

REVISED 12/2009

PUTNAM COUNTY SHERIFF'S OFFICE

LAW ENFORCEMENT / SUPPORT STAFF EMPLOYMENT APPLICATION

APPLICATIONS MAY BE HAND DELIVERED, MAILED, OR FAXED

PUTNAM COUNTY SHERIFF'S OFFICE
P.O.DRAWER 1578
130 ORIE GRIFFIN BLVD.
PALATKA, FL 32178-1578
(386) 329-326-2791 - FAX

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 completed answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

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.

Include blank page when returning application

Email: hr@putnamsheriff.org Phone: (386) 329-0485 Fax: (386) 326-2791

Law Enforcement Corrections Civilian/Support Staff Communications

Position Applied for: _____

Full Time Part Time

PERSONAL HISTORY

Last Name	First	Middle	Maiden
-----------	-------	--------	--------

Residence Address	Apt No.	Mailing Address	Apt No.
-------------------	---------	-----------------	---------

City	County	State	Zip Code
------	--------	-------	----------

(_____) _____ (_____) _____ (_____) _____

Home Telephone No. Work Telephone No. Cell Telephone No.

Email Address _____

1. Social Security Number: _____/_____/_____
2. _____
3. Date of Birth: _____
4. _____
5. Driver's License Number: _____
6. _____
7. State Issued: _____
8. _____
9. Place of Birth: _____

City	County	State
------	--------	-------

PERSONAL HISTORY, CONT.

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

Name	Circumstance	Dates From Mo./Yr	Dates To Mo./ Yr.

2. Do you currently use any narcotic or controlled substance, such as : as cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroids, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature or have you used such a narcotic or controlled substance within the last year? Yes No
3. Have you ever illegally experimented with or used any narcotic or controlled substances such as, but not limited to: as cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroids, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature? Yes No If yes, please complete the following:
- a. Drug: _____
 - b. How taken: _____
 - c. last time illegally experimented with or used: _____
4. Do you now have or have you ever illegally obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroids, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature? Yes No If yes, please complete the following:
- a. Drug: _____
 - b. Circumstances: _____
 - c. Number of times illegally obtained/possessed/supplied/sold: _____
 - d. First time illegally obtained/possessed/supplied/sold: _____
 - e. Last time illegally obtained/possessed/supplied/sold: _____
5. Do you now or have you within the past year, abused or illegally obtained, possessed, or sold any prescription drug? Yes No If yes, please provide details, including drug, date, and circumstances.
6. Are you related to any person(s) employed by the Putnam County Sheriff's Office? If yes, please state their name & relationship _____

NOTICE TO ALL APPLICANTS

This application is one of the most important documents you will offer in the selection process. It will be the first impression the Putnam County Sheriff's Office has of you as a potential member. Providing complete information regarding your past employment and achievements and following instructions is very important.

- List all periods of employment and unemployment. Use additional sheets of paper if necessary.
- List complete mailing addresses, including zip codes, for residences, employers, neighborhood inquiries, and personal references. Provide accurate telephone numbers. Our investigators cannot locate these individuals without correct information.
- **YOU, not a friend, must complete your application!** All applications must be completed in ink or typewritten.
- The **falsification or omitting** of any information in this application will subject the applicant to **disqualification**.
- All requested paperwork must be turned in with application. There will be no exceptions!

HONESTY AFFIDAVIT

Putnam County Sheriff's Office is seeking applicants who demonstrate certain characteristics. Honesty is the most important characteristic that you must demonstrate. It is extremely important that you are completely honest in your answers.

The importance of honesty from time of application, completion of all documents and questionnaire as well as during all interviews cannot be overemphasized. Failure to respond to any question accurately and completely, whether orally or in writing, will result in disqualification. Many applicants have been disqualified for dishonesty.

While filing out documents please take your time and be thorough and specific in all your answers. If you have any doubt in your mind concerning a particular question, or if you are unsure whether to include certain information, the answer is "yes: include it."

You may think that something you have done will disqualify you from further consideration. It may or may not. What will certainly disqualify you is lying or distorting the truth. For example, an arrest (either when you were a juvenile or as an adult) may or may not disqualify you from further consideration. Or, you may have been fired from a job that, by itself, may or not disqualify you. However, lying about it will disqualify you from further consideration. The use of drugs, including marijuana, may or not disqualify you. However, lying about it will disqualify you from further consideration.

I have read and understand the above statement.

Signature

Date

BASIC REQUIREMENTS FOR APPOINTMENT

- Be a United States Citizen- Attach Proof
- Be 19 years of age or older for all sworn positions- Attach Proof
- Be 18 years of age or older for all civilian positions- Attach Proof
- Possess a valid Florida state drivers license- Attach Proof
- Be a high school graduate or have a GED equivalency diploma- Attach Proof
- If time served in the military, must have a honorable, uncharacterized, or general with honorable conditions Military Discharge
- Successfully complete a thorough background investigation
- Pass a medical examination including a drug screen
- Submit to and successfully complete a CVSA (Computer Voice Stress Analysis) test
- Satisfactory completion of a typing test scoring 30 wpm accurate typing for Communication positions and 40 wpm accurate typing for clerical positions
- Sworn Law Enforcement and Corrections must satisfactorily complete a Minnesota Multiphasic Personality Inventory (MMPI) test and interview board
- Submit to fingerprint processing- Fingerprinting hours for applicants are 8:30 am through 4:30 pm, Monday through Friday

Putnam County Sheriff's Office
APPLICATION DISQUALIFIERS

DRIVING

- DUI:** 1 within the last 5 years – Disqualified
 2 or more-Disqualified
- Driving History:** Moving Violations - 3 citations within 18 months prior to application- Disqualified
 Non- Moving - case by case
 Habitual – Disqualified
- Suspensions:** Financial Responsibility – 1- case by case
 Financial Responsibility – 2 or more- Disqualified
 Failure to Pay -1 within the last year- case by case
 Failure to Pay – 2 or more- Disqualified
 12 points within 12 months (within 5 years of application)- Disqualified
 18 points within 18 months- Disqualified
 Revocations – Disqualified

(Drivers License suspensions other than the ones listed above are evaluated on case by case basis)

ILLEGAL DRUG USE

- Marijuana – within the last twelve months – Disqualified
Cocaine – within the last five years – Disqualified
LSD – within the last five years – Disqualified
Heroin – within the last five years – Disqualified
Methamphetamine – within the last five years – Disqualified
Steroids – Within the last two years – Disqualified
Prescription Drug Abuse – within the last two years – Disqualified

Charged with selling drugs illegally or acting as a middle-person in a drug transaction – Disqualified

***FAILURE TO DISCLOSE ILLEGAL DRUG USE AS REQUESTED IN THE INITIAL APPLICATION WILL RESULT IN DISQUALIFICATION FOR A MINIMUM OF 1 YEAR**

MILITARY

Any discharge from any of the Armed Forces of the United States that is other than honorable (Uncharacterized/General will be evaluated on a case by case basis)

CRIMINAL CONVICTIONS/ARRESTS

Pled guilty or nolo contendere to a felony or a misdemeanor that involves false statement whether or not adjudication was withheld or sentence suspended.

- Felony Conviction- Disqualified
Misdemeanor Conviction- case by case
Conviction of any moral turpitude charge- Disqualified

I have read and understand the above information

Signature _____ Date _____

Witness _____ Date _____

Include blank page when returning application

Applicant Information and Requirements

Thank you for your interest in the Putnam County Sheriff's Office. So that your application may be properly processed, you must comply with the following:

1. Provide these items upon submitting your application:
 - a. A certified copy of your birth certificate
 - b. A copy of your high school diploma or GED
 - c. A copy of your college degree(if applicable)
 - d. A copy of your military records DD214 (member 4 and/or discharge certificates)
 - e. A copy of your state law enforcement certification (LEO & Corrections)
 - f. A copy of your certificate of basic school completion (LEO & Corrections)
 - g. A copy of your state certification test scores (LEO & Corrections)
 - h. A copy of your drivers license
 - i. A copy of your social security card
 - j. Three (3) letters of personal reference (persons not related to you)
 - k. Three (3) names and addresses (complete mailing and also physical location) of neighbors where you live or have most recently lived
2. **In order for your application to be processed, it must be completed in detail and all requested items must be submitted with the application, along with signatures and witness signatures if applicable. The Background Investigation Waiver must have your signature notarized.**
3. Clerical/ Secretarial applicants will be required to pass a typing test requiring 40 correct words per minute.
4. Communications Officer applicants must pass computerized skills and efficiency test, and an oral review board.
5. As positions become available, typing test, examinations, and oral review boards will be administrated by PCSO personnel.
6. All applicants may be subjected to a voice stress test, drug screening and must pass a comprehensive background investigation.
7. If given a conditional offer of employment, the applicant must pass a physical examination. LEO and Correction applicants will also be subjected to a psychological examination.

Include blank page when returning application

CONFIDENTIAL EMPLOYEE HISTORY

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

Spouse's name and address (if different):

Name

Address- City County State Zip

(_____) _____ (_____) _____

Home Telephone Number Work Telephone Number

(_____) _____ (_____) _____

Cell Telephone Number Other Telephone Number

Children's Names and Ages:

Name	Date of Birth	Address (if different)

Former Spouse(s) Name and Address:

Name Address City State Zip Code

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

Are you 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 are applied? Yes No

ORGANIZATIONAL INVOLVEMENT QUESTIONNAIRE

1. Are you now, or have you ever been a member of any organization, association, movement, group or combination of persons which has adopted the policy of advocating or approving the commission of acts of force, intimidation, violence or other illegal acts to deny persons their rights under the Constitution of the United States? If yes, list the name(s) of organizations(s) dates, extent of association, affiliation, contribution, etc. Yes NO

2. In reference to the organizations mentioned in the question above, have you ever been affiliated or associated with any such organization or willfully contributed to any such organization? If yes, list the organization name(s), dates, extent of association, affiliation, contribution, etc. Yes NO

3. Do you currently bear any scar, insignia, or tattoo affiliated with any gang related organizations? If yes, please describe. Yes No

PERSONAL REFERENCES AND ACQUAINTANCES

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. Persons such as property owners, business or professional men and women, who have known you well for a minimum of five (5) years. If retired, please list former occupation.

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

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

Complete Name	Home Address: _____
	City, State, & Zip _____
	Home Phone: _____
Last, First Middle	
	Business Address: _____

Years Acq. Occupation City, State & Zip _____
 Business Phone _____

Social Acquaintances: Give three (3) social acquaintances in your own age group (including both sexes) who have known you well for a minimum of five (5) years

Complete Name _____ Home Address: _____
 _____ City, State, & Zip _____
 _____ Last, First Middle Home Phone: _____

Years Acq. Occupation Business Address: _____
 City, State & Zip _____
 Business Phone _____

Complete Name _____ Home Address: _____
 _____ City, State, & Zip _____
 _____ Last, First Middle Home Phone: _____

Years Acq. Occupation Business Address: _____
 City, State & Zip _____
 Business Phone () _____

Complete Name _____ Home Address: _____
 _____ City, State, & Zip _____
 _____ Last, First Middle Home Phone: _____

Years Acq. Occupation Business Address: _____
 City, State & Zip _____
 Business Phone _____

EDUCATION AND TRAINING

HIGH SCHOOL NAME/ADDRESS	DATES ATTENDED MONTH/YEAR		YEARS COMPLETED	DID YOU GRADUATE	TYPE OF DIPLOMA
	FROM	TO			

COLLEGE/UNIVERSITY NAME/ADDRESS	DATES ATTENDED MONTH/YEAR		CREDIT HOURS EARNED		DID YOU GRADUATE	TYPE OF DEGREE
	FROM	TO	QRT	SEM		

MAJOR _____ MINOR _____

Other Schools (Trade, Vocational, Business or Military)

NAME/ADDRESS	DATES ATTENDED MONTH/YEAR		CREDIT HOURS EARNED	DID YOU GRADUATE	TYPE OF DEGREE
	FROM	TO			

EMPLOYMENT HISTORY

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, set forth dates of unemployment. Use additional sheet if necessary.

Name & Address Of Employer	Dates Worked	Salary	Title or Position	Name of Supervisor	Reason For Leaving
Name _____ Address _____ City, State, Zip _____ _____			<input type="checkbox"/> Full <input type="checkbox"/> Part-Time		
Name _____ Address _____ City, State, Zip _____ _____			<input type="checkbox"/> Full <input type="checkbox"/> Part-Time		
Name _____ Address _____ City, State, Zip _____ _____			<input type="checkbox"/> Full <input type="checkbox"/> Part-Time		
Name _____ Address _____ City, State, Zip _____ _____			<input type="checkbox"/> Full <input type="checkbox"/> Part-Time		
Name _____ Address _____ City, State, Zip _____ _____			<input type="checkbox"/> Full <input type="checkbox"/> Part-Time		

ADDITIONAL SHEET FOR EMPLOYMENT HISTORY

Name & Address Of Employer	Dates Worked	Salary	Title or Position	Name of Supervisor	Reason For Leaving
Name _____ Address _____ City, State, Zip _____ (_____			<input type="checkbox"/> Full <input type="checkbox"/> Part-Time		
Name _____ Address _____ City, State, Zip _____ _____ _____			<input type="checkbox"/> Full <input type="checkbox"/> Part-Time		
Name _____ Address _____ City, State, Zip _____ _____ _____			<input type="checkbox"/> Full <input type="checkbox"/> Part-Time		
Name _____ Address _____ City, State, Zip _____ _____ _____			<input type="checkbox"/> Full <input type="checkbox"/> Part-Time		
Name _____ Address _____ City, State, Zip _____ _____ _____			<input type="checkbox"/> Full <input type="checkbox"/> Part-Time		

Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? Yes No

Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No
 If yes to questions 2 or 3, please provide details.

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

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 of Putnam? Yes No

If yes to questions 5 or 6, please provide name and address of business, corporation or organization and describe your relationship or position _____

RESIDENCES

Actual places of residence for the past three (3) years- list chronologically all addresses, 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 Mo. /Yr. From To		Apt. No.	Street Address	City	County	State

ARREST HISTORY/ COURT DATA

Have you ever been convicted of a felony? Yes No

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

Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No
 If yes to questions 1, 2, or 3 please provide details.

 Have you or your spouse ever been a plaintiff or a defendant in a court action? (Include any liens, bankruptcy, lawsuits, domestic violence injunctions, etc.) Yes No

If yes, please give date, place or court, case number, names of parties' involved and final disposition.

MILITARY HISTORY

1. Are you registered for the Selective Service? Yes No
If yes, please provide your Selective Service Number: _____
Classification _____ Date of Classification _____
Address of Local Board _____
2. Have you ever served in the Armed Forces of the United States? Yes No
Branch of Service _____ Highest Rank _____
Active Duty Dates: From _____ To: _____ From: _____ To: _____
3. Date of Discharge: _____
4. Are you now or have you ever been a member of a reserve unit or the National Guard?
Yes No If yes, please state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

5. Was any type of disciplinary action taken against you in the service? Yes No If yes, please provide:
Date: _____ Place: _____
Nature of Offense: _____
Action Taken: _____
6. Have you ever served in the Armed Forces in a foreign country? Yes No If yes, please specify countries and dates: _____
7. 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.
 - a. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administrated by the U.S. Veteran's Administration and the Department of Defense.
 - b. 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.
 - c. A veteran of any war who has served on active duty for 181 consecutive days or more who has served 180 consecutive days or more since January 31, 1995 and who has 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 unmarried 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 in # 1 and #2 above, and second to those persons included in # 3 and #4 above. If an applicant claiming veteran's preference for a vacant position is not selected for the position, he/she may file a complaint with the Division of Veteran's Affairs, P.O. Box 1437, St. Petersburg, FL 33731

BUSINESS INTEREST & 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 of alcoholic beverages? Yes No
 2. Are you now issued or have you ever issued a license to engage in a business or profession? Yes No
 3. Was your license ever cancelled, relinquished, suspended or revoked? Yes No
 If yes to questions #1, #2, or #3 above, please provide details including the type of license or certificate, the agency that issued the license, effective date 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
 If yes, specify each with an estimated amount.

2. Are you or your spouse indebted to anyone? Yes No
 If yes, please list all debts over \$500.00; be sure to include student loans and charge accounts. Also, list any debt where payment is **past due**, regardless of amount.

Creditor	Address	Amount	Loan or Account Number

3. Have you or your spouse or a company controlled by you filed for bankruptcy? Yes No , or declared bankruptcy? Yes No , or had a legal judgment rendered against you for a debt? Yes No , or been subject to a tax lien? Yes No If yes to any of these questions, please provide details. _____
-
-

DRUG TESTING AFFIDAVIT

I, _____, am currently an applicant for employment with the Putnam County Sheriff's Office. In the event that I receive an appointment, I will be willing to submit to random drug testing, during my period of appointment while on or off duty, as a condition of retention. I further understand that the testing will be at the discretion of the Sheriff or his authorized designee.

In the event that the test results should reveal positive indications for any illegal substance, or should I refuse to submit to the procedure upon demand, I understand that personnel action will be taken and that action could result in my being terminated from this agency.

Applicant Signature

Date Signed

Witness, PCSO Personnel

Date Witnessed

PUBLIC RECORD

Applications for employment with a Government Agency are, with exception to information pursuant to Public Records Law 119, a matter of public record and are not subject to confidentiality.

Examination questions and answers are not public record; but the applicant has the right to review his/her application and any completed exams that he/she has taken.

The Putnam County Sheriff's Office determination of the qualifications of an applicant for employment is final. NO employees of the Sheriff's Office are required to render an opinion or explanation beyond what is contained in the public record.

REQUIRED TRAINING FOR CERTIFIED POSITIONS

For certified positions (Law Enforcement and Corrections Deputy) you are required to successfully complete a training academy and pass the state exam prior to applying for a position. These positions, including those of Corrections, require training in the use of firearms. Course requirements include cleaning, loading, and shooting qualifications at a firing range for both handgun and shotgun.

I have read and understand both sections above

Applicant's Signature

Date Signed

COURT APPEARANCE

I understand that as an employee of the Putnam County Sheriff's Office, I may be required to testify in court.

Applicant's Signature

Date Signed

INTERNET INFORMATION

Date: _____

Applicant: _____

Do you now have, or have you ever had, an account with MySpace.com, Facebook, Blog, Twitter or any other similar website under your name or any other fictitious name?

YES NO (circle One)

If yes, list the web address(es) and name(s) used:

Applicant Signature

Date Signed

Include blank page when returning application

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 NUMBER: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: PUTNAM 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, 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 photocopy 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 photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

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() (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

AFFIDAVIT

STATE OF FLORIDA, 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

Include blank page when returning application

APPLICANT'S CERTIFICATION

I understand that my employment will be contingent upon a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis of 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 may 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 will be contingent upon the results of a complete drug test.

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 preformed by employees or appointees.

I understand that my continued employment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment.

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

I understand and agree that any employment 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 authorize any of the persons or organizations referenced in the application to furnish information, personal or otherwise, regarding my ability and fitness for employment 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 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, room mates, etc.) which might tend to reflect unfavorably on your reputation, morals, character or ability? Yes No

If yes, please explain you version or explain fully any such incident.

Witnessed by PCSO Administrator/Designee

Signature of Applicant as usually written

Date