



Santa Rosa County Sheriff's Office
Sheriff Wandell 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

RESIDENTIAL HISTORY

4.01 List all actual places of residence for past 10 years – list chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Dates (Mo./Yr)		Street Address	Apt #	City	County	State
To	From					

EDUCATION & TRAINING

5.01 High School:

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

5.02 College/University:

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

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

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: Salary:	Reason for Leaving:
Address:				
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: Salary:	Reason for Leaving:
Address:				
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:				
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:				
Phone#:			Salary:	
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? 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 Or Synthetic Cannabinoids	Hashish, Hash, THC, Dig, Weed, Grass, Green, Bud, Sinne, Sinsemilla, Gold, Jamaican, Gainsville Green, Greenbud, Rosemary, Stick, Columbian Tai, Spice and/or other synthetic cannabinoids				
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 Biphcetamine	Bennies, Dexies, Speed, Wake-ups, UPS, Pep Pills, Meth, Crystal, Crystal Meth, Benzedrine, Dexe, Drine, Dexedrine, Desoxyn, Medrine, Phcn-Di-Metrzine, Methamphetamine, Phcntemine, 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, Bath Salts, Spice				
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~~ Has your driver's license ever been suspended for non-payment of child support?
 Yes No
- 9.12 ~~Has~~ 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 unmarried 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:		Home Address: _____
Complete Name:		City, State: _____
Last First MI		Home Phone: () _____
Yrs. Acq. Occupation:		E-Mail Address: _____

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

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:

BACKGROUND INVESTIGATION WAIVER
Authority for Release of Information

To: Concerned Person or
Authorized Representative of
Any Organization, Institution
Or Repository of Record

Applicant's Name: _____

Date of Birth: _____

Social Security #: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: Santa Rosa County Sheriff's Office

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, education institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

Any representative of: Santa Rosa County Sheriff's Office
5755 East Milton Road
Milton, Florida 32583
(850) 983-1100

768.095 Employer immunity from liability; disclosure of information regarding former or current employees.—An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee is immune from civil liability for such disclosure or its consequences unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760.

Pursuant to Section 943.13 (4), (5) and (7) F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature Date

Applicant's Address: _____ City: _____ State: _____ Zip: _____

The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, because of one of the following:

Have you:

1. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? Yes No

BACKGROUND INVESTIGATION WAIVER CONTINUED
Authority for Release of Information

2. Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
3. Been civilly or administratively adjudicated to have engaged in the activity described in number 2 above. Yes No

The agency shall make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or harassment or any resignation during a pending investigation of an allegation of sexual abuse.

Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

AFFIDAVIT
STATE OF FLORIDA, COUNTY OF SANTA ROSA

Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this ____ day of _____, 20____ My commission expires on _____, 20_____

Notary Public

Personally Known - or - Produced Identification

Type of Identification Produced: _____

CJSTC 58



Florida Department of Law Enforcement

AFFIDAVIT OF APPLICANT

Incorporated by Reference in Rule 11B-27.002(1)(f), F.A.C.



CJSTC 68

Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses

Social Security Number: _____

Applicant's Legal Name: _____ Last First MI

Employing agency: _____

Use this form to verify your compliance with the employment requirements of Section 943.13, F.S. I fully understand that to qualify for employment as a law enforcement, correctional, or correctional probation officer, I shall comply with the following provisions of Section 943.13, F.S.:

- Be at least 19 years of age.
• Be a citizen of the United States.
• Be a high school graduate or equivalent.
• Not have been convicted of any felony or of a misdemeanor involving perjury or false statement.
• Be at least 19 years of age.
• Have been fingerprinted by the employing agency.
• Have passed a physical examination by a licensed medical specialist approved in Rule 11B-27.002(1)(d), F.A.C.
• Be of good moral character.
• Have not received a dishonorable discharge from the U.S. Military.

True False NA In addition, I attest to the following statements: Each statement shall be checked "True" "False" or "NA"
1. I completed my employment application and it is true and correct, and all other information I furnished in conjunction with my application is true and correct.
2. I provided documentation of proof of my qualifications to the above listed employing agency.
3. I meet the qualifications as specified above.
4. I had a criminal record sealed pursuant to Section 943.058(4)(a), F.S., or expunged pursuant to Section 943.0585(4)(e), F.S.
5. I am under investigation by a local, state, or federal agency or entity for criminal, civil, or administrative wrongdoing to the best of my knowledge and belief.
6. I separated or resigned from a previous criminal justice employment while under investigation.
7. I am currently serving in good standing in the U.S. Military.
8. I previously served in the U.S. Military.
9. I received a dishonorable discharge from my previous U.S. Military service.
10. I am currently certified as a Florida criminal justice officer in the following area(s): Please check the appropriate box(es).
11. I authorize the employing agency listed above to apply for my certification. Please check the appropriate box(es).

NOTICE: This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify the officer for employment as an officer.

PLEASE READ CAREFULLY BEFORE SIGNING. You must complete the remainder of this affidavit in the presence of a notary public. Upon witnessing your signing of this affidavit, a notary public shall complete the notary block by entering the same date the affidavit is signed. I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.

12. _____ Applicant's Signature 13. _____ Date Signed

14. OATH Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, year _____, By _____

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public Personally Known [] OR Produced Identification []

Type of Identification Produced

*NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliance Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section



Santa Rosa County Sheriff's Office

Sheriff Wendell Hall

Human Resource Section

APPLICANT FINGERPRINT INFORMATION

FULL NAME: _____
LAST FIRST MIDDLE

MAIDEN NAME: _____

ADDRESS: _____
STREET

_____ CITY STATE ZIP
CODE

DATE OF BIRTH: _____

PLACE OF BIRTH: _____
CITY STATE

SEX: _____ RACE: _____ HEIGHT: _____ WEIGHT: _____

EYES: _____ HAIR: _____

SOCIAL SECURITY NUMBER: _____

CURRENT EMPLOYER: _____

OCCUPATION: _____

POSITION APPLIED FOR: _____

SIGNATURE OF APPLICANT: _____

FINGERPRINT OFFICER: _____

DOMESTIC VIOLENCE AFFIDAVIT

Pursuant to the Omnibus Consolidated Appropriation Act of 1997, any person convicted of a misdemeanor crime of violence as defined by the Act is prohibited from shipping, transporting, possessing, or receiving firearms or ammunition. There is no "official use" exemption to this prohibition. Accordingly, the Santa Rosa County Sheriff's Office is requiring that every officer granted the authority to bear arms by the Sheriff submit the following Affidavit in compliance with the new law.

A conviction shall not apply for the purpose of the new law unless:

- A. The person was represented by legal counsel in the case or knowingly and intelligently waived the right to counsel in the case; and
- B. If the person was entitled to a trial by jury under the laws of the convicting jurisdiction then the conviction must have resulted from:
 - a. A trial by jury;
 - b. The person knowingly and intelligently waived the right to have the case tried by a jury, by guilty plea or otherwise.

AFFIDAVIT

I, _____, do solemnly swear or affirm that the following information is true and correct to the best of my knowledge.

1. That I have not been convicted of a misdemeanor crime of domestic violence, not including those convictions that have been expunged, set aside or otherwise pardoned as defined below:
 - a. is a misdemeanor under Federal or State law; and
 - b. has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of a victim, by a person with whom the victim share a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

Applicant's Signature

Date

State of Florida
County of _____

Subscribed and sworn to (or affirmed) before me on _____ (date) by _____
_____ (name of applicant). He/she has presented _____
_____ (type of identification) as identification.

(SEAL)

Notary Public Signature

NON-MILITARY AFFIDAVIT

I, _____, attest that I have never served in any branch of the Armed Forces of the United States.

Applicant's Signature

Date

State of Florida

County of _____

Subscribed and sworn to (or affirmed) before me on _____ (date) by _____
_____ (name of applicant). He/she has presented _____
_____ (type of identification) as identification.

(SEAL)

Notary Public Signature



Santa Rosa County Sheriff's Office
Sheriff Wendell Hall

COLLECTION AND USE OF SOCIAL SECURITY NUMBERS

Effective October 1, 2007, in accordance with FSS 119.071, the Santa Rosa County Sheriff's Office may collect Social Security numbers for the following purposes:

- ❖ Application Process – for the purpose of collecting information related to background investigations, to include fingerprints, NCIC/FCIC checks, Credit Bureau reports, verification of employment, local and state records checks, clarification for duplicate names, verification of Military Service.
- ❖ Payroll – for reporting wages to Internal Revenue Service, Division of Retirement and New Hire Reporting
- ❖ Insurance – for medical, dental, flexible spending, life insurance policies, and long-term disability enrollment and reporting.
- ❖ Medical Leave – for Workers' Compensation reporting and medical purposes associated with Workers' Compensation.
- ❖ Secondary Employee Files – for the purpose of making employee files for those contract workers employed with subcontractors of the Sheriff's Office such as: PHS, Aramark, etc.

ACKNOWLEDGMENT: I _____, do solemnly attest that I have read the above and understand the Waiver for Social Security Number Notice of as set forth above.

(Applicant's Signature)

(Date)

(Witness)

Physician's Clearance to Test

AGENCY NAME: Santa Rosa County Sheriff's Office

NAME OR APPLICANT: _____

Dear Physician:

The purpose of this communication is to inform you of the above-named individual's intentions with regards to participation in the pre-employment physical abilities test for the above-named agency. We are aware of the fact that strenuous physical activity may be inadvisable for some individuals. As such, we request that you indicate whether the above-named applicant has any medical condition or disorder that would preclude participation. It must be emphasized that we are not asking you to assume responsibility for the applicant while participating in this test. Rather, we merely, want to have as much information as possible when making decisions concerning applicability of testing.

The testing program will consist of a series of physical abilities tests conducted at our training site. The battery of job-related field tests is intended to be completed in the fastest possible time and will require maximum effort by the applicant. Tests are designed to measure balance, muscular endurance and strength, flexibility, anaerobic power and capacity, fine motor skill and aerobic power. Tests will include two 220 yard runs, dragging a 150 pound object 100 feet, jumping over obstacles (12-24 inches high), climbing over a wall (40 inches high), two 50 foot-sprints and movement around a series of pylons.

Ultimately, the primary goal of this testing is to determine whether the applicant is capable of performing minimum standards appropriate to this agency.

I have examined this applicant and his/her medical history, and based upon my evaluation I recommend that:

_____ *Participation is **NOT** advisable at the present time. (If you advise against participation, please do not disclose the applicant's medical condition on this form.)*

_____ *Within a reasonable degree of probability, no medical condition or disorder exists which precludes this applicant from participation in the physical abilities tests as described.*

Signature of Physician

Date

Type or Stamp Physician Name

License Number

Thank you for your cooperation.

Sylvia Lunsford
Agency Representative

850-983-1206
Telephone Number