

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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PERSONAL DATA: _____ Date: _____

Full Name: _____

Street Address: _____

City / State / Zip: _____

Email address: _____ Phone: _____

Other address used in the last five years:

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: please explain and tell us what can be done to accommodate your limitations.

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

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 will 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 to work additional overtime hours to ensure 24-hour or emergency coverage in my department. **I understand the above conditions and have no objections to them.**

Signature: _____ Date: _____

NOTICE TO APPLICANTS

Any individual who has been arrested or convicted of a felony under the laws of this state, the United States, or any other state may not be considered for employment. Individuals who have prior arrests or convictions for certain misdemeanors offenses or have extensive records involving traffic laws may be disqualified as applicants. All persons employed by the Office of the Sheriff must be approved for bonding purposes. Any person employed who may be required to operate a vehicle, as part of their duties, must be acceptable to the county's vehicle insurance carrier.

Applicants may be required to successfully pass a psychological battery test and polygraph examination. A drug screening test will be required prior to employment. All applicants for employment as jailers or deputy sheriffs whose duties include enforcing the law of this state will be required to successfully pass a physical agility test.

Any person accepted for employment whose duties require them to carry firearms or other weapons will have to successfully complete firearms and weapons training and continued periodic qualification testing demonstrating proficiency with firearms and weapons. Persons employed by this office will be required to successfully complete various in-service training courses annually.

Background investigations are conducted on all applicants. A search for criminal history and driver's license records will be conducted on all applicants. Any person accepted for employment will also undergo a criminal background search based on fingerprints.

Notice is hereby given that any person employed by this office may be subject to shift work rescheduling at any time.

Pursuant to Georgia law, all employees of the Office of Sheriff are employees of the Sheriff, serving at the pleasure of the Sheriff. The tenure of a sheriff's office employee is dependent not only upon the will of the sheriff whose employee he/she is, and who may discharge him/her when he chooses, but also upon reelection of the sheriff.

Sincerely,
Heath Elliott, Sheriff

I understand and acknowledge the terms of employment and application process as herein before described.

Printed name of applicant: _____ Date: _____

Signature of Applicant: _____

MILITARY EXPERIENCE:

Are you currently serving, or have you ever served in the Armed Forces of the United States to include Reserve Forces or National Guard? ____ NO ____ YES

If yes: Branch of Military Service: _____

Date of active duty: _____ Highest Rank: _____ Discharge date: _____

Type of Discharge: _____

CRIMINAL BACKGROUND

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 dispositions.

List all citations received in the last 7 years: _____

Do you have a history of drug use? ____ NO ____ YES

If yes, please list drug type and last time used:

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. The Sheriff’s Office personnel will not ask for your password but may ask you to show the account(s) used. Please provide account name(s):

Facebook: _____ Twitter: _____

Snapchat: _____ Tic Tock: _____

Other: _____ Other: _____

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

Signature: _____ Date: _____

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: _____

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

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

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: _____



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: _____

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 provide 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 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.

Applicant Privacy Rights

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.

Privacy Act Statement

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.