

David Hardin
SHERIFF
GLADES COUNTY SHERIFF'S OFFICE
Drug Policy

The following admissions are grounds for automatic disqualification from further consideration as an applicant for a position with the Glades County Sheriff's Office;

1. Use of Marijuana, or its derivatives, within the past twelve months.
2. Repeated unlawful use of Marijuana, or its derivatives, beyond experimental purposes or within the last five years.
3. Selling or trading, for profit or share of drugs, any controlled substance or designer drug.
4. Any use of any controlled substance or designer drug, other than Marijuana, within the past five years.
5. Any use of any controlled substance, designer drug, including Marijuana, while (or after) employed by a law enforcement agency whether in a certified or non-certified position OR in a law enforcement or correctional position in any national, state, or local organization.
6. Any repeated unlawful use of any controlled substance or designer drug other than marijuana, beyond five times.
7. Applicants who have used any prescription drug not prescribed to him or her will be evaluated based on how the drug was obtained, the number and frequency of use, the type of drug, the intended purpose of the drug and from whom the drug was obtained.
8. Applicants who have used any injections/ingestions of steroids within the last five (5) years.
9. Addiction to alcohol unless:
 - a. Successfully completed recommended treatment, AND
 - b. Remained in remission for past five years
10. Any illegal use of a controlled substance, including marijuana or a designer drug, by an applicant after submission of his or her application will result in disqualification.
11. Any use of any hallucinogenic substance such as LSD, PCP, Opium or any of its derivates.

NOTE:
Failure to disclose drug use prior to the conditional offer of a position – even if within the allowable limits – will result in disqualification for a minimum period of one year. Previous drug use will be evaluated on a case by case basis. The Sheriff will have the authority over the final decision regarding each individual case.

I have read and understand the Glades County Sheriff's Office Drug Policy.

Signature: _____

Date: _____

Witnessed by: _____

Date: _____