MILITARY HISTORY

10.01 **Are you registered for Selective Service?** Yes No

If Yes, your Selective Service Number: _____
Classification: _____ Date of Classification: _____
Address of Local Board: _____

10.02 Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Service: _____
Serial #: _____ Duty Dates: From: _____ To: _____
From: _____ To: _____

10.03 Type of Discharge: _____ Date: _____

10.04 Are you now or have you ever been a member of a reserve unit or the National Guard? Yes No

10.05 If yes state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

10.06 Was any type of disciplinary action taken against you in the service? Yes No If yes, please provide:

Date: _____ Place: _____
Nature of Offense: _____
Action Taken: _____

10.07 Have you ever served in the Armed Forces of a foreign country. Yes No

If yes, please specify countries and dates.

10.08 **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.

- 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 if any part of such active duty was performed during a wartime era, excluding active duty or training.
- 4. The unremarried 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," please give 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 veterans' 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, FL 33731.

ORGANIZATION MEMBERSHIP

Check the appropriate response to each of the following questions:

- 11.01 Are you now or have you **ever** been a member of a Fascist Organization(s), any Communist Organization(s), Subversive Terrorist Organization(s) or any other organization that discriminates against gender, religion, racial, or ethnic background?
 Yes No
- 11.02 Are you now or have you **ever** been a member or attended meetings of an organization that advocates violence against a group based on religion, gender, racial or other ethnic characteristics?
 Yes No
- 11.03 Are you now or have you **ever** been a member of any organization, association, movement group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means?
 Yes No
- 11.04 Are you now or have you **ever** been affiliated or associated with any organization of the type referred to in question 1 through 3, as an agent, official, or employee?
 Yes No
- 11.05 Are you now associating with, or have you associated with any individuals, including relatives, and/or present/past in-laws, who you know or have reason to believe are or have been members of any other organizations referred to in questions 1 through 3?
 Yes No
- 11.06 Have you **ever** been engaged in any of the following activities of any organization of the type described above: Contribution(s) to, attendance at or participation in any organizations, social, or other activities of said organizations or of any projects sponsored by them; the sale, gift, or distribution of any written, printed, or other matter, prepared reproduced, or published, by them or any of their agents or instrumentalities?
 Yes No
- 11.07 Have you **ever** made a financial or other material contribution to any organization of the type described in question 1 through 3 above?
 Yes No
- 11.08 At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?
 Yes No
- 11.09 Did you intend to promote any unlawful aims of those organizations listed in questions 1 through 3?
 Yes No

If you answered **yes** to **any** of the questions above, describe the circumstances below. Provide a full and detailed statement. If associated with any of these organizations, specify the nature and extent of association with each, including office or position held, also include dates, places and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organizations with which they were or are affiliated.

Name of Organization	City & State	Dates Associated:	Circumstances

BUSINESS INTERESTS & LICENSES

- 12.01 Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? Yes No
- 12.02 Are you now issued or have you ever been issued a license to engage in a business or profession? Yes No
- 12.03 Was license ever cancelled, relinquished, suspended or revoked? Yes No

If yes to question #1, #2 or #3, please provide details including the type of license or certificate, the agency that issued the license, effective date of license and license number.

CREDIT DATA

- 13.01 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.

- 13.02 Are you or your spouse indebted to anyone? Yes No If yes, please list all debts over \$500. Be sure to include student loans and charge accounts. Also, list any debt where payment is past due, regardless of amount. Loan or Creditor Address Amount Account Number

Creditor	Address	Amount	Loan or Account Number

- 13.03 Have you, your spouse, or a company controlled by you filed for bankruptcy? Yes No
- 13.04 Have you, your spouse, or a company controlled by you declared bankruptcy? Yes No
- 13.05 Have you, your spouse, or a company controlled by you had a legal judgment rendered against you for a debt?
 Yes No
- 13.06 Have you, your spouse, or a company controlled by you been subject to a tax lien? Yes No

If yes to any of these questions, please provide details.

PERSONAL REFERENCES & ACQUAINTANCES

14.01 Personal References: Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete Name: _____		Home Address: _____
Last First MI		City, State: _____
Yrs. Acq. Occupation:		Home Phone: (_____) _____
Complete Name: _____		E-Mail Address: _____
Last First MI		Home Address: _____
Yrs. Acq. Occupation:		City, State: _____
Complete Name: _____		Home Phone: (_____) _____
Last First MI		E-Mail Address: _____
Yrs. Acq. Occupation:		

14.02 Social Acquaintances: Give three (3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

Complete Name: _____		Home Address: _____
Last First MI		City, State: _____
Yrs. Acq. Occupation:		Home Phone: (_____) _____
Complete Name: _____		E-Mail Address: _____
Last First MI		Home Address: _____
Yrs. Acq. Occupation:		City, State: _____
Complete Name: _____		Home Phone: (_____) _____
Last First MI		E-Mail Address: _____
Yrs. Acq. Occupation:		

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 will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Sheriff's Office and that it and the information received in response to the background examination are public records.

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

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test and that I may be required to take drug tests during the term of my employment or appointment with the Sheriff's Office.

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the Sheriff's Office.

I further 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.

I understand and agree that any employment or appointment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, that the Sheriff has the absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Sheriff's Office and I release all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office.

I agree to conform to the rules, regulations and orders of the Sheriff's Office and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me.

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability? Yes No

If yes, provide your version or explain fully any such incident.

Signature of applicant as usually written

Date

Witnessed By:

