



**HARDEE COUNTY**  
***SHERIFF***  
***Vent Crawford***

# Employment Application

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

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

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**900 East Summit Street • Wauchula, Florida 33873  
863-773-0304 • Fax: 863-773-4593  
[www.hardeeso.com](http://www.hardeeso.com)**

## **Salary / Benefits**

### **Base Salary Information:**

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

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### **Educational:**

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

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### **Holiday Leave:**

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

#### **Vacation:**

#### **Years of Service**

#### **Vacation Hours Earned**

1 mo	12 mo	7 hours/month
13 mo	04 years	14 hours/month
05 years	09 years	16 hours/month
10 years	14 years	18 hours/month
15 years	19 years	22 hours/month
20+ years		24 hours/month

#### **Sick Leave:**

8 hours/month

#### **Sick Leave Incentive:**

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

#### **Military Leave:**

Up to 30 days for each emergency or disaster.

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#### **Pension Plan:**

Florida Retirement System

#### **Health Insurance:**

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

#### **Basic Life Insurance:**

\$30,000 of coverage

#### **Group Dental:**

100% employee paid (payroll deductible)

#### **Vision Care Vision Plan:**

100% employee paid (payroll deductible)

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#### **Information:**

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

# Hardee County Sheriff's Office Human Resources

900 E. Summit Street  
Wauchula, Florida 33873

## Application Instructions

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

1. Applications will be accepted only for currently advertised positions and can be completed online at [www.hardeeso.com](http://www.hardeeso.com), printed and returned along with the required documents to the address listed above. Applications can also be picked up at the Sheriff's Office during normal business hours 8:00 a.m. - 4:00 p.m., picked up application must be typewritten or printed in legible ink.
2. Applications may be returned in person or mailed with the required documentation to the address listed above.
3. Applications may be returned by mail to the address show above.
4. When completing the application, please pay special attention to the following:
  - A. All questions must be answered. Applications that are incomplete will not be processed further until corrections, omissions, or deficiencies are resolved.
  - B. The Applicant's Certification Page must be signed and witnessed.
  - C. The Background Investigation Waiver FDLE CJSTC 58 must be signed and notarized. You can download the Background Investigation Waiver FDLE CJST 58 from [www.hardeeso.com](http://www.hardeeso.com) web page. Notary services are available at the Sheriff's Office.
  - D. On the Employment History and Reference sections, provide telephone numbers and complete mailing addresses, including zip codes. List all jobs you have ever had, beginning with the most recent job. Use Additional 8 1/2x11 sheets of paper if necessary. Include all periods of no employment.
  - E. On the Confidential Employee History section, document any instances of usage of illegal drugs, i.e., Inhalation, Injection, or any other form of ingestion of any illegal drug or any illegally obtained drug.
5. Legible **CERTIFIED** copies of the following applicable documents **MUST** be returned with the completed application to the address listed above. You can also bring the **ORIGINALS** in with your application to be copied; they must be **ORIGINALS** or **CERTIFIED** copies.
  - A. Drivers License
  - B. High School Diploma / GED or College Transcripts
  - C. Birth Certificate
  - E. DD 214 (Military)
  - F. FDLE Law Enforcement Training - Deputy Sheriff position only.
  - G. FDLE Correctional Officer Training - Detention Deputy position only.
  - H. Florida State Certification Exam Scores
  - I. Test of Adult Basic Education (TABE Scores) or Computerized Placement Test (CPT) not required if criteria successfully met through Academy.
  - J. Name change documents; Marriage, divorce, etc.

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

## **Application Instructions continued:**

6. After an administrative review of the application and the above documents, the selection process will consist of criminal records check, position specific testing, oral board interviews, skills testing for some positions, and division specific interviews. All applicants who receive a conditional offer of employment must provide a photo and submit to a background investigation, polygraph examination, psychological examination, drug screening and other tests deemed necessary per position. An administrative Review Committee will complete the process. The application process takes approximately sixty (60) days.
7. Applicants who fail to successfully complete all elements of the testing and interview process for a position may reapply for the same position after twelve (12) months or you may apply for a DIFFERENT position provided if it is currently open for application.
8. Sheriff's Office Policy requires all employees to exhibit a neat, professional appearance to the public while representing the Hardee County Sheriff's Office. This policy sets standards for hair, clothing, uniforms, accessories and general appearance. Beards are not allowed. A copy of this policy is available upon request.
9. Prior to hiring, the following requirements must be successfully met:
  - A. Must be 19 years of age or older (18 for Civilian Positions)
  - B. Be a citizen of the United States (For Sworn Positions)
  - C. Be a High School Graduate or Equivalent
  - D. Not have received a Dishonorable Discharge from the Armed Forces of the United States
  - E. Possess a valid Florida Driver's License and acceptable driving record.
  - F. Not have been convicted of any Felony and/or Misdemeanor involving perjury or false statement, even if the sentence was suspended or adjudication was withheld and/or any Misdemeanor after the age of 25.
  - G. Successfully complete a Written Examination and Oral Interview
  - H. Successfully complete a Timed Typing Test (Applicable only to Dispatch & Clerical Positions)
  - I. Successfully complete a Polygraph Examination
  - J. Successfully complete a Background Investigation
  - K. Be of Good Moral Character
  - L. Successfully complete a Physical Examination
  - M. Successfully complete a Psychological Examination
  - N. Pass a Drug Screen

# Application Certification

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I understand that my appointment of employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. Int. \_\_\_\_\_

I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. Int. \_\_\_\_\_

I understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I will be fingerprinted. Int. \_\_\_\_\_

I understand that this employment application shall become the property of the Sheriff's Office and that it and the information received in response to the background examination are public records. Int. \_\_\_\_\_

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

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

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

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

I authorize the Sheriff's Office or agent of the Sheriff's Office, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law. Int. \_\_\_\_\_

I agree to executive any authorization as may be required by the Health Insurance Portability Accountability Act of 1996 (HIPPA) for health care providers to release the necessary medical information to process my application for employment. Int. \_\_\_\_\_

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

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

I agree to conform to the Rules, Regulations, and Orders, of the Sheriff's Office and acknowledge that these Rules, Regulations, and Orders may be changed, interpreted, withdrawn or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me. Int. \_\_\_\_\_

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability?

Yes  No

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

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed By:

\_\_\_\_\_  
Date:

# Employment Application Form

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The Hardee County Sheriff's Office is an Equal Opportunity Employer. We consider applicants for all positions without regards to race, color, national origin, sex, and age, Handicap, marital status, religion or any other legally protected status.

Date: \_\_\_\_\_

On What Date are you available for work? \_\_\_\_\_

Are you available to Work the following?

Evenings: \_\_\_\_\_  Yes  No

Midnights: \_\_\_\_\_  Yes  No

Weekends: \_\_\_\_\_  Yes  No

## Personal History

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Full Name: \_\_\_\_\_  
Last First Middle

Current Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address if different from above:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Alternate Phone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name Used: \_\_\_\_\_ Circumstances: \_\_\_\_\_

From Date Month/Year: \_\_\_\_\_ To Date Month Year: \_\_\_\_\_

Name Used: \_\_\_\_\_ Circumstances: \_\_\_\_\_

From Date Month/Year: \_\_\_\_\_ To Date Month Year: \_\_\_\_\_

Name Used: \_\_\_\_\_ Circumstances: \_\_\_\_\_

From Date Month/Year: \_\_\_\_\_ To Date Month Year: \_\_\_\_\_

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

If (Yes), name and relationship: \_\_\_\_\_

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

If yes, list agencies below:

Agency Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Date Applied: \_\_\_\_\_ Were you employed?  Yes  No

Agency Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Date Applied: \_\_\_\_\_ Were you employed?  Yes  No

Agency Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Date Applied: \_\_\_\_\_ Were you employed?  Yes  No

## Education / Training

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High School(s): Diploma  GED

Name of School: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Date From: \_\_\_\_\_ Date To: \_\_\_\_\_  
Years Completed: \_\_\_\_\_ did you Graduate?  Yes  No  
Degree: \_\_\_\_\_

Name of School: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Date From: \_\_\_\_\_ Date To: \_\_\_\_\_  
Years Completed: \_\_\_\_\_ did you Graduate?  Yes  No  
Degree: \_\_\_\_\_

### College / University

Name of School: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Date From: \_\_\_\_\_ Date To: \_\_\_\_\_  
Credit Hours: \_\_\_\_\_ did you Graduate?  Yes  No

Associates  Bachelors  Masters  Doctorate

Name of School: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Date From: \_\_\_\_\_ Date To: \_\_\_\_\_  
Credit Hours: \_\_\_\_\_ did you Graduate?  Yes  No

Associates  Bachelors  Masters  Doctorate







# Employment History

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

Yes  No

If yes, provide details regarding each incident:

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

Yes  No

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

Yes  No

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

Yes  No

If yes, provide details regarding each incident:

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

Yes  No

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

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

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

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

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

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

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

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

# Residences

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

1. Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apartment Number: (If apartment complex, include complex name): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apartment Number: (If apartment complex, include complex name): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apartment Number: (If apartment complex, include complex name): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apartment Number: (If apartment complex, include complex name): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apartment Number: (If apartment complex, include complex name): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

# Arrest History / Court Data

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

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

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

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

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

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

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

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

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

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

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

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

Agency Name: \_\_\_\_\_ Location (City/State): \_\_\_\_\_

Date: \_\_\_\_\_

Charges: \_\_\_\_\_

Disposition: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Location (City/State): \_\_\_\_\_

Date: \_\_\_\_\_

Charges: \_\_\_\_\_

Disposition: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Location (City/State): \_\_\_\_\_

Date: \_\_\_\_\_

Charges: \_\_\_\_\_

Disposition: \_\_\_\_\_

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

Yes  No

If yes, provide details regarding each incident:

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

Yes  No

If yes, provide details regarding each incident:

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Have you ever failed to pay child support or alimony?

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

If yes, provide details regarding each incident:

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

Yes  No

If yes, please provide the following information:

1. Name of Felon(s): \_\_\_\_\_

Relationship to Felon(s): \_\_\_\_\_

Does the Felon live in your home?

Yes  No

2. Name of Felon(s): \_\_\_\_\_

Relationship to Felon(s): \_\_\_\_\_

Does the Felon live in your home?

Yes  No

# Driving History

Florida Driver License Number: \_\_\_\_\_

Date of Issue \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Restrictions: \_\_\_\_\_

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

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

\_\_\_\_\_

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

If yes, provide complete details regarding each incident:

\_\_\_\_\_

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

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

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

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

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

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

If yes, provide details below:

1. Agency Name: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Charges: \_\_\_\_\_

Disposition: \_\_\_\_\_

2. Agency Name: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Charges: \_\_\_\_\_

Disposition: \_\_\_\_\_

3. Agency Name: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Charges: \_\_\_\_\_

Disposition: \_\_\_\_\_

4. Agency Name: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Charges: \_\_\_\_\_

Disposition: \_\_\_\_\_

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

# Military History

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Are you registered for Selective Service?  Yes  No

If yes, you're Selective Service Number: \_\_\_\_\_

Classification: \_\_\_\_\_ Date of Classification: \_\_\_\_\_

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

If yes, provide the following information:

Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

EDIPI or DoD ID Number: \_\_\_\_\_

Duty Dates From: \_\_\_\_\_ Duty Dates To: \_\_\_\_\_

Duty Dates From: \_\_\_\_\_ Duty Dates To: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Are you now or have you ever been a member of a Reserve Unit or National Guard Unit?  Yes  No

If yes, provide the following information:

State: \_\_\_\_\_ Location: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Unit: \_\_\_\_\_

Did you attend drills, meetings, or camps?  Yes  No

State: \_\_\_\_\_ Location: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Unit: \_\_\_\_\_

Did you attend drills, meetings, or camps?  Yes  No

Was any type of disciplinary action taken against you in the Military?  Yes  No

If yes, provide the following information:

Date of Discipline: \_\_\_\_\_ Location/Place: \_\_\_\_\_

Nature of Offense: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Have you ever served in the Armed Forces of a Foreign Country?  Yes  No

If yes, please provide the following information:

County: \_\_\_\_\_

Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

County: \_\_\_\_\_

Date From: \_\_\_\_\_ Date To: \_\_\_\_\_



## **Veterans Preference:**

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

- A Veteran with a service-connected disability who is eligible for or receiving compensation, disability, retirement or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense.
- The Spouse of a Veteran who cannot qualify for employment because of a total and permanent disability or the spouse of a veteran missing in action captured or forcibly detained by a foreign power.
- A veteran of any war who has served on active duty for 181 consecutive days or more or who has served 180 consecutive days or more since January 31, 1995 and who has was Honorably Discharged from the Armed Forces of the United States of America if any part of such active duty was performed during wartime era, excluding active duty or training.
- The un-remarried widow or widower of a Veteran who died of a service-connected disability.

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

Yes  No

If Yes, Name of Employer: \_\_\_\_\_

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



# Organization Membership

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

1. Name of Club or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From Date: \_\_\_\_\_ to Date: \_\_\_\_\_

Position Held: \_\_\_\_\_

2. Name of Club or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From Date: \_\_\_\_\_ to Date: \_\_\_\_\_

Position Held: \_\_\_\_\_

3. Name of Club or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From Date: \_\_\_\_\_ to Date: \_\_\_\_\_

Position Held: \_\_\_\_\_

Are you now or have you ever been a member of or affiliated with any foreign or domestic organization, association, movement, group, gang, or combination of persons which has adopted, or shows a policy of advocating or approving of the commission of acts of force or violence that are criminal in nature or that would deny other persons of their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?  Yes  No

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

Did you intend to promote any unlawful aims of the organization?  Yes  No

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

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## Business Interest & Licenses

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

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

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

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

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# Credit Data

Are you or your spouse indebted to anyone?

Yes  No

If yes, please list all debts over \$500. Be sure to include student loans and charge accounts. Also list any debt where payment is past due, regardless of the amount.

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

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

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

Filed for Bankruptcy?

Yes  No

Declared Bankruptcy?

Yes  No

Had Legal Judgment rendered against you for a dept?

Yes  No

Been subject to a Tax Lien?

Yes  No

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

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# Confidential Application Data

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

Applicants Current Address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Scars/Marks/Tattoos: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City/State): \_\_\_\_\_

All Email Addresses: \_\_\_\_\_

All Social Networking Sites (Twitter, Facebook, MySpace, Instagram, etc.): \_\_\_\_\_

Spouses Name: \_\_\_\_\_

Spouses Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Children's Name and Ages:

Childs Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (If different than applicants): \_\_\_\_\_

Childs Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (If different than applicants): \_\_\_\_\_

Childs Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (If different than applicants): \_\_\_\_\_

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

Name _____	Relationship to you _____
Last, First, Middle	

Name _____	Relationship to you _____
Last, First, Middle	

Name _____	Relationship to you _____
Last, First, Middle	

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

# Drug History

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

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

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

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

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

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

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

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

If yes:

Substance name: \_\_\_\_\_ First time \_\_\_\_\_ & Last time used: \_\_\_\_\_

Substance name: \_\_\_\_\_ First time \_\_\_\_\_ & Last time used: \_\_\_\_\_

Substance name: \_\_\_\_\_ First time \_\_\_\_\_ & Last time used: \_\_\_\_\_

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

If yes:

Substance name: \_\_\_\_\_ First time \_\_\_\_\_ & Last time used: \_\_\_\_\_

Substance name: \_\_\_\_\_ First time \_\_\_\_\_ & Last time used: \_\_\_\_\_

Substance name: \_\_\_\_\_ First time \_\_\_\_\_ & Last time used: \_\_\_\_\_

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

Name of Narcotic or Substance: \_\_\_\_\_ Date Used: \_\_\_\_\_  
Circumstances of Use: \_\_\_\_\_  
\_\_\_\_\_

Name of Narcotic or Substance: \_\_\_\_\_ Date Used: \_\_\_\_\_  
Circumstances of Use: \_\_\_\_\_  
\_\_\_\_\_

Name of Narcotic or Substance: \_\_\_\_\_ Date Used: \_\_\_\_\_  
Circumstances of Use: \_\_\_\_\_  
\_\_\_\_\_

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

Medication name: \_\_\_\_\_ First time \_\_\_\_\_ & Last time used: \_\_\_\_\_

Medication name: \_\_\_\_\_ First time \_\_\_\_\_ & Last time used: \_\_\_\_\_

Medication name: \_\_\_\_\_ First time \_\_\_\_\_ & Last time used: \_\_\_\_\_

Have you ever consumed alcohol while underage?  Yes  No

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

Explain: \_\_\_\_\_

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

Explain: \_\_\_\_\_





# Federal Regulation Data

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

Race: \_\_\_\_\_ White, Non Hispanic  
\_\_\_\_\_ Black, Non Hispanic  
\_\_\_\_\_ Hispanic  
\_\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Other: \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth: \_\_\_\_\_  
(Month, Day, Year)

Place of Birth: \_\_\_\_\_  
(City, County, State)

Are you a United States Citizen:  Yes  No

If naturalized; Date: \_\_\_\_\_ Place: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married  
\_\_\_\_\_ Divorced  
\_\_\_\_\_ Separated  
\_\_\_\_\_ Widowed  
\_\_\_\_\_ Single

Do you have or have you ever applied for a Passport:  Yes  No.

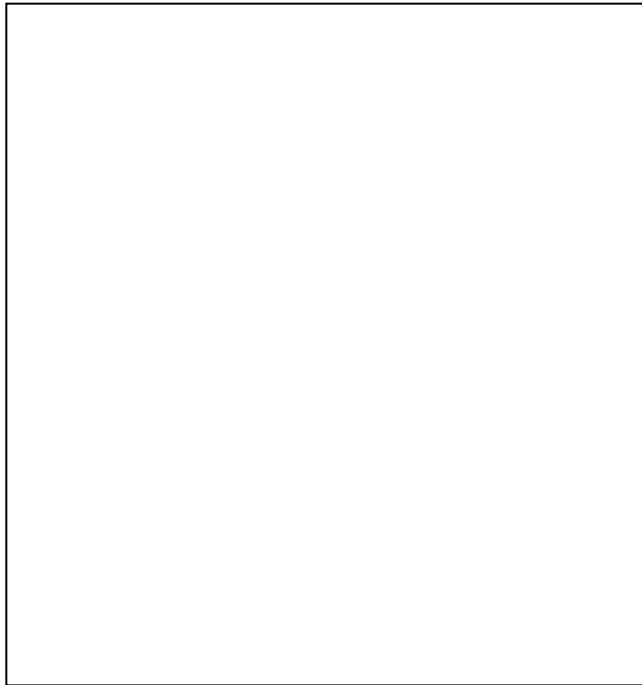
Passport Number: \_\_\_\_\_

# Employment Application Photo Page

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**You must attach a recent photograph:**

**Date Photograph was taken:** \_\_\_\_\_



**Note:**

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

# **BACKGROUND AFFIRMATION**

State of Florida, County of \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Applicant's Printed Name

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

by \_\_\_\_\_, who is known to me, or has provided

\_\_\_\_\_, as identification.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Notary Seal/Stamp

