

SHERIFF MORRIS A. YOUNG
 GADSDEN COUNTY • P.O. BOX 1709
 QUINCY, FL 32353-1709



Date Received _____
 Human Resources: (850) 875-8848

VOLUNTEER/INTERN APPLICATION AND JOB EXPECTATIONS

This page serves to provide applicants a clear understanding of employment expectations and qualifications in order to be considered for employment with the Gadsden County Sheriff's Office. Satisfaction of any or all of these expectations or qualifications does NOT constitute an offer of employment.

Qualifications	Disqualifications
<p>All of the following qualifications must be met in order to apply for a sworn position as indicated by FLDE:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Be of good moral character <input type="checkbox"/> Possess good communication skills both oral and written <input type="checkbox"/> Possess good interpersonal skills <p>_____</p> <p>_____</p>	<p>Any of the following items will be grounds for disqualification from employment.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Falsification or untruthfulness of the information obtained during the selection process, both written and oral <input type="checkbox"/> Dishonorable discharge from any of the Armed Forces of the United States <input type="checkbox"/> Any felony conviction <input type="checkbox"/> Any misdemeanor conviction, including pleads of nolo contendere, involving perjury or a false statement <input type="checkbox"/> Any misdemeanor conviction within the last 5 years including a plea of nolo contendere involving: <ul style="list-style-type: none"> o Domestic Violence or Battery o Abuse of a child, elderly, or disabled person o DUI <input type="checkbox"/> Any suspension or revocation of a Driver's License within the last 3 years <input type="checkbox"/> Failure to successfully complete the hiring screening process including background <input type="checkbox"/> Any drug history, which is deemed by the Sheriff to not be in the best interest of the agency or impact the moral character of the applicant <input type="checkbox"/> Any other factor deemed by the Sheriff not to be in the agency's best interest <input type="checkbox"/> Unable to verify/validate references

Background Information

The following information is intended to be used for background purposes only and will not be used as part of the selection process.

Full Name: _____ Maiden/Alias: _____

City and State of Birth: _____ Marital Status: _____

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

CRIMINAL HISTORY

INCOMPLETE, INACCURATE, OR FALSE INFORMATION WILL DISQUALIFY YOU FROM EMPLOYMENT.

1. Have you ever entered a plea of nolo contendere or guilty to or been convicted of a misdemeanor or felony? Yes No
2. If yes, list all such matters including juvenile records and records of your arrests which have been sealed, pardoned, or expunged. If the record has been sealed, pardoned, or expunged, a copy of the court document must be attached to your application as proof. Attach additional paper if needed.

Date	Location	Charge	Final Disposition

DRIVING HISTORY

1. Are you a licensed Florida automobile operator or chauffeur? Yes No
 License Number: _____ Expiration date: _____ Restrictions: _____
2. Have you ever held an operator or chauffeur 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 received any traffic citations/tickets (i.e. speeding, careless driving, seat belt)? Yes No
 If yes, please give the details of the above citations below: **(Attach additional paper if necessary, if you can't recall all citations, make note below).**

Date	Citation/Violation	Final Disposition

PRIOR RESIDENCES

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

From (Month/Year)	To (Month/Year)	Apt. No.	Street Address	City	State	Zip Code

MILITARY DATA

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

Active Duty Reserve Unit National Guard

Branch of Service: _____ Highest Rank: _____

Serial #: _____

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

Type of Discharge: _____

Type of Discharge: _____

2. **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. **Preference eligibility no longer expires upon appointment of the eligible person to a position with the state or any political subdivision in the state.**

- 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. Veterans Administration and the Department of Defense, or
- 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, or
- 3. A veteran of any war who had served on active duty for 181 consecutive days or more, or who had served 180 consecutive days or more since January 31, 1955 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 for training, or
- 4. The unmarried widow or widower of a veteran who died of a service-connected disability.
- 5. A veteran who served during Operation Enduring Freedom (beginning 10/7/01-present) or Operation Iraqi Freedom (beginning 3/19/03-present). The receipt of a campaign or expeditionary medal is not required, only service during the above dates.

REFERENCES

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, or ministers, who have known you well for ***the past five (5) years***. If retired, give former occupation. **ALL INFORMATION IS REQUIRED.**

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

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

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

2. Neighborhood References: **List three (3) of your current neighbors**, regardless of whether or not you are acquainted with them. This should include neighbors on each side, across from, and behind you. These references cannot live at the same address. **All information is required to process the application.**

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

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

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

EMPLOYMENT HISTORY

1. List chronologically **ALL** employment beginning with present employment, including summer and part-time employment while attending school. **ALL TIME MUST BE ACCOUNTED FOR.** If unemployed for a period, document those dates with "Unemployed" or "School." Use additional sheet if necessary.

Name, Address, & Phone Number of Employer	Dates Worked (Mo/Yr)		Salary	Title or Position	Name of Supervisor	Reason of Leaving
	From	To				
Name				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Telephone Number						

*Do you have any objections to your current employer being contacted? Yes No If yes, why? _____ --- _____

Name, Address, & Phone Number of Employer	Dates Worked (Mo/Yr)		Salary	Title or Position	Name of Supervisor	Reason of Leaving
	From	To				
Name				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Telephone Number						
Name				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Telephone Number						
Name				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Telephone Number						
Name				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Telephone Number						
Name				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Telephone Number						
Name				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Telephone Number						

2. Have you ever been dismissed, asked to resign, been demoted, or had any disciplinary action (written reprimand or suspension) taken against you from any employment or position you have held? Yes No If yes, please provide details:

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

4. 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 employee? Yes No If yes, please provide details:

SPECIAL SKILLS

5. Indicate any type of special license such as a pilot, radio operator, etc. showing licensing authority, where the license was first issued and date the current license expires:

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

7. Are you now able to participate in defensive tactics, firearms, physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description task analysis related to the position for which you applied? Yes No
 If no, would you be able to perform these tasks with an accommodation? Yes No

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

9. Explain what accommodation(s) you would need to perform the above:

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

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

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

12. Do you now, or have you illegally, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid, or any drug of a similar nature? Yes No If yes, please complete the following:

- a. Drug: _____
- b. Circumstance: _____
- c. Number of times possessed/supplied/sold: _____
- d. First time possessed/supplied/sold: _____
- e. Last time possessed/supplied/sold: _____

13. Do you have any relatives employed with this Sheriff's Office? Yes No

If yes, please list their name(s) below:

(Relatives include (1) Blood relationships-father, mother, son, daughter, brother, sister, grandfather, grandmother, grandson, granddaughter, uncle, aunt, first cousin, niece, or nephew; (2) Marital relationships- husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; (3) Adoptive relationships- father, mother, son, daughter, brother, sister, or any ward of any employees living within the same household; (4) Step relationships- stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister.)

Name	Relationship
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Name	Relationship
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APPLICANT'S CERTIFICATION

I understand that my appointment or employment will be contingent upon the successful completion of the hiring screening process including 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 understand and agree that I have read the "Job Expectations" page detailing qualifications for the job in which I am applying 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 or a voice stress analysis concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, any physical examination, or drug test. I also understand 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.

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I 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 my term of employment or appointment with the Sheriff's Office. I understand that the use of illegal drugs or alcohol is not permitted during work or duty time, whether paid or unpaid, and in areas including vehicles where work is performed by employees or appointees.

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

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 authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Sheriff's Office and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office.

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

I agree 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.

Signature of the applicant

Date

Witnessed by

Date