

SEMINOLE COUNTY SHERIFF'S OFFICE

SEMINOLE COUNTY JAIL / SEMINOLE COUNTY E-911

Please check the position that you are applying for:

<input type="checkbox"/>	Patrol Officer	<input type="checkbox"/>	Detention Officer	<input type="checkbox"/>	911 Communications
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Do not leave any questions blank. If it does not apply – write "N/A".

PERSONAL DATA: _____ Date: _____

Name: _____

Other names used: _____

Street address: _____

City / State / Zip: _____

Home Phone: _____ Cell phone: _____

Email address: _____

Other address used in the last five years: _____ (use another sheet if necessary)

Names of relatives or friends employed by Seminole County Sheriff's Office:

Do you have any physical or mental disability that may limit your performance in the job for which you are applying: _____ NO _____ YES.

If yes, explain and tell what can be done to accommodate your limitations.:

Seminole County Sheriff's Office / Jail / E-911 operates 24 hours a day, 7 days a week, 365 days a year including ALL holidays. I understand that if I am hired, it will involve me working any schedule. Based upon the current schedules, the normal 2-week payroll period consists of a minimum of 84 hours. I understand that I may not be assigned to a permanent shift. I understand that at the direction of my supervisor, I may be swapped to another shift and/or a rotating shift with little or no notice. I understand that I also may be required additional over-time hours to ensure 24-hour or emergency coverage in my department. **I understand the above conditions and have no objections to them.**

Signature: _____ Date: _____

Due to the sensitivity and security of the information you will have access to, a felony conviction will, and some misdemeanor convictions may, prevent you from obtaining the necessary certifications and clearance required to perform the duties of the job for which you are applying.

Have you ever been arrested? _____ NO _____ YES
If yes, please provide details, charges, and disposition.

Please list all citations you received in the last 7 years.

Do you have a history of drug use? **(A drug screen will be required prior to employment.)**
_____ NO _____ YES If yes, please list drug type and last time used.

List any organizations (Professional or Social) that you are a member of.

SOCIAL MEDIA / SOCIAL NETWORKING:

While Seminole County Sheriff's Office understands that the First Amendment gives a person the freedom to express themselves, certain behavior and comments on any social media site will not be tolerated. Sheriff's Office personnel will not ask for your password, but may ask you to show the account(s) used.

Please provide your account names:

Facebook: _____

Twitter: _____

Other: _____

Other: _____

I understand that as part of my background investigation, my social network sites may be viewed.

Signature: _____ Date: _____

MILITARY EXPERIENCE:

Have you ever served in the Armed Forces of the United States, including prior service in the Reserve Forces or National Guard? NO YES

If "NO" ... proceed to the next page.

If "YES":

Branch of Military Service: _____

Highest Rank held: _____

Give date and location of entrance on active duty: _____

List all decorations and/or service medals awarded to you:

Give date and location of discharge: _____

Type of discharge: _____

Are you currently serving in any branch of the United States Reserve Forces or Nation Guard?

NO YES

If yes, please answer the following:

Branch: _____ Unit: _____

Highest Rank: _____ Location: _____

Date: _____

List any formal disciplinary action taken against you while in the military. (If applicable)

Thank you for your service!

Education Background

A high school diploma or G.E.D. is required.

High school: _____

City / State: _____ Year graduated: _____

Or G.E.D.: Year: _____ From: _____

College / Technical School: _____ (Use back if necessary)

Name: _____ Dates: _____

City / State: _____

Degree / Diploma obtained: _____ Date: _____

Specialized training, certifications, or skills: _____

List any other language that you speak: _____

Do you have any unusual qualifications or capabilities that should influence the decision as to why we should offer this position to you?

Should you be the successful applicant, please state what your goals and aspirations would be for job you have applied for.

Please provide any additional information or comments that you wish to add.

Please state what your salary expectations are for the position you have applied: \$_____

WORK HISTORY:

Are now, or have been in the past, engaged in any business as owner, or partner, please list:

List all jobs that you have held. **Begin with current or most recent and go backwards to include part-time positions or internships held.** Include military service in proper time sequence.

1. **Employer:** _____ From: _____ To: _____
City / State: _____
Supervisor: _____ Phone number: _____
Duties: _____

Reason for leaving: _____

2. **Employer:** _____ From: _____ To: _____
City / State: _____
Supervisor: _____ Phone number: _____
Duties: _____

Reason for leaving: _____

3. **Employer:** _____ From: _____ To: _____
City / State: _____
Supervisor: _____ Phone number: _____
Duties: _____

Reason for leaving: _____

4. **Employer:** _____ From: _____ To: _____
City / State: _____
Supervisor: _____ Phone number: _____
Duties: _____

Reason for leaving: _____

5. **Employer:** _____ From: _____ To: _____
City / State: _____
Supervisor: _____ Phone number: _____
Duties: _____

Reason for leaving: _____

6. **Employer:** _____ From: _____ To: _____
City / State: _____
Supervisor: _____ Phone number: _____
Duties: _____

Reason for leaving: _____

FINANCIAL DATA:

Name of bank(s) used: _____
Length at present address: _____ years ___ Own ___ Rent ___ Other
Name of Landlord / Mortgage Holder: _____
Address: _____
Contact person: _____ Phone Number: _____

Have you ever declared bankruptcy or had an application for credit denied? ___ NO ___ YES
If yes, please explain: _____

I certify that all foregoing statements are true to the best of my knowledge, and hereby grant Seminole County Sheriff's Office permission to verify such statements. I understand that any false statement or the omission of facts on the application is sufficient reason for the rejection of employment or dismissal if I have already been hired.

Printed name: _____

Signature: _____ Date: _____

REFERENCES:

Please provide a list of references (professional and/or personal) that we may contact.

1. Name: _____
Agency / Business: _____
Address: _____
Phone number: _____

2. Name: _____
Agency / Business: _____
Address: _____
Phone number: _____

3. Name: _____
Agency / Business: _____
Address: _____
Phone number: _____

4. Name: _____
Agency / Business: _____
Address: _____
Phone number: _____

5. Name: _____
Agency / Business: _____
Address: _____
Phone number: _____

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION and
CERTIFICATION OF CORRECTNESS FOR INFORMATION PROVIDED**

I, the undersigned, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized employee of Seminole County Sheriff's Office / E911, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, if applicable, all records of financial or credit institutions, including reports of loans, records of commercial or retail credit agencies to include credit reports or ratings and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, polygraph reports and charts, efficiency ratings, and complaints or grievances filed against me.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment in the position for which I am making this application. I further certify that any person(s) who may furnish such information concerning me shall not be held accountable for any and all liability for which may be incurred as a result of providing such information.

A photocopy of this release and certification form shall be valid as an original thereof, even though said photocopy does not contain an original writing of my signature. I hereby certify that I have read and fully understand the contents of this Authorization and Certification form for the release of information. I further certify that all information given, wherever stated, through this entire application is true and correct to the best of my knowledge.

Full Name Printed

Date

Street Address

City / State/ ZIP

Phone Number

Social Security Number

Date of Birth

Signature

I hereby give consent for the **SEMINOLE COUNTY SHERIFF'S OFFICE / E-911** to conduct an inquiry and provide any criminal history record information and driver's history pertaining to me which may be contained in the files of any federal, state or local criminal justice agency.

Full Name PRINTED:

List any other last names used:

Address; _____

City / State / ZIP: _____

Sex: _____ Race: _____ Date of Birth: _____

Social Security #: _____

Driver's License #: _____ State: _____

Signature: _____ Date: _____

Do not write below this line.

The inquiry resulted in the following: (Check all that apply)

<input type="checkbox"/>	No Criminal Record Information found	Purpose Code: Z
<input type="checkbox"/>	Criminal Record Information found – see attached results	
<input type="checkbox"/>	No Driver's History found	Purpose Code: J
<input type="checkbox"/>	Driver's History found – see attached results	

Ran by: _____ Date: _____ Time: _____

If an adverse decision is made against the person whose record is obtained, he/she shall be informed:

- ❖ That a record was obtained
- ❖ The specific contents of the record
- ❖ The effect the record had on the decision