Highlands County Sheriff's Office

Sheriff Paul Blackman
400 S. Eucalyptus St.
Sebring, Florida 33870
863-402-7200
www.highlandssheriff.org

Dually Accredited

Instructions for completing a Highlands County Sheriff's Office Employment Application:

- Applicants must submit a completed application to Human Resources with original documents as stated on the application along with the signed Fair Credit Reporting Act Notice.

- **For Support Staff Applicants**: Support Staff applicants who meet the basic eligibility requirements will be scheduled to appear before an Oral Review Board for an interview.

- **For Sworn Applicants**: Deputy sheriff and detention deputy applicants who meet the basic eligibility requirements will be required to successfully pass the written National Police Officer/National Corrections Officer Selection test, as well as successfully complete the Physical Abilities Test (P.A.T.). Applicants will be given one (1) opportunity to successfully complete the P.A.T. Applicants who fail may reapply after six (6) months. After successfully completing the P.A.T. applicants will be scheduled to appear before an Oral Review Board for an interview.

- After successful completion of the Oral Review Board, a polygraph exam will be scheduled.

- Applications must be completed in full paying close attention to detail. The Highlands County Sheriff's Office will not be able to process your application if it is not completed in its entirety. This includes listing **complete names, phone numbers, addresses and zip codes where requested, as well as, correct dates for education and employment.**

- **ALL employment** must be listed on the application as requested, beginning with present employment and using a continuation sheet if necessary.

- Please bring all original documents as requested in the application if you are returning the application in person. Human Resources will make copies of your original documents and return the documents to you. **We prefer you to return the application to us in person.** If you are mailing the application, you must have the application witnessed and notarized prior to returning. You will need to mail copies of all the documents as requested in the application and be prepared to produce the originals at your next appointment.

- If you do not have access to a Notary Public, please do not sign where required until in the presence of a Notary. We will notarize your signature when you bring the application into the Highlands County Sheriff's Office.

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HIGHLANDS COUNTY SHERIFF'S OFFICE

Application Disqualifiers

Driving

- Accumulated more than twelve (12) points on their driver's license during the thirty six (36) months prior to the date of application or have a driving record that demonstrates disregard for traffic laws.
- More than two driver's license suspensions in the last 5 years for nonpayment of insurance or for nonpayment of traffic fines.
- Had driver's license suspended or revoked more than once for traffic violations, except as stated above.
- Been convicted of, or pled guilty or nolo contendere to, "Fleeing" or "Attempting to Elude" a police officer, as defined in Chapter 316 Florida State Statute.

Criminal Convictions/Arrests

- Have been convicted of ANY felony or of a misdemeanor involving perjury or a false statement. Any person who, after July 1, 1981, pleads guilty or nolo contendere to, or is found guilty of ANY felony or of a misdemeanor involving perjury or false statement, regardless of suspension of sentence or withholding adjudication will not have their application processed (F.S. 943.13(4)).
- Convicted of or pled nolo contendere to any charges involving moral character violations as defined in F.A.C. 11B-27.
- Been convicted of, or pled guilty or nolo contendere to, "Driving Under the Influence" as defined in Chapter 316 Florida State Statute in the previous 60 months and never more than once.
- Any domestic violence convictions or pleas pursuant to 18 U.S.C. 922(g)(9).

Drug Use

- Used, tried, tasted, experimented with, or possessed any illegal controlled substance within the past three (3) years; or
- Sold or delivered any illegal controlled substance at anytime.

Military

- Any discharge other than honorable, uncharacterized, or general with honorable conditions from any of the Armed Forces of the United States.

****PROVIDING ANY FALSE INFORMATION ON THIS APPLICATION IS AN AUTOMATIC DISQUALIFIER****

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NOTICE

(This form must be returned with your application)

I, _____ understand that the Highlands County Sheriff's Office conducts a thorough background investigation on all applicants that are considered for employment prior to their hire date. Furthermore it is understood that as a part of this background investigation a credit history through an investigative or credit agency or bureau of our choice is obtained. By signing this form, I am authorizing the release of this credit information by the appropriate agency to the Highlands County Sheriff's Office or its agents and acknowledging this Notice.

If adverse employment action is taken against me based upon the credit information, the Highlands County Sheriff's Office will provide me with the following:

- Notice of the adverse action,
- Name, address and toll free telephone number of the consumer reporting agency that furnished the consumer report,
- A statement that the credit reporting agency did not make the decision to make the adverse employment decision or action and is unable to provide the consumer the specific reasons why the adverse action was taken, and
- Notice of my right to obtain a free copy of the consumer report from the credit reporting agency within 60 days.

_____
Applicant's Signature

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400 S. Eucalyptus Street
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NOTICE TO PERSONS REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS

The Highlands County Sheriff's Office collects Social Security Numbers of persons who:

1. Apply for employment or are employed by this Office;
2. Apply to qualify with a firearm pursuant to HR 218, the Nationwide Concealed Carry Act for Retired Law Enforcement Officers;
3. Apply to volunteer with this Office;
4. Are arrested or contacted for investigative reasons by this Office;
5. Are fingerprinted by this Office, or;
6. Provide the information for any other purpose.

For the performance of duties and responsibilities prescribed by law, the Highlands County Sheriff's Office collects Social Security Numbers for the following reasons, including but not limited to:

1. Verifying identity.
2. Conducting employment background investigations.
3. Querying wanted persons, driver's licenses, and criminal history records.
4. Payroll purposes.
5. Other purpose deemed imperative for the performance of duties and responsibilities prescribed by law.

Referred By H.C.S.O. Member:

_____

For Office Use Only
Rec'd Date:_____
Rec'd By:_____
App. Tracking #:_____

Revised 01/26/15

HIGHLANDS COUNTY SHERIFF'S OFFICE

SWORN
EMPLOYMENT APPLICATION FORM

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

DATE: _____

POSITION APPLYING FOR:

❑ Deputy Sheriff ❑ Detention Deputy ❑ Law Enforcement Trainee

HOW WERE YOU REFERRED TO OUR AGENCY? _____

INSTRUCTIONS

Application must be typewritten or printed legibly in ink. ALL QUESTIONS MUST BE ANSWERED. Applications which are not complete will not be considered. 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 number answers to correspond with questions.

PERSONAL HISTORY

1. Full Name:

_____
Last Name First Middle Abbv.

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

Name	Circumstance	Dates From Month / Year	Dates To Month / Year
		/	/
		/	/
		/	/
		/	/
		/	/
		/	/

BACKGROUND INFORMATION

THIS INFORMATION IS REQUIRED TO CONDUCT BACKGROUND INVESTIGATION ONLY!

1. Date and Place of Birth:

___/___/___ | _____ | _____ | _____ | _____
Date of Birth City County State Country (if not the United States)

2. Are you a United States citizen? ❑ Yes ❑ No

If naturalized, please provide: _____
Date Place

_____
Court Naturalization No.

3. Marital Status: ❑ Married ❑ Divorced ❑ Separated ❑ Widowed ❑ Never Married

4. Do you have or have you ever applied for a passport? ❑ Yes ❑ No Passport No. _____

5. Height: _____ Weight? _____

EDUCATION / TRAINING

1.

High School Name/Address	Dates Attended Month / Year		Years Completed	Did You Graduate?	Type of Diploma High School / G.E.D.
	From	To			
	/	/			
	/	/			
	/	/			

*If G.E.D., scores must be attached.

2.

*College/University Name/Address	Dates Attended Month / Year		Credit Hours Earned	Did You Graduate?	Type of Degree
	From	To			
	/	/			
	/	/			
	/	/			

* Attach official transcripts and diploma from last institution of higher education attended.

Major _____ Minor _____

3. Other Schools (Trade, Vocational, Business or Military):

Name/Address	Dates Attended Month / Year		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree Or Certificate
	From	To				
	/	/				
	/	/				
	/	/				

4. Describe any awards, honors, citation, positions held in school organizations, and any other special recognition you received while attending school:

_____

_____

_____

5. Indicate any foreign languages you can

	Fluent	Good	Fair
Speak:			
Read:			
Write:			

6. Indicate any law enforcement or correctional education/training you have obtained:

_____

_____

_____

7. Are you a Florida Certified Law Enforcement Officer? ❑ Yes ❑ No

8. Are you a Florida Certified Corrections Officer? ❑ Yes ❑ No

9. Are you out-of-state certified? ❑ Yes ❑ No State of Certification: _____

If yes, have you completed or registered for the 2 week compliance course? ❑ Yes ❑ No

If yes, what Academy? _____

10. Has your law enforcement certification ever been suspended, revoked, relinquished or subject to discipline or investigation? ❑ Yes ❑ No If yes, please provide details.

_____

_____

_____

11. Describe any special abilities, interests, and hobbies including the degree of proficiency:

_____

_____

12. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

_____

_____

13. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms, computers):

_____

_____

_____

EMPLOYMENT HISTORY

1. **List chronologically <u>ALL employment</u> starting with your most recent, including summer and part-time employment while attending school. All time must be accounted for to include any unemployed time periods.**

Name & Address of Employer	Dates Worked **Month/Day/Year**	Salary	Title or Position	Name of Supervisor	Reason for Leaving
Name: Address: City, State, Zip: Area Code & Phone No.: ( )	From: / / To: / /		Title: ❑Full ❑Part-time		
Name: Address: City, State, Zip: Area Code & Phone No.: ( )	From: / / To: / /		Title: ❑Full ❑Part-time		
Name: Address: City, State, Zip: Area Code & Phone No.: ( )	From: / / To: / /		Title: ❑Full ❑Part-time		
Name: Address: City, State, Zip: Area Code & Phone No.: ( )	From: / / To: / /		Title: ❑Full ❑Part-time		
Name: Address: City, State, Zip: Area Code & Phone No.: ( )	From: / / To: / /		Title: ❑Full ❑Part-time		
Name: Address: City, State, Zip: Area Code & Phone No.: ( )	From: / / To: / /		Title: ❑Full ❑Part-time		
Name: Address: City, State, Zip: Area Code & Phone No.: ( )	From: / / To: / /		Title: ❑Full ❑Part-time		
Name: Address: City, State, Zip: Area Code & Phone No.: ( )	From: / / To: / /		Title: ❑Full ❑Part-time		

EMPLOYMENT HISTORY (Continued)

List chronologically ALL employment including summer and part-time employment while attending school. All time must be accounted for to include any unemployed time periods.

Name & Address of Employer	Dates Worked **Month/Day/Year**	Salary	Title or Position	Name of Supervisor	Reason for Leaving
Name: Address: City, State, Zip: Area Code & Phone No.: ( )	From: / / To: / /		Title: ❑Full ❑Part-time		
Name: Address: City, State, Zip: Area Code & Phone No.: ( )	From: / / To: / /		Title: ❑Full ❑Part-time		
Name: Address: City, State, Zip: Area Code & Phone No.: ( )	From: / / To: / /		Title: ❑Full ❑Part-time		
Name: Address: City, State, Zip: Area Code & Phone No.: ( )	From: / / To: / /		Title: ❑Full ❑Part-time		
Name: Address: City, State, Zip: Area Code & Phone No.: ( )	From: / / To: / /		Title: ❑Full ❑Part-time		
Name: Address: City, State, Zip: Area Code & Phone No.: ( )	From: / / To: / /		Title: ❑Full ❑Part-time		
Name: Address: City, State, Zip: Area Code & Phone No.: ( )	From: / / To: / /		Title: ❑Full ❑Part-time		
Name: Address: City, State, Zip: Area Code & Phone No.: ( )	From: / / To: / /		Title: ❑Full ❑Part-time		

EMPLOYMENT HISTORY (Continued)

List chronologically ALL employment including summer and part-time employment while attending school. All time must be accounted for to include any unemployed time periods.

Name & Address of Employer	Dates Worked **Month/Day/Year**	Salary	Title or Position	Name of Supervisor	Reason for Leaving
Name: Address: City, State, Zip: Area Code & Phone No.: ( )	From: / / To: / /		Title: ❑Full ❑Part-time		
Name: Address: City, State, Zip: Area Code & Phone No.: ( )	From: / / To: / /		Title: ❑Full ❑Part-time		
Name: Address: City, State, Zip: Area Code & Phone No.: ( )	From: / / To: / /		Title: ❑Full ❑Part-time		
Name: Address: City, State, Zip: Area Code & Phone No.: ( )	From: / / To: / /		Title: ❑Full ❑Part-time		
Name: Address: City, State, Zip: Area Code & Phone No.: ( )	From: / / To: / /		Title: ❑Full ❑Part-time		
Name: Address: City, State, Zip: Area Code & Phone No.: ( )	From: / / To: / /		Title: ❑Full ❑Part-time		
Name: Address: City, State, Zip: Area Code & Phone No.: ( )	From: / / To: / /		Title: ❑Full ❑Part-time		
Name: Address: City, State, Zip: Area Code & Phone No.: ( )	From: / / To: / /		Title: ❑Full ❑Part-time		

2. Have you ever been employed by the Highlands County Sheriff's Office? ❑ Yes ❑ No

   If yes, please provide dates and position held: _____

3. Have you ever been disciplined, terminated or asked to resign by any employer including the military? ❑ Yes ❑ No

   If yes, please provide details: _____

   _____

   _____

   _____

4. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? ❑ Yes ❑ No If yes, please provide details:

   _____

   _____

   _____

5. If currently employed by a law enforcement or corrections agency, are you now under an Internal Investigation? ❑ Yes ❑ No

6. Have you ever applied to or performed paid or unpaid services for a law enforcement or correctional agency not listed as an employer? ❑ Yes ❑ No If yes, please provide name of agency and date of application or service.

   _____

   _____

7. 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 Does this business do business with the Sheriff's Office or County? ❑ Yes ❑ No If yes to either question, please provide name and address of business, corporation or organization and describe your relationship or position.

   _____

   _____

8. Would you be willing to add Highlands County Sheriff's Office Human Resources as your friend on <u>any social networking site</u>? ❑ Yes ❑ No

   If no, please explain why: _____

   _____

RESIDENCES

1. Actual places of residence for past ten (10) years – list chronologically all addresses, starting with your current address, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Dates Month / Year		Apt. No.	Street Address	City	County	State
From	To					
/	/					
/	/					
/	/					
/	/					
/	/					
/	/					
/	/					
/	/					

ARREST HISTORY/COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear, convicted of any criminal violation, as an adult or juvenile, regardless of whether the record was sealed or expunged, or you pled nolo contendere or it was dismissed? ❑ Yes ❑ No

   If yes to #1, were you convicted of a misdemeanor involving a moral offense, false statements, perjury or domestic violence? ❑ Yes ❑ No Were you convicted of a felony crime? ❑ Yes ❑ No

2. Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)? ❑ Yes ❑ No

3. To your knowledge, has any member of your immediate family ever been arrested for other than traffic violations? ❑ Yes ❑ No

   If yes to questions #1, #2 or #3, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (Include your juvenile record and records of your arrest(s) which have been sealed, if any.)

Date	Place & Department	Charge	Court & Place	Disposition
/ /				
/ /				
/ /				
Immediate Family Member's Name	Place & Department	Charge	Court & Place	Disposition

Provide details for each response to question #1, #2, or #3:

_____

_____

_____

4. Have you or your spouse ever been a plaintiff or a defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) ❑ Yes ❑ No If answered yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition.

_____

_____

_____

5. Are you a current recipient of an Injunction for Protection, and/or Restraining Order in any state? ❑ Yes ❑ No

6. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? ❑ Yes ❑ No

7. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? ❑ Yes ❑ No
If yes to questions #5, #6 or #7, please provide details.

_____

_____

DRIVING HISTORY

1. Do you currently hold or have you ever held a Florida driver's license? ❑ Yes ❑ No

D/L #: _____ Date of Expiration: _____

Restrictions: _____

2. Do you hold or have you ever held a driver's license in another state? ❑ Yes ❑ No If yes, please provide state(s), name used and approximate dates license(s) was/were held.

_____

_____

3. Have you ever been denied issuance of a driver's license or have you ever had a driver's license suspended or revoked? ❑ Yes ❑ No If yes, please provide state driver's license held and complete details.

_____

_____

4. Have you ever had automobile insurance refused, withdrawn, or revoked? ❑ Yes ❑ No If yes, please provide complete details.

_____

_____

5. Have you received any traffic violations? ❑ Yes ❑ No

If yes, how many violations? _____ In what states? _____

MILITARY HISTORY

1. Are you registered for Selective Service? ❑ Yes ❑ No

   If yes, please provide Selective Service Number: _____

   If no, please provide details why. _____

2. Have you ever served in the Armed Forces of the United States? ❑ Yes ❑ No

   Branch of Service: _____ Highest Rank: _____

   Serial #: _____ Duty Dates: From: ___/___/___ To: ___/___/___ From: ___/___/___ To: ___/___/___

   From: ___/___/___ To: ___/___/___ From: ___/___/___ To: ___/___/___

3. Were you dishonorably or less than honorably discharged? ❑ Yes ❑ No Date/Type of discharge:_____

4. Are you now or have you ever been a member of a reserve unit or the National Guard? ❑ Yes ❑ No

5. If yes, state the branch of service, name and location of your unit:

   _____

   _____

6. Have you ever served in the Armed Forces of a foreign country? ❑ Yes ❑ No If yes, please specify countries and dates.

   _____

7. Was any type of disciplinary action taken against you in the service? ❑ Yes ❑ No If yes, please provide details:

   Date: _____ Place: _____

   Nature of Offense: _____

   Action Taken: _____

8. **VETERANS' PREFERENCE:** Check the appropriate block if you are claiming veteran's preference. **Documentation substantiating your claim must be furnished at the time of application.**

❑ 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. Veteran's Administration and the Department of Defense.

❑ 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability or the spouse of a veteran missing in action captured or forcibly detained by a foreign power.

❑ 3. A veteran of any war who has served on active duty for 181 consecutive days or more or who has served 180 consecutive days or more since January 31, 1995 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty or training.

❑ 4. The unremarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed using veteran's preference since October 1, 1987? ❑ Yes ❑ No

If "yes," please give name of employer: _____

NOTE: Under Florida law, preference in appointment shall be given first to those persons included in #1 and #2 above, and second to those persons included in #3 and #4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans' Affairs, 11351 Ulmerton Road, Suite 311-K, Largo, FL 33778-1630.

BUSINESS INTERESTS & LICENSES

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

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

3. Was license ever cancelled, relinquished, suspended or revoked? ❑ Yes ❑ No
   If yes to question #1, #2 or #3, please provide details including the type of license or certificate, the agency that issued the license, effective date of license and license number.

_____

_____

_____

CREDIT DATA

1. Do you have any sources of income other than your salary or the salary of your spouse? ❑ Yes ❑ No
   Specify each with an estimated annual amount.

_____

2. Are you or your spouse indebted to anyone? ❑ Yes ❑ No If yes, please list all debts over $500. Be sure to include student loans and charge account. Also, list any debt where payment is **past due**, regardless of amount.

Creditor	Address	Amount	Loan or Account Number

3. Have you, your spouse, or a company controlled by you filed for bankruptcy? ❑ Yes ❑ No,

   declared bankruptcy? ❑ Yes ❑ No,

   been subject to a tax lien? ❑ Yes ❑ No,

   had legal judgment rendered against you for a debt? ❑ Yes ❑ No

   If yes to any of these questions, please provide details.

_____

_____

_____

ORGANIZATION MEMBERSHIP

1. List all clubs, societies of which you are or have been a member:

Name	City & State	Former	Present (list position held & describe activity)

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? ❑ Yes ❑ No

3. Have you ever made a financial or other material contribution to any organization of the type described in question #2 above? ❑ Yes ❑ No

   If yes to question #2 or #3, answer questions #4 and #5 also.

4. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? ❑ Yes ❑ No

5. Did you intend to promote any unlawful aims of the organization? ❑ Yes ❑ No If yes to question #2, #3, #4, or #5, explain including name of organization and location.

_____

_____

PERSONAL REFERENCES & ACQUAINTANCES

1. **Personal References:** Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete Name (Last, First, Middle)		Home Address: _____
		City, State & Zip: _____
		Home Phone: ( ) _____
Yrs. Acq.	Occupation	Business Address: _____
		City, State & Zip: _____
		Business Phone: ( ) _____
Complete Name (Last, First, Middle)		Home Address: _____
		City, State & Zip: _____
		Home Phone: ( ) _____
Yrs. Acq.	Occupation	Business Address: _____
		City, State & Zip: _____
		Business Phone: ( ) _____
Complete Name (Last, First, Middle)		Home Address: _____
		City, State & Zip: _____
		Home Phone: ( ) _____
Yrs. Acq.	Occupation	Business Address: _____
		City, State & Zip: _____
		Business Phone: ( ) _____

2. **Social Acquaintances:** Give three (3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

Complete Name (Last, First, Middle)		Home Address: _____
		City, State & Zip: _____
		Home Phone: ( ) _____
Yrs. Acq.	Occupation	Business Address: _____
		City, State & Zip: _____
		Business Phone: ( ) _____
Complete Name (Last, First, Middle)		Home Address: _____
		City, State & Zip: _____
		Home Phone: ( ) _____
Yrs. Acq.	Occupation	Business Address: _____
		City, State & Zip: _____
		Business Phone: ( ) _____
Complete Name (Last, First, Middle)		Home Address: _____
		City, State & Zip: _____
		Home Phone: ( ) _____
Yrs. Acq.	Occupation	Business Address: _____
		City, State & Zip: _____
		Business Phone: ( ) _____

DRUG HISTORY

The information contained herein MAY BE a confidential medical record under the Americans with Disabilities Act if the applicant is a rehabilitated drug or alcohol abuser or under section 119.071(4)(b) whether the medical information, if disclosed, would identify the applicant.

1. Have you **ever** legally or illegally experimented with, used, possessed, supplied or sold **any** non-prescribed narcotic or non-prescribed controlled substance, such as cannabinoids (marijuana / pot), PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature? ❑ Yes ❑ No If yes, complete the following:

   a. Substance: _____

   b. How taken: _____

   c. Circumstances: _____

   d. Number of times experimented with, used, possessed, supplied, or sold: _____

   First: _____/_____/_____ Last Time: _____/_____/_____

2. Have you **ever** abused or illegally used, possessed, supplied or sold any prescription drug? ❑ Yes ❑ No
   If yes, provide details, including drug, date, and circumstances:

   _____

   _____

   _____

3. Do you claim to be a rehabilitated alcoholic, or rehabilitated narcotics or controlled substance user? ❑ Yes ❑ No
   If yes, provide details:

   _____

   _____

I understand that the "Applicants Certification" applies in all respects to the responses provided in the "Confidential Employee History" and "Drug History."

_____ _____
Signature of the applicant as usually written Date

Witnessed by:

_____

CONFIDENTIAL EMPLOYEE HISTORY

THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL AND WILL NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION.

1. Applicant's Current Address:

_____
Address

_____
City County State Zip Code

( )
_____
Telephone Number Email Address

2. Applicant's Social Security Number: _____

3. Spouse's Name and Address (if different):

_____
Name

_____
Address

_____
City County State Zip Code

4. Children's Names and Dates of Birth:

Name	Date of Birth	Address (if different than applicants)
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

5. Former Spouse(s) Name and Address:

_____
Name

_____
Address

_____
City County State Zip Code

6. Are you now able to participate in defensive tactics, firearms or physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the position for which you applied? ❑ Yes ❑ No

7. This position may require a physical agility test, if such a test or examination is required, would you be able to take this test or examination? ❑ Yes ❑ No

8. Please provide name and address of next of kin or other person to be contacted in case of an emergency:

_____
Name

_____
Address

_____
City County State Zip Code

( ) ( ) ( )
_____
Home Phone Business Phone Cell / Other Phone

9. Please provide the name and address of your personal or family physician to be contacted in case of an emergency:

_____
Name

_____
Address City State Zip Code

( ) ( )
_____
Home Phone Business Phone

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INTENTIONALLY

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APPLICANT'S CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Sheriff's Office and that it and the information received in response to the background examination are public records.

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

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

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

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

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

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

I understand that unless otherwise defined by applicable law, any employment relationship with this office is "at will", which means that the employer may discharge me at any time with or without cause and that this "at will" relationship may not be changed unless authorized in writing by the Sheriff.

I understand that unless otherwise defined by applicable law, any employment relationship with this office is "at will", which means that the employer may discharge me at any time with or without cause and that this "at will" relationship may not be changed unless authorized in writing by the Sheriff.

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 release all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office.

I agree to conform to the rules, regulations and orders of the Sheriff's Office and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me.

I understand and agree that if hired by the Highlands County Sheriff's Office I must wear appropriate clothing as defined in G.O. 3312.00 that fully covers any tattoo or body ornamentation while on duty regardless of time of the year. Tattoos in areas of the body that are unable to be covered with appropriate clothing must be concealed with a cosmetic covering or bandage which blends into the natural pigmentation of the member's skin.

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability? ❑ **Yes** ❑ **No**
If yes, provide your version or explain fully any such incident.

_____

_____

_____

_____

_____ _____
Signature of the applicant as usually written Date

Witnessed by:

_____

FDLE
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: HIGHLANDS COUNTY SHERIFF'S OFFICE

ADDRESS: ATTN: HUMAN RESOURCES, 400 S. EUCALYPTUS ST., SEBRING, FL 33870

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:

Highlands County Sheriff's Office, Attn: Human Resources, 400 S. Eucalyptus St., Sebring, FL 33870

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_____

Revised 08/28/13

HIGHLANDS COUNTY SHERIFF'S OFFICE
SHERIFF PAUL BLACKMAN

400 S. Eucalyptus St.
Sebring, FL 33870
(863) 402-7200

ATTENTION APPLICANTS

FAILURE TO SUPPLY ALL NECESSARY INFORMATION WILL RESULT IN DELAYED PROCESSING OR REJECTION OF YOUR APPLICATION.

NAME OF APPLICANT: _____ DATE: _____

PRESENT HOME
ADDRESS: _____

_____

PRESENT MAILING
ADDRESS (If Different): _____

_____

Phone Numbers:

HOME: (____)_____ WORK: (____)_____ OTHER (____)_____
May we contact you here? ___Yes ___No

EMAIL ADDRESS: _____

DOCUMENTS REQUIRED WITH APPLICATION

Original documents are required to accompany your application. Certified copies will be made of original documents when your application is received by Human Resources. Your original documents will then be returned to you. For information concerning your application process, please call **(863) 402-7263.**

The following is a list of **original** documents needed:

Florida Driver's License
Social Security Card
Educational Certificates or Diplomas
Official College Transcripts
Law Enforcement or Correctional Certification
Birth Certificate
Military Discharge Certificate & DD-214
Immigrant/Naturalization Papers
Name Change Documents-
Marriage License, Divorce Decrees, Adoption, Legal Name Change, etc.

** 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.

PEOPLE LIVING AT YOUR RESIDENCE

If you share your residence with anyone, (spouse, children, parents, friends, etc.) List:

Name: _____ Name: _____ Name: _____
Birth Date: ____/____/____ Birth Date: ____/____/____ Birth Date: ____/____/____
Relationship: _____ Relationship: _____ Relationship: _____

Name: _____ Name: _____ Name: _____
Birth Date: ____/____/____ Birth Date: ____/____/____ Birth Date: ____/____/____
Relationship: _____ Relationship: _____ Relationship: _____

Current spouse information:

Name: _____

Occupation and Place of Employment: _____

CLOSE FRIENDS THAT WORK FOR THE HIGHLANDS COUNTY SHERIFF'S OFFICE

Name: _____ Name: _____ Name: _____

APPLICANT PERSONAL HISTORY FORM

List in order given (parents, guardians, stepparents, brothers, sisters, children, stepchildren and legal dependents).

Name: _____ Name: _____ Name: _____
Birth Date: ____/____/____ Birth Date: ____/____/____ Birth Date: ____/____/____
Relationship: _____ Relationship: _____ Relationship: _____

Name: _____ Name: _____ Name: _____
Birth Date: ____/____/____ Birth Date: ____/____/____ Birth Date: ____/____/____
Relationship: _____ Relationship: _____ Relationship: _____

Name: _____ Name: _____ Name: _____
Birth Date: ____/____/____ Birth Date: ____/____/____ Birth Date: ____/____/____
Relationship: _____ Relationship: _____ Relationship: _____

Name: _____ Name: _____ Name: _____
Birth Date: ____/____/____ Birth Date: ____/____/____ Birth Date: ____/____/____
Relationship: _____ Relationship: _____ Relationship: _____

Name: _____ Name: _____ Name: _____
Birth Date: ____/____/____ Birth Date: ____/____/____ Birth Date: ____/____/____
Relationship: _____ Relationship: _____ Relationship: _____

NEIGHBORHOOD CHECKS

Please list your neighbors in front, to the rear and on each side of your residence:

Name: _____
Physical Address: _____
_____
Mailing Address: _____
_____
Phone: _____

Name: _____
Physical Address: _____
_____
Mailing Address: _____
_____
Phone: _____

Name: _____
Physical Address: _____
_____
Mailing Address: _____
_____
Phone: _____

Name: _____
Physical Address: _____
_____
Mailing Address: _____
_____
Phone: _____

OTHER ASSETS

List primary and secondary vehicles you may drive (need not own):

Year: _____	Year: _____	Year: _____
Make: _____	Make: _____	Make: _____
Model: _____	Model: _____	Model: _____
Tag#: _____	Tag#: _____	Tag#: _____
Color: _____	Color: _____	Color: _____

List other sources of income: _____

WRITING SKILLS

In your own handwriting, describe why you want to be a member of the Highlands County Sheriff's Office and how your being a member may benefit the criminal justice profession. (Pay particular attention to sentence structure and word usage.)

DRUG FREE WORKPLACE

We have come to recognize that substance abuse is a serious problem in our society. We believe the abuse of alcohol, over the counter drugs, prescription drugs, and/or use of illegal drugs endangers the health and safety of the abuser as well as those around them.

Highlands County Sheriff's Office (HCSO) has established a Drug Free Workplace and it is a condition of employment for each employee to follow it. As a part of the DFWP Program, HCSO provides employees with substance abuse education courses which will help them to identify personal and emotional problems which may result in the misuse of alcohol or drugs. The courses also discuss the legal, social, physical and emotional consequences of the misuse of alcohol and/or drugs.

Our Drug Free Workplace Program now formally states that employee substance abuse will not be tolerated by the HCSO. This prohibition includes the possession, manufacture, use, transfer or sale of illegal drugs or the abuse of alcohol.

A drug testing program is an essential component of a Drug Free Workplace. Therefore, all applicants receiving a conditional offer of hire will be drug tested. Existing employee drug testing will be conducted under the following circumstances: (1) reasonable suspicion/cause, (2) on the job injury or accident, (3) upon returning from a substance abuse counseling or treatment program, and (4) random/unannounced selection as per ' 440.102(4)(b).

According to the Florida Statutes, an employee injured in the course and scope of his/her job who subsequently has a positive drug test result or refused to be tested could be denied Workers Compensation benefits and will be disciplined up to and including termination. Also, an employee with a positive drug test result or a refusal to be drug tested will put his/her unemployment benefits in serious jeopardy.

It is important that we all share in the effort to eliminate substance abuse and its disastrous effects. Our Drug Free Workplace Program is a means of safeguarding you and your family as well as the Sheriff's Office and our community.

I understand and agree to the terms of the Highlands County Sheriff's Office Drug Free Workplace as outlined above.

_____ _____

Applicant Signature **Date**

RELATIVES THAT WORK FOR HIGHLANDS COUNTY SHERIFF'S OFFICE

The Highlands County Sheriff's Office shall comply with Florida State Statute 112.3135, regarding restrictions on the appointment, employment, promotion, evaluation or advancement of relatives within the office. Adhering to the provision of law, the Sheriff's Office will insure that decisions involving appointments, employment, promotion, evaluation or advancement will not be influenced by family members or other relationships and applicants will not be hired or favored based upon their status as an employee's family member or other relationship. All applicants for any positions within the Highlands County Sheriff's Office are required to list all relatives as defined below, as part of the application process. The definition of relatives is set forth in Section 112.3135(1)(d) Florida Statutes, and is as follows: father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, or half sister.

Please list all relatives who are currently employed by the Highlands County Sheriff's Office.

Name: _____ Name: _____ Name: _____

Relation: _____ Relation: _____ Relation: _____

I have listed all relatives, as defined above; otherwise, I have no relatives who are currently employed by the Highlands County Sheriff's Office.

_____

SIGNATURE OF APPLICANT

JOB DESCRIPTION CERTIFICATION

I, _____ have read the job description tasks which are required to be performed as part of the duties expected of a _____ for the Highlands County Sheriff's Office.

I understand that I may be called upon at any time, when acting in the authority of the Sheriff's Office to perform one or more of the tasks. At this time, I can and will perform the stated tasks, when required, needed or requested to do so.

I _____ DO NOT _____ DO require special accommodations to perform the Job Description Tasks, as presented to me in written form. Should any type of accommodation be necessary to complete a task(s), the following is the description of the accommodation required, in order to perform the task of:

TASKS	ACCOMMODATION
_____	_____
_____	_____

Any accommodation required for job description tasks performance will be evaluated by the Sheriff, or designee of the Sheriff, to determine the reason for of the accommodation.

_____

SIGNATURE OF APPLICANT

LAW ENFORCEMENT AND DETENTION DEPUTIES ONLY AFFIDAVIT

Pursuant to the Omnibus Consolidated Appropriations Act of 1997, any person convicted of a misdemeanor crime of violence as defined by the Act is prohibited from shipping, transporting, possessing or receiving firearms or ammunition. There is no official use exemption to this prohibition. Accordingly, the Highlands County Sheriff's Office is requiring that every officer granted the authority to bear arms by the Sheriff submit the following Affidavit in compliance with the law.

I, _____ do solemnly swear and affirm that the following information is true and correct to the best of my knowledge:

1. That I have never been convicted of a misdemeanor crime of domestic violence, not including those convictions that have been expunged or otherwise set aside or pardoned, as defined below:
   a. is a misdemeanor under Federal or State law: and
   b. has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, guardian or by a person similarly situated to a spouse, parent or guardian of the victim.

_____
SIGNATURE OF APPLICANT

STATE OF _____ **COUNTY OF** _____

Before me personally appeared _____ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20_____.

My Commission expires on _____, 20_____. Personally Known _____ **-or-**

Produced Identification _____ Type of identification produced: _____

Notary Public: _____

NOTICE TO APPLICANT

Effective October 1, 1998, state and federal law requires all employers to report each new or rehired employee to the State Directory of New Hires (Section 409.2576, Florida Statutes, and Section 313, personal Responsibility Work Opportunity Reconciliation of 1996, 42 U.S.C. 653A). In Florida, the Department of Revenue operates the State Directory of New Hires and has contracted with Policy Studies, Inc. to compile New Hire reports.

Sheriff Paul Blackman has absolute discretion over every appointment made to the Highlands County Sheriff's Office.

By law all applications become public records once they have been completed and turned in to the Highlands County Sheriff's Office.

_____
Paul Blackman, Sheriff

THE FOLLOWING INFORMATION IS SOLELY USED FOR THE PURPOSE OF COMPLIANCE WITH FEDERAL CIVIL RIGHTS LAWS AND REGULATIONS. ADMINISTRATION OF THESE LAWS SUBJECTS THE EMPLOYER TO CERTAIN GOVERNMENTAL RECORDKEEPING AND REPORTING REQUIREMENTS. WHEN REPORTED, DATA WILL NOT IDENTIFY ANY SPECIFIC INDIVIDUAL. SUBMISSION OF THIS INFORMATION IS VOLUNTARY AND REFUSAL TO PROVIDE IT WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT.

RACE CODE:

H - HISPANIC or LATINO
W - WHITE
B - BLACK or AFRICAN AMERICAN
A - ASIAN
NHAI - NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
AIAN - AMERICAN INDIAN OR ALASKAN NATIVE
TWO - TWO OR MORE RACES, NOT HISPANIC OR LATINO

_____	_____	_____	_____
Applicant's Name	Date of Birth	Sex	Race

_____
Applicant's Social Security #

_____	_____	_____	_____
Spouse's Name	Date of Birth	Sex	Race

_____
Spouse's Social Security #

How did you learn of this position? _____ Insert code number from list below:

01	Posted Job Announcement Bulletin	07	Personnel Office
02	Currently employed	08	Other Law Enforcement Agency
03	School/College	09	Friend
04	Newspaper/Magazine	10	Other
05	Radio/Television media		
06	Community Agency, such as Florida State Employment Office		