



Rick Staly, Sheriff

FLAGLER COUNTY SHERIFF'S OFFICE

"An honor to serve, a duty to protect."

INSTRUCTIONS

Date: _____

PLEASE PRINT CLEARLY OR TYPE. ALL INFORMATION. APPLICATION MUST BE LEGIBLE AND COMPLETED IN FULL TO BE CONSIDERED. DO NOT leave any areas blank. Résumé's may NOT SUBSTITUTE for any information requested on this application.

FLAGLER COUNTY SHERIFF'S OFFICE is an equal opportunity employer..

FCSO IS A SMOKE-FREE WORKPLACE – WE DO NOT EMPLOY ANY PERSON WHO USES ANY TYPE OF TOBACCO PRODUCTS

VOLUNTEER / INTERNSHIP

PERSONAL INFORMATION			
Social Security Number			
Last Name		First Name	Middle Name
Residence Address (No PO Box)			Apt. Number Apartment Complex Name
City		State	Zip Code
Mailing Address			
City		State	Zip Code
Home Phone	Work Phone	Extension	Cell Phone/Other
Email Address: _____ Social Networks Used: <input type="checkbox"/> Facebook <input type="checkbox"/> MySpace <input type="checkbox"/> Other(s) _____			
U.S. Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Other _____ Please, specify			
Have you EVER applied for employment with the Flagler County Sheriff's Office? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, please supply dates: _____ Driver's License # _____ State _____			
Have you ever used any other name? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please list those names here:			
Last Name		First Name	Middle Name
Last Name		First Name	Middle Name
MILITARY HISTORY			
Are you currently or have you ever been a member of the Armed Forces of the United States (include Reserve status and National Guard)?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
Branch		Highest Rank	
Entry Date		Discharge Date	Type of Discharge
Was any type of disciplinary action taken against you in the Service? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, explain:			

EMPLOYMENT HISTORY

List chronologically all employment for the last **10** years including current employment, summer and part-time employment while attending school. All time must be accounted for. Any length of time not employed, indicate dates of unemployment. Please attach a separate sheet of paper for additional employment history, if necessary. Also list any business which you own, are a partner, or corporate officer in the work history section.

May we contact your present employer? YES NO

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Starting Salary \$ _____	Last Salary \$ _____
Fax Number		Email Address	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	
Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Starting Salary \$ _____	Last Salary \$ _____
Fax Number		Email Address	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	
Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Starting Salary \$ _____	Last Salary \$ _____
Fax Number		Email Address	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	

CONTROLLED SUBSTANCES

Do you NOW, or have you EVER tried, purchased or sold any illegal drugs or controlled substances?

("Tried" includes smoking; inhaling; swallowing; placing/rubbing on gums, lips, or tongue; injecting; or ingesting by any other means as a juvenile or as an adult.) YES NO If you answered YES, list details below.

Name of Drug or Controlled Substance	Tried	Purchased	Sold	First Time (mm/yy)	Last Time (mm/yy)
Marijuana/"Pot"	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Cocaine/"Crack"	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Steroids	Total # of cycles _____	Total # of times purchased _____	Total # of times sold _____		
Ecstasy	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Methamphetamine/ "Meth"	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
LSD/"Acid"	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Heroin	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Other: Name drug _____	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		

CRIMINAL HISTORY

CHARGES: When applying for a position with a law enforcement agency, Florida law requires that **ALL** arrests and charges be disclosed, regardless of the disposition. These include, but are not limited to 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 which have been sealed, if any.)

CONVICTIONS: The circumstances surrounding the conviction are considered, such as: the nature, number, severity, date of the offense, subsequent history, efforts at rehabilitation, and relation of the offense to the requirements of the position for which you are applying.

1. Have you or a family member EVER been convicted of, or have you EVER been found to have committed any civil or criminal law violation other than minor traffic violations? YES NO (If yes, please explain below)

2. Have you or a family member ever been a victim of a crime YES NO (if yes, please explain below)

3. Have you or a family member ever been fingerprinted for any reason (arrest, job application, military, etc)? YES NO

Item No. 1	
Item No. 2	
Item No. 3	
Item No. 4	
Item No. 5	

ADDITIONAL PERSONAL INFORMATION

1. Are any members of your family or relatives (by blood or marriage) employed by Flagler County Sheriff's Office?
If yes, indicate below their name(s), position, and relationship.
2. Do you speak a foreign language? Are you fluent? Speak Write Read
3. Are you now or have you been a member of any foreign or domestic organization, association, movement, group, or combination of persons which had adopted, or shows a policy of advocating or approving the commission of acts of force of 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?
4. Have you ever made a financial or other material contribution to any organization of the type described above?
5. At the time of your membership, participation or contribution, did you know of any unlawful aims to the organization?

Space for detailed answers. Indicate item number to which answers apply.

Item No. 1	
Item No. 2	
Item No. 3	
Item No. 4	
Item No. 5	

INTERNSHIP INFORMATION (APPLICABLE TO INTERNSHIP CANDIDATES ONLY)

SCHOOL/COLLEGE ATTENDING & ADDRESS:

FIELD OF STUDY: _____

CURRENT GRADE LEVEL: _____

EXPECTED YEAR OF GRADUATION: _____

PLEASE PROVIDE A STATEMENT WHY YOU WISH TO PARTICIPATE IN THE FCSSO INTERNSHIP PROGRAM:

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STUDENT INTERNSHIP AGREEMENT

I hereby certify by my signature that the information contained herein is truthful and that there are no willfull misrepresentations or falsifications in this application and all my answers are true and correct to the best of my knowledge.

By submitting this application to participate in the Flagler County Sheriff's Office Internship Program, I understand that the Flagler County Sheriff's Office will conduct a background to ensure that I have no convictions that would make me ineligible to participate in this program.

I, _____, agree to the following conditions regarding my internship with the Flagler County Sheriff's Office:

- a) I will arrive to work on the time and dates given to me by the Flagler County Sheriff's Office.
- b) I will dress appropriately for the assignment given and will confer with my assigned supervisor as needed in this regard.
- c) I will give a copy of my work and school schedule to the Training Section and my direct supervisor.
- d) If I am unable to arrive to work on time or if I am sick, I will advise the Training Section and my assigned supervisor one hour prior to my reporting time.
- e) While working with my assigned member, if I have communication problems and am not able to work cooperatively with my assigned member or have any conflicts, I will immediately contact the Training Section.
- f) I will perform all assignments given to me to the best of my ability and will let my assigned member and the Training Section know if I cannot complete an assignment given to me.
- g) I will keep all matters of a confidential nature concerning the Flagler County Sheriff's Office confidential and not share them unless authorized to do so.
- h) I will keep my school coordinator advised of my progress and matters that directly affect my Internship with the Flagler County Sheriff's Office.
- i) I recognize that my conduct as an intern may affect any future employment with the Flagler County Sheriff's Office.
- j) I understand that if I do not comply with these terms, I may be removed from the Internship Program

Signed: _____ Dated: _____

Witnessed: _____

SMOKE FREE WORKPLACE

The Flagler County Sheriff's Office does not employ individuals who currently use tobacco products. Use of tobacco products, including but not limited to cigarettes, cigars, e-cigarettes, pipes or smokeless tobacco referred to as chewing tobacco and snuff or any other tobacco related product is prohibited per General Order (GO) #139 that was effective July 5th, 2013.

I, _____, do hereby affirm that I will not use tobacco products in the manner set forth in policy 4.7.6 during my employment with the Flagler County Sheriff's Office.

Applicant's Signature

APPLICANT CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a completed 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 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.

Applicant's Signature

Date

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____

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

Sworn and subscribed in my presence this _____ day of _____, _____. My commission expires on _____, _____.

Notary Public

Personally Known – **or** – Produced Identification

Type of Identification Produced: _____

BACKGROUND INVESTIGATION WAIVER
Authority for Release of Information

To: Concerned Person or
Authorized Representative of
Any Organization, Institution
Or Repository of Records

APPLICANT'S NAME: _____
DATE OF BIRTH: _____
SOCIAL SECURITY NO.: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFO: Flagler County Sheriff's Office

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, education 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 photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, and other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: - An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information is disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.

Pursuant to Section 943.13 (4), (5), and (7) 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

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____

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

Sworn and subscribed in my presence this _____ day of _____, _____. My commission expires on _____.

Notary Public

Personally Known – or – Produced Identification

Type of Identification Produced: _____