



LEON COUNTY SHERIFF'S OFFICE
P.O. BOX 727
TALLAHASSEE, FL 32302-0727
Human Resources: (850) 606-3356 Fax Line: (850) 606-3363
Website: www.leoncountyso.com



APPLICATION CHECKLIST

The purpose of this checklist is to provide guidance in completing and submitting your application as well as to provide an overview of the selection process. This checklist is not submitted with your completed LCSO application packet.

The following applies to all applications and positions:

- The LCSO Application for Employment (pages 1-11) as well as any required documentation should be submitted to Human Resources by the closing date of the position, except for sworn positions.
- All completed applications, regardless of the final disposition, will be retained on file for one year.
- Applicants with a previous application more than one year old must submit a new application packet.
- Any application older than 60 days must be reviewed and updated by the applicant before he or she can apply for a position.
- Any applicant who is disqualified during the selection process is ineligible to apply for any position with LCSO for one year (see page one of the Application for Employment).
- Any applicant who begins the selection process and is not chosen for the position, is ineligible to apply for that position for six months. In this case, the applicant is not precluded from applying for other positions within our agency.
- Once your application is accepted by Human Resources, all communications as to your status will be via e-mail provided on your application. An e-mail address is required for all applications, no exceptions.

OVERVIEW OF THE SELECTION PROCESS

Sworn Positions – Deputy Sheriff, Correctional Officer, Reserve Deputy Sheriff

- Applications for sworn positions are accepted year-round and do not have a closing date, whether there is a position available or not.
- If there is not a current vacancy, your completed application will remain in our active file for one year and will be reviewed for consideration when a position becomes available. You will be notified by e-mail of status changes.
- Deputy Sheriff (FT) – The selection process for full-time Deputy Sheriff is accomplished through the creation of an eligibility list approximately every six (6) months. Once your application has been reviewed for minimum qualifications and disqualifications, the process occurs in six (6) steps: written test, computer essay, role-playing scenarios, Physical Abilities Test (PAT), oral boards and final review by the Sheriff. You must pass each step to move on to the next and the Sheriff has the final decision as to who is chosen from the eligibility list to fill available positions.
- Correctional Officer – The selection process for Correctional Officer is an on-going process. Once your application has been reviewed for minimum qualifications and disqualifications, it will be forwarded to the hiring supervisor for an administrative review and interview decision. If you are selected for an interview, you will be contacted by the hiring supervisor and upon completion of your interview, contacted by Human Resources via e-mail as to your status. The Sheriff has the final decision as to who is chosen to fill available positions.

- **Reserve Deputy Sheriff** – The selection process for Reserve Deputy Sheriff is an on-going process. Once your application has been reviewed for minimum qualifications and disqualifications, it will be forwarded to the hiring supervisor for an administrative review and interview decision. If you are selected for an interview, you will be contacted by the hiring supervisor and upon completion of your interview, contacted by Human Resources via e-mail as to your status. The Sheriff has the final decision as to who is chosen to fill available positions.

Civilian Positions

- Applications for civilian positions are only accepted when a position is available and a job announcement has been advertised externally.
- Applications received for civilian positions that are not available will be returned and not kept on file.
- Applicants may submit one application packet for more than one position as long as each position is available and has been advertised. Applicants should indicate each available position he or she is applying for on page 2 of the application.
- **Selection Process** – The civilian selection process is initiated only when there is an available position. The steps in the process may involve skills testing related to the position and an interview. Once your application has been reviewed for minimum qualifications and disqualifications, if testing is required it will be scheduled by Human Resources and you will be notified of the results. If the applicant passes skills testing or if testing is not required for the position, your application will be forwarded to the hiring supervisor for an administrative review and interview decision. If you are selected for an interview, you will be scheduled and upon completion of your interview, contacted by Human Resources via e-mail as to your status. The Sheriff has the final decision as to who is chosen to fill available positions.

Volunteer and Intern Opportunities – Mounted Posse, Support Posse, Volunteers and Interns

- Applications for volunteer (civilian) opportunities are accepted year-round. Applications for intern opportunities are accepted prior to the beginning of each semester and are dependent upon position availability.
- Interns must verify the internship process and requirements with their attending school prior to submitting an application.
- **Selection Process** – If an opportunity to intern or volunteer is available, the applicant will be contacted by Human Resources or the hiring supervisor, depending upon the opportunity. Additional skills testing may be required prior to assignment – i.e. horse handling skills for the Mounted Posse. Volunteers/interns are subject to a drug test and background investigation.

CONDITIONAL OFFER OF EMPLOYMENT

If an applicant is chosen for a position, he or she will receive a conditional offer of employment, which is contingent upon the successful completion of all the below. **Failure of any of the items below will result in the conditional offer of employment being rescinded.**

- **Background Investigation** – verification of work history, references and criminal/driving histories; this process may take as long as 30 days to complete.
- **Drug test**
- **Sworn Only** – psychological fitness for duty and medical fitness for duty (physical)

ONCE AN APPLICANT HAS COMPLETED THE CONDITIONAL OFFER OF EMPLOYMENT REQUIREMENTS, A START DATE AND APPOINTMENT WILL BE SCHEDULED WITH HUMAN RESOURCES TO COMPLETE THE FINAL HIRING AND BENEFITS PAPERWORK. PLEASE SEE THE NEXT PAGE FOR THE APPLICATION CHECKLIST.



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The checklist below is intended to assist applicants with successfully completing and submitting a LCSO application and all required documents. The checklist has been designed to highlight areas and/or requirements on each page of the application. Applicants are still responsible for all information and documents requested in the application. Use of this checklist does not nullify an applicant from meeting all minimum qualifications or being disqualified as outlined on page one of the application. This checklist is not submitted with your completed LCSO application packet.

PAGE ONE

AREA/SECTION	CHECKLIST ITEM(S)
Disqualifications	<input type="checkbox"/> I have read all the disqualifications and am eligible to apply.
Qualifications	<input type="checkbox"/> I have read the qualifications for the position I am applying for and am eligible.

PAGE TWO

Instructions	<input type="checkbox"/> I have read the instructions to complete the application.
Documents	<p>I have included the following legible copies with my application:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Certified birth certificate <input type="checkbox"/> Social Security card or letter from Social Security verifying I have applied for a replacement card <input type="checkbox"/> High School Diploma/GED (not required if college transcript or diploma provided) <input type="checkbox"/> College transcript or college diploma <input type="checkbox"/> Pertinent licenses/certifications – law enforcement, corrections, LPN, RN, etc. <input type="checkbox"/> Military DD-214 if ever served in the military <input type="checkbox"/> Additional documents needed for proof of veterans' preference (see page 10)
Special Note	<input type="checkbox"/> I have read the special note section.
Communication with Applicants	<input type="checkbox"/> I have read this section and understand that I must provide a current e-mail address to receive updates in reference to my application.
Position Applying For	<input type="checkbox"/> I have indicated all the <u>available/open</u> positions for which I am applying.
Contact Information	<input type="checkbox"/> I have provided a current e-mail address and understand that I must consistently check it for updates.

PAGE THREE

Educational Background	<input type="checkbox"/> I have included all schools attended beginning with my highest level achieved through high school.
Military Data	<ul style="list-style-type: none"> <input type="checkbox"/> If I have military service, I have provided the information. <input type="checkbox"/> I have included my DD-214. <input type="checkbox"/> Refer to page 10 for the Veterans' Preference section to review and complete (also see page 10 on the checklist).

PAGE THREE CONTINUED

Current and Prior Residences	<input type="checkbox"/> I have provided my residences for the past ten years.
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PAGE FOUR

Personal and Neighborhood References	<p>Personal References:</p> <ul style="list-style-type: none"><input type="checkbox"/> I have provided three personal references whom are not relatives, former/present employers or neighbors used for my neighborhood references.<input type="checkbox"/> I have known all of my references for at least five years.<input type="checkbox"/> There are no blanks in the contact information for my references. <p>Neighborhood References:</p> <ul style="list-style-type: none"><input type="checkbox"/> I have provided two neighborhood references that do not live at my address and are not listed as personal references.<input type="checkbox"/> There are no blanks in the contact information for my references.
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PAGE FIVE

Employment History	<ul style="list-style-type: none"><input type="checkbox"/> I have provided all my current and previous employers including summer and part-time jobs.<input type="checkbox"/> All time has been accounted for and there are no gaps in my work history without an explanation.<input type="checkbox"/> There is no missing contact information for my employers.<input type="checkbox"/> I have answered the “Reason for Leaving” under each employer honestly and to the best of my knowledge.
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PAGE SIX

Employment History Questionnaire	<ul style="list-style-type: none"><input type="checkbox"/> For each question, I have answered honestly and to the best of my knowledge.<input type="checkbox"/> For each question with a “Yes” response, I have provided all the requested details as stated on the page.<input type="checkbox"/> I have attached additional paper if needed.
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PAGE SEVEN

Special Licenses, Accommodations and Clubs	<input type="checkbox"/> I have answered all the questions honestly and have not left any blanks.
Family Affiliations	<input type="checkbox"/> I have provided the names of any blood, marital and step relatives who work for LCSO.

PAGE EIGHT

Criminal History	<ul style="list-style-type: none"><input type="checkbox"/> I have provided <u>any</u> criminal arrests or charges including juvenile, <u>regardless of the final outcome</u>.<input type="checkbox"/> I have provided <u>any</u> criminal records or arrests that have been sealed or expunged.<input type="checkbox"/> I have attached a copy of the court document with the final disposition to the application for any arrests, charges or records above.
Driving History	<ul style="list-style-type: none"><input type="checkbox"/> I have answered all questions completely, honestly and to the best of my knowledge.<input type="checkbox"/> I have answered “Yes” if I have <u>ever</u> received a traffic citation or DUI (provide dates for DUI only).
Drug Use	<ul style="list-style-type: none"><input type="checkbox"/> I have answered all questions completely, honestly and to the best of my knowledge.<input type="checkbox"/> I have included drug names, frequency used and approximate dates.<input type="checkbox"/> I have provided the details of the last time anyone used an illegal drug in my presence.

Applicant's Certification

I have read the entire page and signed/dated the page.

Veterans' Preference Sections

Veterans' Preference:

- I have read the Veterans' Preference Information section.
- If I have not served in the military, or do not meet categories 1-5, or do not wish to claim Veterans' Preference, I have checked one of the first two boxes in the Veterans' Preference Claim section.
- If I meet one or more of categories 1-5, I have indicated the category # (1-5) in the third box of the section.
- If I have claimed a category #, I have indicated if I am a Florida resident by checking the Yes or No box.

To receive Veterans' Preference for any category, I must provide the following documents to HR by the closing date of the position:

All Categories:

- Legible copy of DD-214 showing all dates of service that includes the character of service; copies may be obtained by calling 1-800-827-1000 or TDD# 1-800-829-4833; if within 120 days of separation from active duty, you may provide an official letter from the armed forces that certifies your expected discharge and the character of the discharge (honorable, general, etc.); AND
- Copy of Florida Driver's License or Florida ID.

In addition to the above, the following must be provided:

Category 1 Service-Connected Disability:

- Official Department of Defense (DOD) or Department of Veterans' Affairs (DVA) document certifying the service-connected disability.

Category 2 Spouse of a Veteran with a Service-Connected Disability or

Missing in Action:

- Category 1 document including statement that the veteran is permanently disabled or additional document stating the same; OR
- Official DOD or DVA document certifying the veteran is listed MIA, captured, forcibly detained or interned in the line of duty; AND
- Proof of marriage to the veteran.

Category 3 Veteran Serving One Day during a War Time Period:

- Legible DD-214 or equivalent certification from the DOD or DVA listing military status, dates of service and character of discharge.

War time periods:

- 12/7/41 – 12/31/46 WWII
- 6/27/50 – 1/31/55 Korean Conflict
- 2/28/61 – 5/7/75 Vietnam Era
- 8/2/90 – 1/2/92 Persian Gulf War
- 10/7/01 – Present Operation Enduring Freedom
- 3/19/03 – Present Operation Iraqi Freedom/New Dawn

Category 4 Unremarried Widower/Veteran Died of Service-Connected Disability:

- Official DOD or DVA document certifying the veteran died of a service-connected disability; AND
- Proof of marriage to the veteran (widower cannot be remarried).

	Category 5 Qualifying Campaign or Expedition: <input type="checkbox"/> Legible DD-214 as previously indicated that includes a medal listed in the Office of Personnel and Management's "Vet Guide" (see www.opm.gov).
Background Information Section	<input type="checkbox"/> All information is completed in this section as it is REQUIRED of all applicants.
EEO Survey Section	<input type="checkbox"/> This section is optional, but I have either checked the box stating I do not wish to provide the information or have provided my race and ethnicity information.
Applicant Signature Section	<input type="checkbox"/> I have read the paragraph in this section prior to providing my signature and date.
PAGE ELEVEN	
CJSTC 58 Release of Information	<input type="checkbox"/> I have read the entire form and understand that I am providing a release of information and authority therein to the LCSO. <input type="checkbox"/> I have had my form notarized or will have LCSO notarize the form upon receipt.
FINAL REVIEW BEFORE SUBMISSION	
<input type="checkbox"/> There are no blanks in my application packet. <input type="checkbox"/> All contact information for all of my references is provided. <input type="checkbox"/> All documents requested in the application packet are included and are legible. <input type="checkbox"/> I have carefully read, reviewed, and understand pages 1, 9, 10 and 11. <input type="checkbox"/> I have signed, dated and completed pages 9-10 and had page 11 notarized. <input type="checkbox"/> I have no unchecked boxes in my checklist that apply to me and the position in which I am applying.	

DO NOT INCLUDE THIS CHECKLIST WITH YOUR APPLICATION PACKET. ONLY THE APPLICATION FOR EMPLOYMENT (PAGES 1-11) AND REQUESTED DOCUMENTS SHOULD BE PROVIDED TO HUMAN RESOURCES. YOUR PACKET MAY BE SUBMITTED THROUGH THE FOLLOWING METHODS:

- **US MAIL** **P.O. BOX 727, TALLAHASSEE, FL 32302**
- **IN PERSON** **2825 MUNICIPAL WAY, TALLAHASSEE, FL 32304**
(DIRECTLY OFF APPELYARD DRIVE NEXT TO THE HEALTH DEPT)
- **FAX** **(850) 606-3363**

YOU MAY CONTACT HUMAN RESOURCES AT (850) 606-3356 WITH ANY QUESTIONS



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APPLICATION FOR EMPLOYMENT

Veterans' Preference:

N/A Yes No

Category # _____

THIS BOX HR USE ONLY

(Veterans Preference Stamp Below If Applicable)

APPLICATION AND JOB EXPECTATIONS

This page serves to provide applicants a clear understanding of employment expectations and qualifications in order to be considered for employment with the Leon County Sheriff's Office. Satisfaction of any or all of these expectations or qualifications does NOT constitute an offer of employment. It is highly recommended that applicants review and utilize the Application Checklist attached to the application.

DISQUALIFICATIONS

Any of the following items will be grounds for disqualification from employment for any position or assignment as a volunteer/intern:

- Falsification or untruthfulness of the information obtained during the selection process, written or oral.
- Dishonorable discharge from any of the Armed Forces of the United States.
- Any felony conviction; any misdemeanor conviction, including pleas of nolo contendere, involving perjury or a false statement; any misdemeanor conviction within the last 5 years involving domestic violence, battery, assault, abuse of a child, elderly or disabled person.
- Failure to successfully complete the hiring screening process including background; inability to verify/validate references.
- Any drug history which is deemed by the Sheriff to not be in the best interest of the agency or impact the moral character of the applicant; any other factor deemed by the Sheriff not to be in the agency's best interest.
- In accordance with the Prison Rape Elimination Act (PREA 115.17), the LCSO shall review all incidents of sexual harassment on a case by case basis and shall not hire anyone who may have contact with inmates who:
 - *Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
 - *Has 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.
 - *Has been civilly or administratively adjudicated to have engaged in the activities previously mentioned.

QUALIFICATIONS

All of the following qualifications as indicated by F.D.L.E. and LCSO must be met in order to apply for a **certified sworn position only**:

Be at least 19 years of age; Be a citizen of the United States; Be of good moral character; Must have completed a basic training program for Law Enforcement or Corrections approved by the CJSTC (Florida certification); Must produce a copy of the state of Florida certification for Law Enforcement or Corrections examination results showing a passing score; Deputy Sheriff – Residency within Leon County, Correctional Officer – Residency within Leon or surrounding counties within the state of Florida.

Full-Time Deputy Sheriff – One of the following (in addition to the sworn requirements) :

- Associates Degree or equivalent (satisfaction of AA/AS courses required);
- High School Diploma/GED and 4 years experience as a certified law enforcement officer, or correctional officer with the Leon County Jail;
- 30 semester hours from an accredited college or university and 2 years experience as a law enforcement officer, or correctional officer with the Leon County Jail;
- 10 years of sworn law enforcement experience as an active member in good standing with the Leon County Sheriff's Office Posse;
- 5 years of exemplary sworn law enforcement experience as an active member in good standing with the Leon County Sheriff's Office Posse, as determined by the Sheriff;
- Each 2 year period of active duty or 4 year period of reserve duty in the military may substitute for 1 equivalent year of college credit or 30 semester hours, to be combined to meet one of the requirements above; honorable discharge for service is required.

Reserve Deputy Sheriff – must meet the requirements outlined for a certified sworn position only.

Correctional Officer – High School Diploma or GED and certified sworn position only requirements.

Civilian Positions – Minimum education High School Diploma or GED; Applicants must meet minimum qualifications outlined in the job posting and/or job description.

Volunteer/Intern Opportunities – See Application Checklist for more details.

EQUAL OPPORTUNITY EMPLOYER

The Leon County Sheriff's Office is an Equal Opportunity Employer. No person will be subject to discrimination on the grounds of race, color, national origin, sex, age, disability, marital status, religion, political affiliation or sexual orientation.

INSTRUCTIONS

Application must be typewritten or printed legibly in black or blue ink. All questions must be answered; if a question is not applicable, so state by indicating N/A (not applicable). 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 label answers to correspond with questions. It is recommended that applicants review and utilize the Application Checklist attached.

Copies of the following documents must be attached to the application before it will be processed:	SPECIAL NOTE
<ul style="list-style-type: none"> ➤ Certified Birth Certificate ➤ Social Security Card ➤ Driver's License ➤ High School Diploma/GED ➤ College Transcript and/or College Diploma ➤ Pertinent Certifications or Licenses ➤ Military DD214/FL National Guard NGB Form 22 ➤ Additional Documentation for Proof of Veterans' Preference (See Application Checklist) 	<p>APPLICATIONS WHICH ARE NOT COMPLETE AND LEGIBLE WILL <u>NOT</u> BE PROCESSED.</p> <p>PLEASE NOTE THAT YOUR SIGNATURE IS REQUIRED ON PAGE 9 AND PAGE 10 AND ON THE RELEASE OF INFORMATION FORM.</p> <p>APPLICATIONS MUST BE UPDATED IN PERSON, BY FAX OR BY E-MAIL - CORRECTIONS WILL NOT BE ACCEPTED BY PHONE.</p> <p>IF THERE IS NOT SUFFICIENT SPACE TO ANSWER ANY QUESTION, ATTACH ADDITIONAL PAGES AS NEEDED.</p> <p>FORM CJSTC 58 "AUTHORITY FOR RELEASE OF INFORMATION" MUST BE NOTARIZED.</p>

COMMUNICATION WITH APPLICANTS

FORMAL COMMUNICATION WITH ALL APPLICANTS WILL BE VIA E-MAIL THROUGHOUT THE SELECTION PROCESS. THIS REQUIRES A CURRENT E-MAIL ADDRESS BELOW AND NO EXCEPTIONS WILL BE MADE. IT IS THE RESPONSIBILITY OF THE APPLICANT TO CHECK THE E-MAIL ACCOUNT PROVIDED FOR NOTIFICATIONS AND ALERT THE LEON COUNTY SHERIFF'S OFFICE IF THE E-MAIL ADDRESS PROVIDED BELOW CHANGES.

POSITION(S) APPLYING FOR

Position(s) Applying For: _____

CONTACT INFORMATION

Name _____
Last First Middle (Maiden)

Present Address _____
Street City State Zip

Phone (____) _____ (____) _____ (____) _____
Home Number Work Number Cell Number

E-Mail Address: _____ **(REQUIRED)**

Are you a United States citizen? Yes No If naturalized please provide,

_____ Date Place Court Naturalization Number

EDUCATIONAL BACKGROUND

List all schools attended beginning with the most recent including: high school, trade, vocational, business, military, and colleges/universities. Attach additional paper if needed.

School/College Name: _____ From: _____ To: _____

Area of Study (Major): _____ Degree Type: _____ Total Credit: _____

School/College Name: _____ From: _____ To: _____

Area of Study (Major): _____ Degree Type: _____ Total Credit: _____

School/College Name: _____ From: _____ To: _____

Area of Study (Major): _____ Degree Type: _____ Total Credit: _____

Indicate any foreign languages you can speak, read, or write: _____

MILITARY DATA

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

Active Duty Reserve Unit National Guard

Branch of Service: _____ Highest Rank: _____ Serial #: _____

Duty Dates: From: _____ To: _____ From: _____ To: _____

Type of Discharge: _____

**SEE PAGE 10
FOR VETERANS' PREFERENCE INFORMATION**

CURRENT AND PRIOR RESIDENCES

List chronologically, addresses of all actual places of residence for the past 10 years: Attach additional paper if needed.

From (Month/Year)	To (Month/Year)	Street Address	Apt. #	City	State	Zip Code

PERSONAL AND NEIGHBORHOOD REFERENCES

ALL INFORMATION IS REQUIRED IN ORDER TO PROCESS THE APPLICATION

If this portion is incomplete the application will be returned.

Personal References: Give three (3) references (NOT relatives, former or present employers, fellow employees, or a neighbor that you are listing in the next section “Neighborhood References”) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, or ministers, who have known you for at least five (5) years. If retired, give former occupation.

Name: _____ Address: _____ City, State, Zip: _____	Home Phone#: _____ () _____ Work Phone#: _____ () _____	Years Known _____	Occupation: _____ Employer: _____
Name: _____ Address: _____ City, State, Zip: _____	Home Phone#: _____ () _____ Work Phone#: _____ () _____	Years Known _____	Occupation: _____ Employer: _____
Name: _____ Address: _____ City, State, Zip: _____	Home Phone#: _____ () _____ Work Phone#: _____ () _____	Years Known _____	Occupation: _____ Employer: _____

Neighborhood References: List two (2) of your CURRENT neighbors, regardless of whether or not you are acquainted with them. These references cannot live at the same address and cannot have been listed as personal references above. This section must be completed – no exceptions.

Name: _____ Address: _____ City, State, Zip: _____	Home Phone#: _____ () _____ Work Phone#: _____ () _____	Years Known _____
Name: _____ Address: _____ City, State, Zip: _____	Home Phone#: _____ () _____ Work Phone#: _____ () _____	Years Known _____

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 or attended school while not employed, document those dates with "Unemployed" or "School." Attach additional paper if needed. Please note that your "Reason for Leaving" must match the employer's reference if verified.

CURRENT EMPLOYER

Business Name: _____ Phone #: (_____) _____

Address: (Street, City, State, Zip): _____

Title/Position: _____ Supervisor's Name: _____

Dates Worked (Month/Year) From: _____ To: _____ Status: Full-Time Part-time

Salary: _____ Reason for Leaving: _____

Do you have any objections to your current employer being contacted? Yes No

If Yes, why? _____

PREVIOUS EMPLOYERS

Business Name: _____ Phone #: (_____) _____

Address: (Street, City, State, Zip): _____

Title/Position: _____ Supervisor's Name: _____

Dates Worked (Month/Year) From: _____ To: _____ Status: Full-Time Part-time

Salary: _____ Reason for Leaving: _____

Business Name: _____ Phone #: (_____) _____

Address: (Street, City, State, Zip): _____

Title/Position: _____ Supervisor's Name: _____

Dates Worked (Month/Year) From: _____ To: _____ Status: Full-Time Part-time

Salary: _____ Reason for Leaving: _____

Business Name: _____ Phone #: (_____) _____

Address: (Street, City, State, Zip): _____

Title/Position: _____ Supervisor's Name: _____

Dates Worked (Month/Year) From: _____ To: _____ Status: Full-Time Part-time

Salary: _____ Reason for Leaving: _____

Business Name: _____ Phone #: (_____) _____

Address: (Street, City, State, Zip): _____

Title/Position: _____ Supervisor's Name: _____

Dates Worked (Month/Year) From: _____ To: _____ Status: Full-Time Part-time

Salary: _____ Reason for Leaving: _____

EMPLOYMENT HISTORY QUESTIONNAIRE

Please answer all questions below honestly. Any omission or incorrect information may be grounds for disqualification. Any "Yes" responses below should have details provided including but not limited to dates, reasons, violations, charges and final disposition or current status. Please attach additional paper as needed to provide details.

Have you ever been dismissed, asked to resign, been demoted, been allowed to resign in lieu of termination or had **ANY** disciplinary action taken against you from any employment or position you have held? Yes No

If yes, please provide details (attach additional paper if needed): _____

Are you currently under criminal investigation or indictment? Yes No

If yes, please provide details (attach additional paper if needed): _____

Are you currently under internal investigation? Yes No

If yes, please provide details (attach additional paper if needed): _____

Have you ever separated/left/resigned or retired from a business or agency while under criminal or internal investigation or while under threat of criminal or internal investigation? Yes No

If yes, please provide details (attach additional paper if needed): _____

Have you ever submitted an employment application at any law enforcement agency including the Leon County Sheriff's Office? Yes No

If yes, provide the name of the agency and the date of application below: _____

Have you ever performed paid or unpaid services for a law enforcement agency not already listed on this application? Yes No

If yes, provide the name of the agency and the dates of service below: _____

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 details: _____

SPECIAL LICENSES/SKILLS

Indicate any type of current special license such as pilot, radio operator, etc.:

License Type	Licensing Authority	Where Issued	Expiration Date

Indicate any special skills you possess and equipment you are familiar with related to law enforcement such as two-way radio communications, breathalyzer, speed detection devices, multi-lingual skills, etc.: _____

TRAINING/TESTING ACCOMMODATIONS

Are you now able to participate in defensive tactics, firearms, physical training, operation of motor vehicle, or otherwise perform the duties set forth in the job task analysis related to the position for which you applied?

Yes No

If no, would you be able to perform these tasks with an accommodation? Yes No

If a test or examination is required for this position, would you need any accommodation? Yes No

If yes, explain what accommodation(s) you would need to perform the above: _____

(Attach additional paper if needed)

CLUBS, SOCIETIES, AND ORGANIZATIONS

List all professional clubs, societies or organizations of which you are or have been a member:

Name of Club or Society	City and State	Former or Present	Position and Activity

Have you ever held membership in, association with, or any other connection to any organization that exposes or supports discrimination based upon race, color, national origin, sex, age, disability, religion, political affiliation, sexual orientation or marital status or is known to have been involved in criminal activity and/or a violation of any state laws and/or the laws of the United States? Yes No If yes, please explain: _____

Do you currently have any of the following social networking accounts (check all that apply):

Facebook Twitter My Space Other; Specify: _____

SHERIFF'S OFFICE FAMILY AFFILIATIONS

Do you have any relatives employed with the Sheriff's Office? Yes No

If yes, please list their name(s) below: Relatives include: **Blood relationships**-father, mother, son, daughter, brother, sister, grandfather, grandmother, grandson, granddaughter, uncle, aunt, first cousin, niece, or nephew; **Marital relationships**-husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law; **Adoptive relationships**-father, mother, son, daughter, brother, sister, or any ward of any employee living within the same household; **Step relationships**-stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister.

Name Relationship

Name Relationship

Name Relationship

CRIMINAL HISTORY

INCOMPLETE, INACCURATE OR FALSE INFORMATION WILL DISQUALIFY YOU FROM EMPLOYMENT. CRIMINAL RECORDS SEALED UNDER FLORIDA STATUTES MAY BE AVAILABLE FOR INSPECTION BY A CRIMINAL JUSTICE AGENCY FOR THE PURPOSE OF EMPLOYMENT.

Have you ever been **arrested or charged** with any criminal violation regardless of the final disposition, including notices to appear and juvenile charges? Yes No

Have you ever had a criminal record or arrest record sealed or expunged? Yes No

If yes to either of the above, list all such matters including juvenile records and records which have been sealed, pardoned or expunged. **For each entry below, a copy of the court document must be attached to your application indicating the final disposition.** Attach additional paper if needed.

Date	Location	Charge	Final Disposition

DRIVING HISTORY

Do you possess a current operator or chauffeur Florida Driver’s license? Yes No

License Number: _____ Restrictions: _____ Expires Date: _____

Have you ever held an operator or chauffeur driver’s license in another state? Yes No

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

State	Name Used	Approximate Dates Held

Have you ever received any traffic citations/tickets (e.g. speeding, careless driving, seat belt)? Yes No

Has your Driver’s License ever been suspended or revoked? Yes No

Have you ever received a DUI? Yes No Dates of DUI _____

A current driving history will be generated and reviewed for disqualifications in all positions. Excessive citations may affect the hiring decision for positions in which driving is an essential function of the job.

DRUG USE

Do you now, or have you ever illegally obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of similar nature?

Yes No If yes, please complete the following:

Drug: _____ Circumstances: _____

Number of times possessed/supplied/sold: _____

First time possessed/supplied/sold: _____

Last time possessed/supplied/sold: _____

When was the last time anyone used an illegal drug or illegal controlled substance in your presence?

Date: _____ Drug/Substance: _____

Provide the details: _____

APPLICANT'S CERTIFICATION

I understand my appointment or employment will be contingent upon the successful completion of the hiring process including the results of a complete background investigation. I am aware any omission, falsification, misstatement, or misrepresentation or derogatory information (as determined by the Sheriff) discovered during the selection process will be the basis for my disqualification as an applicant, withdrawal of a conditional offer of employment or my dismissal from the Sheriff's Office. I understand and agree I have read the "Job Expectations" page detailing qualifications for the job in which I am applying and certify I meet all listed requirements. I agree to the conditions and certify all statements made by me on this application are true, correct, and complete, to the best of my knowledge. I fully understand and consent to a polygraph examination or a voice stress analysis concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, any physical examination, or drug test. I also understand I will be fingerprinted. I understand this employment application shall become the property of the Sheriff's Office and it and the information received in response to the background examination and screening process are public records, subject to the provisions of Florida Statue 119.

I understand and agree my employment or appointment is contingent upon meeting requirements outlined in the Prison Rape Elimination Act as outlined on the first page of this application and will be contingent upon the results of a complete drug test. I understand the use of illegal drugs is prohibited 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 the use of alcohol is not permitted during work or duty time, whether paid or unpaid, and in areas, including vehicles, where work is performed by employees or appointees.

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

I understand and agree 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, 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 relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office.

I understand if appointed as a deputy sheriff and I am not currently a resident of a Leon County, Florida, I **must**, within thirty (30) days of my employment date, establish and maintain my legal residence with Leon County, Florida. If appointed as a correctional officer I understand that I must reside in Leon or a surrounding county in the state of Florida and must also meet this requirement within thirty (30) days of my employment date.

I understand and agree my employment or appointment is contingent upon submission of all documentation outlined in this application, including but not limited to, proof of Veteran's Preference and medical documentation needed to evaluate a requested accommodation either during the selection process or as a result of information obtained after the conditional offer of employment.

I agree to the rules, regulations, and orders of the Sheriff's Office and acknowledge 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.

Applicant Signature Date Witness Signature Date

THIS PAGE MUST BE COMPLETED BY EVERY APPLICANT

Employer, remove this page prior to the beginning of the selection process.

YOUR NAME: _____ POSITION TITLE FOR WHICH YOU ARE APPLYING: _____
(All Applicants must read, complete, sign and date this page)

VETERANS' PREFERENCE INFORMATION: For the purpose of appointments, retention, reinstatement and reemployment, Veterans' Preference ensures that veterans and eligible spouses of veterans are given consideration at each step of the selection process. However, preference does not guarantee that a veteran or the eligible spouse of a veteran will be the candidate selected to fill the position. Completion of the Veteran's Preference section below is made on a voluntary basis and kept confidential with the Americans with Disabilities Act. Listed below are the five Veterans' Preference categories.

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. Department of Veterans' Affairs and the Department of Defense, *or*
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained or interned in the line of duty by a foreign power, *or*
3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, *or*
4. The unremarried widow or widower of a veteran who died of a service-connected disability, *or*
5. A veteran who has served in a qualifying campaign or expedition for which a campaign badge or expeditionary medal has been authorized; including any Armed Forces Expeditionary Medal or Global War on Terrorism Expeditionary Medal.

The receipt of a campaign medal is not required, only service during a wartime period. **Veterans' Preference is only available to Florida residents.**

Please provide supporting documentation to the Leon County Sheriff's Human Resource Office by the closing date of the position you are applying for – see Application Checklist for details. In addition to the DD214, applicants claiming categories 1, 2, or 4 above must furnish supporting documentation in accordance with the provision of Rule 55A-7.013, F.A.C. Under Florida law, preference in appointment shall be given first to those persons in categories 1 and 2 and then to those in categories 3, 4 and 5.

If a qualified applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, 9500 Bay Pines Blvd., Room 214, St. Petersburg, FL 33708. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency.

VETERANS' PREFERENCE CLAIM:

Veterans' Preference does not apply to me or I do not wish to claim Veteran's Preference (Volunteers, Interns, or Applicants without Military Service)

I am eligible for Veteran's Preference and wish to claim the following category # above (Indicate 1-5 from above)

ARE YOU A RESIDENT OF THE STATE OF FLORIDA? YES NO

BACKGROUND INFORMATION: The following information is intended to be used for background purposes only and will not be used as part of the selection process. **This information is required.**

Full Name: _____ Maiden/Alias: _____

City and State of Birth: _____ Marital Status: _____

Date of Birth: _____ Social Security Number: _____ Race/Sex: _____

If currently or previously married, Spouse Full Name: _____

EEO SURVEY Although the following information is not mandatory, it is requested to aid the LCSO in its commitment to Equal Employee Opportunity, Affirmative Action and to meet federal reporting requirements. Refusal to answer will not result in adverse treatment of any applicant. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, 2009 Apalachee Parkway, Tallahassee, Florida 32301.

I do not wish to complete this section

RACE/ETHNICITY (Please identify both Race and Ethnicity)

Race (CHECK ONLY ONE):

- White
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Asian
- 2 or more race

Ethnicity (CHECK ONLY ONE):

- Hispanic or Latino
- Not Hispanic or Latino

I certify that the above information is true and honest to the best of my knowledge. I acknowledge that I must provide a DD214 and any other requested documents to receive Veteran's Preference by the closing date of any position in which I submit an application. If I am applying for categories 2 or 4, I attest that I am either currently married to the veteran in question or have not remarried if applying as a widower.

_____ Applicant Signature

_____ Date



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME: _____
DATE OF BIRTH: _____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: Leon County Sheriff's Office
ADDRESS: P.O. 727 Tallahassee, FL 32302

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational 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 copy 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 copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

The Leon County Sheriff's Office

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: 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 of 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, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), 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 _____

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 _____