

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: _____

This authorization for is valid for 60 days.

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

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal justice purpose (such as an application for criminal justice or non-criminal justice employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

This privacy act statement is located on the back of the (blue) FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principle Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at anytime in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

In the event that the applicant wishes to appeal this adverse decision, he/she shall submit a written request to the Chief Deputy with the agency within 5 business days of notification of the adverse decision. The Chief Deputy will then review the results of the fingerprint-based background check and make a decision within 5 business days.