



Glades County Sheriff's Office

1297 East State Road 78
Moore Haven, Florida 33471
863-946-1600

Employment Application

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 sworn 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 completely, accurately, 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 from employment.**

All questions **MUST** be answered. Questions may be answered with "Yes", "No", "None", "N/A" or an explanation if applicable. Applications that are incomplete and are not legible and typed or printed in ink will not be processed for consideration. If the space provided is insufficient to complete the question, use additional sheets of paper that are the same size as the application. Number the answers to correspond with the questions.

The application must be accompanied with the completed Employment Eligibility Form and the CJSTC 58 Waiver Form. You must also provide at the time the application is turned in, a photocopy of your current driver's license, Social Security Card, High School Diploma or Equivalency, birth certificate and Naturalization Certificate if a Naturalized Citizen and certification documents (if applicable). Your application will not be accepted if you do not have this documentation available when you turn in the application.

You must also provide a **current** 2x2 color photograph of yourself (other than your Driver's License photo).

The application must be signed and properly notarized. Notaries are available upon request at the Sheriff's Office if needed however; do not sign the application as the Notary must witness your signature on the application.

Personal Information Section

Position Applying for: _____

Name: _____
Last First Middle Initial Maiden or Former Name

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: _____

Current Home Physical Address: _____
Street Number Street Name Apartment Number

Address Continued: _____
City State Zip Code

Current Mailing Address: _____

Address Continued: _____
City State Zip Code

Current Phone Numbers: Home: _____ Cellular: _____

Alternate Phone Number: _____ who's phone number is this? _____

Email address: _____

List all places of residence for the past ten (10) years in chronological order from past to present. All information must be complete and accurate.

* For college campus residences, give college name, dormitory name and complete address. If military address cannot be shown as a street address, indicate military unit designation, location by city and state. Post Office Boxes are not considered residential addresses, must be a physical address. Use additional sheets of paper if necessary.

Dates (Months-Year)	Street Address (include zip code)	Apartment #	City	County	State

Drug Use

**** *Failure to answer these questions truthfully may impact your employment eligibility*****

1. Do you currently use any narcotic, controlled substance or designer drug such as cannabinoids, PCP, hallucinogens, methaqualone, hashish, cocaine, LSD, amphetamines, heroine, steroids, opiates, barbiturates, benzodiazepine, a synthetic narcotic or any drug of similar nature, or have you used such substance within the last year?

Yes No

2. Have you ever illegally experimented with, used or possessed any controlled substance, narcotic, controlled substance or designer drug, such as marijuana, PCP, hallucinogen, methaqualone, hashish, cocaine, LSD, amphetamine, heroine, steroids, opiates, barbiturates, benzodiazepine, a synthetic narcotic or any drug of similar nature?

Yes No

If yes; complete the following;

Drugs: _____

How taken: _____

Last time used: _____

Circumstances: _____

Number of times illegally obtained, possessed, supplied or sold: _____

First time illegally obtained, possessed, supplied or sold: _____

Last time illegally obtained, possessed, supplied or sold: _____

Any other information relevant to your drug use: _____

3. Do you now or have you within the past year abused or illegally obtained, possessed or sold any prescription drug(s)?

Yes No

If yes; provide details including drug, date obtained, possessed, sold or purchased and circumstances.

Education and Training

High School Name/Address	Dates Attended (months-years)	Years Completed	Graduated?	Diploma or GED

College/University Name/Address	Dates Attended (months-years)	Credit Hours	Graduated?	Type of Degree

****Attach a copy of your degree or official transcripts from any and all colleges/universities attended****

Major: _____ Minor: _____

Other schools attended (trade schools, vocational schools, business schools, military or law enforcement training, etc.)

Name/Address	Dates Attended	Credit Hours	Area of Study	Degree or Certificate

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

Please list any foreign languages that you are able to read, write or speak:

Describe any special abilities, interests and/or hobbies you have, including degree of proficiency:

List any type of special licenses you possess such as pilots license, radio operator etc,:

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 or computers:

Employment History

List chronologically all employment beginning with your present employment, including all summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period of time, explain the lapse in employment including dates. All information must be complete and accurate. Use additional sheets of paper if necessary.

Name and Address of Employer	Dates of Employment From - To	Salary	Title or Position	Supervisor	Reason for Leaving
Name: _____ Address: _____ City, State, Zip: _____ _____ Phone Number: _____					
Name: _____ Address: _____ City, State, Zip: _____ _____ Phone Number: _____					
Name: _____ Address: _____ City, State, Zip: _____ _____ Phone Number: _____					
Name: _____ Address: _____ City, State, Zip: _____ _____ Phone Number: _____					

4. May we contact your current employer? Yes No If no, please explain why;

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

5. Have you ever applied to (including Auxiliary/Reserve) or been sponsored by a Criminal Justice Agency?
 Yes No If yes; please list the agencies and approximate dates:

6. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from by any employer for any position you have held?
 Yes No

7. Has your law enforcement/corrections 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:
8. Are you currently or have you ever been the subject of an Internal Affairs Investigation? Yes No
9. Have you ever been the subject of a formal complaint, including criminal and non-criminal? Yes No
10. Do you own a business or are you a partner or a corporate officer in any business or organization not listed previously as a current or former employer? Yes No

If you have answered "YES" to questions 6 - 10, you must provide a detailed explanation regarding the incident(s). Provide the name and address of the business, corporation, organization or agency and describe your relationship or position. Use additional sheets of paper if necessary.

Arrest/Criminal History/Court Information

SEALED AND EXPUNGED RECORDS

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

11. 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; use additional sheets of paper if necessary.
12. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject or a suspect in any criminal investigation (including juvenile)? Yes No If yes, explain in detail; Use additional sheets of paper if necessary.

Dates	Agency	Charge	Court/Jurisdiction	Disposition

13. 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 proceedings. Use additional sheets of paper if necessary.
14. Have you ever been fingerprinted for any reason (arrest, military, job application etc.)? Yes No
If yes, explain in detail;

15. Have you committed **ANY** crime even if you were not caught? Yes No
If yes, explain in detail; Use addition sheets of paper if necessary.

16. Have you ever committed an act of Domestic Violence? Yes No
If yes, explain in detail;

Driving History/Driver's License Information

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

State	License Number	License Type	Restrictions	Expiration Date

18. Have you ever been denied issuance of a driver's license, automobile insurance or have you ever had your license or automobile insurance suspended or revoked? Yes No If yes, explain;

19. Have you ever been involved in a motor vehicle accident? Yes No If yes, explain;

20. 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

21. Are you registered with the Selective Service? Yes No Selective Service #: _____

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

Dates: _____ Branch: _____ Location: _____

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

If yes, provide branch, dates and type of discharge.

**** If you have served in the United States Armed Forces, you must attach a copy of your DD214****

Dates	Branch	Highest Rank	Type of Discharge

24. Have you ever served in the armed forces of a foreign country? Yes No If yes, explain in detail;

25. Have you ever had any disciplinary action taken against you while in the service? Yes No
If yes, explain;

Veteran's Preference

Under Florida law, preference in appointment shall be given first to those included in #1 and #2 below, and second to those persons includes 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 - PO Box 1437 St. Petersburg, Florida 33721.

- 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 one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America.
- 4. The un-remarried widow or widower of a veteran who died of a service connected disability.

26. Have you claimed and have been employed using Veteran's Preference since October 1, 1987? Yes No
If yes, provide name and address of employer:

Business Interests and Licenses

27. 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

28. Are you currently issued or have you ever been issued a license to engage in a business or profession?

Yes No

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

If you answered "YES" to questions 27 - 29, provide details including the type of license or certificate, the agency that issued the license or certificate, effective date of the license or certificate, the license number and any details concerning any cancellations, suspensions, revocations etc. Use additional sheets of paper if necessary.

30. 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

31. List all outstanding debts, including credit cards, charge accounts, mortgages, contracts, loans, etc. All information must be complete and accurate.

Creditor/Company	City/State	Account Balance	Account Number

32. List all debts that are more than 30 days past due. Use additional sheets of paper if necessary.

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

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

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

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

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

Personal References

List five (5) individuals who have known you well for the past five (5) years, excluding relatives and employers. The contact information for your references must be current, accurate and complete. You MUST include both a complete and correct physical and mailing address for each personal reference listed.

Name:	Occupation:
Physical Address:	City, State, Zip:
Mailing Address:	City, State, Zip:
Home Phone:	Work Phone:
Additional information (such as best time to contact etc.):	

Name:	Occupation:
Physical Address:	City, State, Zip:
Mailing Address:	City, State, Zip:
Home Phone:	Work Phone:
Additional information (such as best time to contact etc.):	

Name:	Occupation:
Physical Address:	City, State, Zip:
Mailing Address:	City, State, Zip:
Home Phone:	Work Phone:
Additional information (such as best time to contact etc.):	

Name:	Occupation:
Physical Address:	City, State, Zip:
Mailing Address:	City, State, Zip:
Home Phone:	Work Phone:
Additional information (such as best time to contact etc.):	

Name:	Occupation:
Physical Address:	City, State, Zip:
Mailing Address:	City, State, Zip:
Home Phone:	Work Phone:
Additional information (such as best time to contact etc.):	

Waiver Forms and Support Documentation

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 or are required by this application.

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 my 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 Glades County Sheriff's Office and that it and the information received in response to the background investigation are public records.

I also understand that I may be required to furnish the Glades County 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 submit to drug tests during the term of my employment or appointment with the Glades County 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 Glades County Sheriff's Office. I also authorize the Glades County 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 Glades County 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 Glades County Sheriff's Office.

I agree to conform to the rules, regulations and orders of the Glades County Sheriff's Office and acknowledge that these rules, regulation and orders may be changed, interpreted, withdrawn or added to by the Glades County 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. Use additional sheets of paper if necessary:

Signature of Applicant

Date

State of Florida, County of _____ The forgoing instrument was acknowledged before me this date:

_____ By: _____ who is personally known by me

_____ or who has produced identification to wit: _____

Notary's Signature

Notary Stamp

Print, Type or Stamp Commissioned Name of Notary

Confidential Employee History

List all former spouses (must be current and accurate information). Use additional sheets of paper if necessary:

Name:	Occupation:
Address:	City, State, Zip:
Home Phone:	Work Phone:

Name:	Occupation:
Address:	City, State, Zip:
Home Phone:	Work Phone:

Name:	Occupation:
Address:	City, State, Zip:
Home Phone:	Work Phone:

Provide Next of Kin information to be contacted in the event of an emergency. This information must be complete, current and accurate.

Name:	Relationship:
Address:	City, State, Zip:
Home Phone:	Alternate Phone:

Provide the following information on personal or family physician to be contacted in the event of an emergency:

Name:	Practice:
Address:	City, State, Zip:
Office Phone:	After Hours Phone:

I understand that that the "Applicant's Certification" (page 12 & 13) applies in all respects to the responses provided within this section "Confidential Employee History Information".

Signature of Applicant

Date

State of Florida, County of _____ The forgoing instrument was acknowledged before me this date:

_____ By: _____ who is personally known by me

_____ or who has produced identification to wit: _____

Notary's Signature

Print, Type or Stamp Commissioned Name of Notary

Notary Stamp