
EMPLOYMENT APPLICATION



FOR MORE INFORMATION

Call (772) 462-3266 or
www.stluciesheriff.com

St. Lucie County Sheriff's Office

Application Package Index

Detention

- Front Cover
- Sheriff's Message
- Mission Statement
- Information Package (Sworn)
- Selection Process (Sworn)
- Application Disqualifiers
- Voluntary Equal Employment Opportunity Questionnaire
- Non-Military Statement
- Collection & Use of Social Security Numbers
- Non-User of Tobacco Products
- Tattoos, Brands, Body Mutilation, Dental Ornamentation, and/or Body Ornamentation
- Job Description (Detention Deputy)
- Application



Thank you for your interest in the St. Lucie County Sheriff's Office.

We are a progressive, full-service law enforcement, court security and detention agency on Florida's east coast, with countywide jurisdiction. St. Lucie County is a fast growing community with an expanding need for criminal justice services.

The St. Lucie County Sheriff's Office is an equal opportunity employer with numerous career opportunities in the criminal justice field. We serve the people of St. Lucie County with a full range of services. These include uniform patrol, school resource deputies, detectives, crime scene investigators, an aviation unit, special investigations, bailiffs, civil process and detention deputies, just to name a few.

The St. Lucie County Sheriff's Office has a well deserved reputation for professionalism. Our law enforcement operations have earned accreditation from the Commission for Florida Law Enforcement Accreditation. Our jail is fully accredited with the Florida Corrections Accreditation Commission.

Our agency offers a comprehensive set of benefits, including health and dental insurance and an employer-paid retirement system.

St. Lucie County has miles of unspoiled beaches, diverse recreational opportunities and excellent schools. Our county is located a short drive from the tourist attractions of Central Florida.

Our employment application and screening process are designed to select the best qualified individuals to help us serve the people of St. Lucie County 24 hours a day, seven days a week. Please fill out the application carefully. Our Human Resources staff will be glad to answer any questions you may have.

Again, I would like to thank you for your interest in the St. Lucie County Sheriff's Office.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ken J. Mascara'.

Ken J. Mascara
Sheriff of St. Lucie County



MISSION STATEMENT

Vision: We want the people of St. Lucie County to have the most professional criminal justice services possible. We will accomplish this by providing responsive, quality, cost effective service.

Values: We will honor the public trust through respect and dignity for those with whom we deal; respect and care for the environment; equal opportunity; a work force selected with care, treated with respect and rewarded for performance; open and honest communication; positive action and innovation; team work; and responsible use of public resources.

Mission: The St. Lucie County Sheriff's Office pledges to protect life and property and maintain order through a continuing commitment to service, integrity, the highest standard of ethics and respect for individual rights in a diverse population.

Goals: We will focus on community service, invest in the work force and live within our means.

We will focus on community service by: Supporting the priorities of our community; listening and responding to our residents and visitors; cutting red tape; improving public awareness of Sheriff's Office services; improving effectiveness of internal support services; involving employees in goal setting and ongoing improvement efforts; planning, initiating, implementing and evaluating thoroughly our programs and projects; and improving our interaction with the community to promote greater understanding.

We will invest in the work force by: Treating employees as customers; achieving market competitiveness in wages and benefits; involving employees in decisions that affect them; and responding to employee suggestions.

We will live within our means by: Operating within budgetary limits and adhering to financial policies; seeking new sources of funding; emphasizing preventive maintenance; and focusing on continuous improvement of quality, productivity, efficiency and effectiveness.

A handwritten signature in cursive script, appearing to read "Ken J. Mascara", is written in black ink on a light-colored rectangular background.

Sheriff Ken J. Mascara

**St. Lucie County Sheriff's Office
Sworn Positions
Information Package**

Closing Date – Open until positions are filled

REQUIREMENTS AND NECESSARY DOCUMENTS

1. Minimum age of 19 years
2. United States citizen prior to application (F.S.S. 943.12.2)
3. High School diploma or GED certificate from accredited school
4. Candidates must not have been convicted of any felony or a misdemeanor involving perjury, false statement, or domestic violence. Candidates must have good moral character as determined by a background investigation (F.S.S. 943.13)
5. Must successfully pass the Criminal Justice Basic Abilities Test and the Physical Agility Test offered at the Indian River State College Academy. Call (772) 462-7676 to schedule the tests. Testing must be completed prior to submitting application. Current Florida and out-of-state certified officers are exempt from taking the Basic Abilities Test.
6. Certified candidates: Basic recruit certificate or current residence state's certification must accompany application.
7. If ever arrested, candidates must submit an official court disposition with the application. Official court dispositions can be obtained from the Clerk of the Court in the county in which the incident occurred.
8. Throughout employment, candidates must possess and maintain a valid Florida driver license without any restrictions affecting job performance. Driver license must show current address. For application disqualifiers regarding driving history, please see Application Disqualifiers form included in this package.
9. Candidates must submit to a comprehensive background/character investigation, polygraph, physical examination (including a drug screen), fingerprinting, and a psychological test.

10. Candidates must provide certified copies of the following documents:

- Social security card (**Name must appear the same as on application.**)
- Military discharge DD214 Member 4 form
- High school diploma or G.E.D. certificate. Out of state G.E.D. certificate must have transcript or grades attached
- Birth certificate or current passport
- A Criminal Justice Standard & Training commission Certificate of Compliance (Florida certified officers only). If certified after January 1993, include state test scores
- Documentation of any and all name changes (marriage, divorce, adoption, etc.)
- Florida driver license

Photocopy your original documents and show the original document and your copies to a witness (18 years of age or older). The witness must certify each copy by writing: **“I certify that this is a true and correct copy of the original document.”** After writing that statement on the copies, the witness must sign and date each.

11. A 2” x 2” photograph (not a driver license photo) is to be submitted

12. Candidates should submit all other professional certificates

13. Candidates must complete and submit the Application Disqualifiers form included in this package

14. Male candidates between 18 to 26 years of age must submit a copy of their selective service registration card

Please note: *Condensed testing is available to out-of-area candidates.*

How to apply: Applications may be obtained and returned during regular business hours, Monday through Friday 8:00 am to 5:00 pm.

St. Lucie County Sheriff's Office
Human Resources Unit
4700 West Midway Road
Ft. Pierce, Florida 34981

If you have any questions, please contact us at (772) 462-3266 or visit our website:
<http://www.stluciesheriff.com>.

RESUMES, FAXES, AND INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

The St. Lucie County 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.

St. Lucie County Sheriff's Office
SELECTION PROCESS for SWORN POSITIONS

The following is a summary of the selection process for the position of deputy. The entire process, not always done in this sequence, may take approximately three to five months to complete.

1. **Driver License and criminal history checks**
Before completing the other steps in the selection process, a preliminary driver license and criminal history check are conducted to verify eligibility.
2. **Pre-screen interview**
Applicant may be asked a series of questions in the areas of employment history, drug use, arrest history, and theft. This step ensures that all required background information is revealed before movement to the next step.
3. **Oral board**
A panel of assessors from within the Sheriff's Office conducts the oral board interview. The interview covers various issues that face deputies and is a forum for applicants to discuss their opinions and respond to different situational questions.
4. **Background investigation**
This process consists of: contact with applicant's present and former employers, references, neighbors, and other pertinent sources. Military history, school, police, and driving records will be researched.

After a Conditional Offer of Employment is extended, the following tests will be administered:

5. **Polygraph examination**
6. **Psychological evaluation**
A licensed psychologist contracted by the St. Lucie County Sheriff's Office will conduct a psychological evaluation.
7. **Medical examination**
A complete job-related medical examination and drug screen will be conducted by a licensed physician contracted by the St. Lucie County Sheriff's Office

St. Lucie County Sheriff's Office
APPLICATION DISQUALIFIERS

Please initial items that are applicable to you.

Initials

Driving

_____ 5 or more moving violations in 5 years.

_____ Any Driver's License suspension in the last 5 years. (Suspension for financial responsibility will be evaluated on a case by case basis)

Drug Use*

_____ Any illegal drug use or repeated experimentation in the last 3 years prior to the date of application and/or appointment/commission.

_____ Ever sold drugs illegally or acted as a middle-person in a drug transaction.

_____ Current user of any tobacco products.

***FAILURE TO DISCLOSE ILLEGAL DRUG USE OR FAILURE TO DISCLOSE ANY USE OF TOBACCO PRODUCTS AS REQUESTED IN THE INITIAL APPLICATION WILL RESULT IN DISQUALIFICATION FOR A MINIMUM OF ONE (1) YEAR.**

Military

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

Please initial if you have been charged, pled or found guilty, or pled no contest to any of the following:

Criminal Convictions/Arrests

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

_____ Conviction of any moral turpitude charge.

_____ Any arrest for DUI within 5 years.

_____ Arrests for multiple DUI's.

_____ Incarcerated in the St. Lucie County Jail within the past 10 years.

PROVIDING ANY FALSE INFORMATION ON THIS DOCUMENT IS AN AUTOMATIC DISQUALIFICATION.

I have read and understand the above information

Signature: _____ Date: _____

SLCSO Human Resources Signature: _____

Voluntary Affirmative Action Information
(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

Date ____/____/____

Position(s) applied for: _____

Referral Source: ____ Advertisement ____ Employee ____ Relative ____ Walk-in ____ School
____ Government Employment Agency ____ Private Employment Agency ____ Newspaper ____ Other

Applicant Name _____ (____) _____
Last First MI Area Code Phone

Address: _____
Street City State Zip Code

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this application data survey. Your cooperation is appreciated.

Please be advised that your survey is **not** a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check one: Male ____ Female ____

Check one of the following Race/Ethnic Group:

____ Hispanic ____ Black ____ White ____ American Indian/Alaskan native ____ Asian/Pacific Islander

SPECIAL NOTICE TO INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:

Government contractors subject to the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK: ____ INDIVIDUAL WITH A DISABILITY

EDUCATION:

(Check highest diploma or degree): ____ GED ____ HS ____ AA ____ AS ____ BA ____ BS ____ MA ____ MS ____ PHD ____ JD

To be completed by applicant - not for interview purposes - to be filed separately from application.

This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or necessitated by another federal law or regulation.



NON-MILITARY SERVICE STATEMENT

I, _____, solemnly swear/affirm that I have never
(Print name)

served in any capacity in the armed forces of the United States.

(Signature)

(Date)

(Notary's Signature)

(Date)

Notary Stamp:

ST. LUCIE COUNTY SHERIFF'S OFFICE

COLLECTION AND USE OF SOCIAL SECURITY NUMBERS

Effective October 1, 2007, in accordance with FSS 119.071, the St. Lucie County Sheriff's Office will collect Social Security numbers for the following purposes:

- Application Process – for the purpose of collecting information related to background investigations, including but not limited to fingerprints, NCIC/FCIC checks, Credit Bureau reports, verification of employment, local and state records checks, clarification for duplicate names, verification of military Service.
- Payroll – for reporting wages to Internal Revenue Service, Division of Retirement and New Hire Reporting.
- Insurance – for medical, dental, flexible spending, life insurance policies, short and long-term disability enrollment and reporting.
- Medical Leave – for Workers' Compensation reporting and medical purposes associated with Workers' Compensation.

ACKNOWLEDGEMENT: I _____

Do solemnly attest that I have read the above and understand the Collection and Use of Social Security Numbers as set forth above.

Applicant Signature

Date

Witness Signature

Date



**ST. LUCIE COUNTY SHERIFF'S OFFICE
CONDITION OF EMPLOYMENT**

NONUSER OF TOBACCO PRODUCTS

I, _____, acknowledge that effective January 1, 2012, the St. Lucie Sheriff's Office will not hire employees who currently use tobacco products. To ensure compliance with the Sheriff's Office policy I, the undersigned applicant, do hereby certify that I am not a current user of any tobacco products. I also agree that while employed at the St. Lucie County Sheriff's Office I will not use any tobacco products either on or off duty. I understand that I may be subject to termination if it is substantiated that I have used any tobacco products during my employment.

Signature of Applicant

_____/_____/_____
Date

Signature of Witness

_____/_____/_____
Date



ST. LUCIE COUNTY SHERIFF'S OFFICE CONDITION OF EMPLOYMENT

TATTOOS, BRANDS, BODY MUTILATION, DENTAL ORNAMENTATION, AND/OR BODY ORNAMENTATIONS

APPLICANT NAME: _____

Effective June 1, 2005, the St. Lucie Sheriff's Office has implemented a policy regarding Tattoos, Brands, Body Mutilation, Dental Ornamentation, and/or Body Ornamentations (see General Order 13.10). Pursuant to this policy, an applicant for employment or a current member may be disqualified from employment if the aforesaid tattoos and other body ornamentation are (or would be) visible while wearing the Sheriff's Office issued uniform or other clothing required for particular assignment. To ensure compliance with the Sheriff's Office policy I, the undersigned applicant, do hereby agree that during my tenure of employment with the St. Lucie County Sheriff's Office that I will disclose any tattoos, brands, body mutilation, dental ornamentation, body piercing, and other body ornamentations, which may be visible while wearing the Sheriff's Office issued uniform or other clothing required for particular assignment, I understand that I am subject to termination if it is substantiated that I have withheld any of the above mentioned during my employment.

Signature of Applicant

_____/_____/_____
Date

Signature of Witness

_____/_____/_____
Date



St. Lucie County Sheriff's Office

Job Description

DEPUTY SHERIFF - DEPARTMENT OF DETENTION

Job Code - 112

General Description of Duties

This is security work maintaining order and discipline among detainees in the Department of Detention. Work includes the supervision and control of detainees; enforcement of security rules, regulations and procedures; and the provision of services and information to detainees. Work assignments and instructions are received from an administrative superior who reviews work methods and results through observation, reports and conferences.

SPECIFIC DUTIES AND RESPONSIBILITIES

Essential Functions

The list of essential functions, as outlined herein, is intended to be representative of the tasks performed within this classification. It is not necessarily descriptive of any one position in the class. The omission of an essential function does not preclude management from assigning duties not listed herein if such functions are a logical assignment to the position.

Maintains order over detainees; takes appropriate action to ensure the safety and security of the detainees, the public and other law enforcement and detention personnel.

Receives incoming detainees; conducts searches to detect concealed weapons and contraband.

Places detainees in cells; issues cleaning/sanitation supplies; transports laundry and bedding.

Escorts' detainees to and from cells for court appearances, medical treatment, visitation, religious services, conferences, release and other activities.

Complies with booking and release orders and procedures.

Picks up mail and commissary orders; inspects incoming mail and packages for contraband and other non-permitted items; delivers packages, mail and commissary items to detainees.

Supervises detainee work details in and out of the facility or during recreational activities.

Maintains accurate counts of detainees; maintains complete records and assures that current information on detainees is entered into the computerized record information system.

May participate in the classification of new detainees; makes cell assignments.

Responds to inquires regarding status of detainees, visiting procedures and other related detention facility procedures.

Secures detention facility keys; receives status and incident reports and special instructions from other detention personnel.

Operates an agency vehicle when appropriate to area of assignment.

Additional Functions

While the following tasks are necessary for the work of the unit, they are not an essential part of the purpose of this position and may also be performed by other unit members.

Performs related duties as directed.

MINIMUM TRAINING AND EXPERIENCE

High school diploma; experience in detention/corrections, law enforcement, investigations or security work preferred; or an equivalent combination of training and experience.

SPECIAL REQUIREMENTS

Minimum nineteen (19) years of age at time of appointment; certification from the Florida Department of Law Enforcement (FDLE), Division of Criminal Justice Standards and Training Commission (CJSTC) State Corrections Officer Certification; possession and maintenance of a valid Florida driver's license throughout employment without any restrictions that may affect ability to perform the essential functions of the work as outlined herein.

PHYSICAL REQUIREMENTS

Compliance with minimum training and standards of an accredited certification institution as set forth by the FDLE, CJSTC. Tasks include a criticality component, in responding to crime scenes or other critical incidents, whereby incumbents are required to maintain physical abilities consistent with CJSTC standards in order to perform essential duties as outlined herein on an as needed basis. Emphasis does not consider percentage (%) of time allocated to performing essential functions. Rather incumbents maintain CJSTC physical standards in order to perform essential functions at any point during compensatory time regardless of allocated percentage (%) of time to any one duty.

Depending on functional area of assignment, the following physical requirements may apply:

Tasks involve the intermittent performance of extremely physically demanding work, typically involving some combination of reaching, bending, stooping, kneeling, crouching, running, climbing, and that may involve the lifting, carrying, pushing, and/or pulling of extremely heavy objects (150+ pounds), such as in the event of chasing and subduing a detainee resisting control. Tasks may involve standing, sitting or walking for long periods of time. Some tasks are performed with potential for intermittent exposure to disagreeable elements including, but not limited to, heat, humidity, inclement weather, loud noise, toxic/chemical agents, electrical currents, pathogens, violent behavior, weapons, explosives. Tasks include working around moving parts, vehicles, equipment, carts, and materials handling, where extremely heightened awareness to surroundings and environment is essential in the preservation of life and property. Standard body gear and equipment applies in the preservation of life and property, as does special equipment based on assignment including, but not limited to, various types of body armor and safety gear.

ADA COMPLIANCE

Physical Ability: Tasks involve the ability to exert light physical effort in sedentary to light work, but which may involve some lifting, carrying, pushing and/or pulling of objects and materials of light weight (5-10 pounds). Tasks may involve extended periods at a keyboard or workstation.

Sensory Requirements: Some tasks require visual perception and discrimination.

Environmental Factors: Tasks are regularly performed without exposure to adverse environmental conditions, such as dirt, dust, pollen, odors, wetness, humidity, rain, fumes, temperature and noise extremes, machinery, vibrations, electric currents, traffic hazards, animals/wildlife, toxic/poisonous agents, violence, disease, or pathogenic substances.

The St. Lucie County Sheriff's Office is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the Sheriff's Office will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.



ST. LUCIE COUNTY SHERIFF'S OFFICE EMPLOYMENT APPLICATION

DATE: _____

POSITION APPLYING FOR:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Law Enforcement Deputy | <input type="checkbox"/> Certified | <input type="checkbox"/> Non-Certified |
| <input type="checkbox"/> Detention Deputy | <input type="checkbox"/> Certified | <input type="checkbox"/> Non-Certified |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Other _____ | |

The St. Lucie County 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.

- NOTICE:** The following additional documents must be attached to this application:
1. A certified copy of birth certificate AND naturalization document (if applicable)
 2. A certified copy of high school diploma or Florida Police Standards approved G.E.D. (from an accredited school)
 3. A certified copy of military discharge(s) DD214 Form M4
 4. A certified copy of social security card in same name as on application
 5. A certified copy of Florida Driver's License
 6. Copy of Selective Service Registration Card (males between the ages 18 and 26 years)
 7. Marriage certificate/divorce decrees/adoption paperwork/any name change documents
 8. Professional certificates/certification
 9. 2" X 2" photograph

INSTRUCTIONS

Application must be **printed legibly in black 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 INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

STREET ADDRESS APARTMENT NO.

CITY COUNTY STATE ZIP
CODE

() ()
RESIDENCE TELEPHONE CELL TELEPHONE

SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER STATE

DATE OF BIRTH (MONTH - DAY - YEAR)

PERSONAL INFORMATION CONTINUED

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

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

2. Place of Birth: _____

City _____ County _____ State _____ Country (if not the United States) _____

3. Are you a United States citizen? No Yes

If naturalized, please provide: _____
 Date _____ Place _____

Court _____ Naturalization No. _____

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

EDUCATION/TRAINING

1.

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

2.

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

*Attach diploma or official transcript from last institution of higher education attended.

Major _____ Minor _____

EDUCATION/TRAINING CONTINUED

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, citations, positions held in school organizations, and/or any other special recognition you received while attending school:

5. List languages other than English (including sign language) and indicate your knowledge in each area by entering 1-5 (5 rated as fluent).

Language	Reading	Writing	Speaking	Understanding

6. Indicate any law enforcement education/training (list names of schools attended):

7. Did you receive a certificate for this training? No Yes Certificate Number: _____

8. Has your law enforcement certificate ever been suspended, revoked, or subject to discipline or investigation?
 No Yes If yes, explain. _____

9. 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):

10. 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):

11. Describe any word processing or computer skills and list all software used: _____

EMPLOYMENT HISTORY

1. List all jobs you have held. Place your present or most recent job first. If you need additional space, you may include additional sheets. Include military service, all periods of unemployment and time spent in school/college in proper sequence. List all part-time, temporary, seasonal and voluntary jobs. ALL SECTIONS MUST BE COMPLETE. If any gaps exist in employment, please list (i.e. attending school, unemployment, homemaker, etc.)

May we contact your present employer? No _____ Yes _____

From Date	Name of Present or Most Recent Employer	Circle one: Part Time Full Time	Job Title
To Date	Street Address	Phone # Area Code	Name of Supervisor
Salary	City, State, Zip Code	Why did you leave? If presently employed, why do you want to leave?	

From Date	Name of Present or Most Recent Employer	Circle one: Part Time Full Time	Job Title
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Salary	City, State, Zip Code	Why did you leave? If presently employed, why do you want to leave?	

EMPLOYMENT HISTORY CONTINUED

From Date	Name of Present or Most Recent Employer	Circle one: Part Time Full Time	Job Title
To Date	Street Address	Phone # Area Code	Name of Supervisor
Salary	City, State, Zip Code	Why did you leave? If presently employed, why do you want to leave?	

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To Date	Street Address	Phone # Area Code	Name of Supervisor
Salary	City, State, Zip Code	Why did you leave? If presently employed, why do you want to leave?	

• **Attach additional employment history if applicable**

EMPLOYMENT HISTORY CONTINUED

2. 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?

No Yes If yes, please explain.

Name of Business	Address	Relationship

2a. Do any of the above listed businesses do business with the St. Lucie County Sheriff's Office or County?

No Yes

If yes, name each that applies: _____

3. Have you ever been dismissed, forced to resign, or asked to resign by an employer?

No Yes If yes, please explain.

Date	Name of Employer	Reason

4. Have you ever had any disciplinary action(s) taken against you by any employer? This includes, but is not limited to, written warning(s), written counseling(s), suspension(s), or demotions(s).

No Yes If yes, please explain.

Date	Name of Employer	Reason

5. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?

No Yes If yes, please explain.

Date	Name of Employer	Reason

6. Have you ever applied to or performed paid (or unpaid) services for a law enforcement agency not listed as an employer?

No Yes If yes, please explain.

Date	Name of Employer	Position Applied For or Service(s) Performed

BUSINESS INTERESTS AND 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? No Yes

If yes, please list name(s) and type of ownership: _____

2. Are you now issued or have you ever been issued a license to engage in a business or profession?

No Yes

If yes, please provide details including type of license, agency that issued the license, effective date of the license, and license number. _____

- 2a. Was the above listed license(s) ever cancelled, suspended, or revoked? No Yes

If yes, please explain details: _____

ORGANIZATION MEMBERSHIP

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

Name	City & State	Present (list position held & describe activity)	Former (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? No Yes

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

5. Did you intend to promote any unlawful aims of the organization? No Yes

If yes to question #2, #3, #4, or #5, state the name and location of the organization and explain your affiliation with them. _____

RESIDENCES

Actual places of residence - list chronologically beginning with most current residence, 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.

From Date	Street Address	Landlord's Name
To Date	City, State, Zip Code	Landlord's Address
Own <input type="checkbox"/>	Rent <input type="checkbox"/>	County Landlord's Phone Number

From Date	Street Address	Landlord's Name
To Date	City, State, Zip Code	Landlord's Address
Own <input type="checkbox"/>	Rent <input type="checkbox"/>	County Landlord's Phone Number

From Date	Street Address	Landlord's Name
To Date	City, State, Zip Code	Landlord's Address
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Own <input type="checkbox"/>	Rent <input type="checkbox"/>	County Landlord's Phone Number

From Date	Street Address	Landlord's Name
To Date	City, State, Zip Code	Landlord's Address
Own <input type="checkbox"/>	Rent <input type="checkbox"/>	County Landlord's Phone Number

RESIDENCES CONTINUED

From Date	Street Address	Landlord's Name
To Date	City, State, Zip Code	Landlord's Address
Own <input type="checkbox"/>	Rent <input type="checkbox"/>	County
		Landlord's Phone Number

From Date	Street Address	Landlord's Name
To Date	City, State, Zip Code	Landlord's Address
Own <input type="checkbox"/>	Rent <input type="checkbox"/>	County
		Landlord's Phone Number

From Date	Street Address	Landlord's Name
To Date	City, State, Zip Code	Landlord's Address
Own <input type="checkbox"/>	Rent <input type="checkbox"/>	County
		Landlord's Phone Number

From Date	Street Address	Landlord's Name
To Date	City, State, Zip Code	Landlord's Address
Own <input type="checkbox"/>	Rent <input type="checkbox"/>	County
		Landlord's Phone Number

From Date	Street Address	Landlord's Name
To Date	City, State, Zip Code	Landlord's Address
Own <input type="checkbox"/>	Rent <input type="checkbox"/>	County
		Landlord's Phone Number

From Date	Street Address	Landlord's Name
To Date	City, State, Zip Code	Landlord's Address
Own <input type="checkbox"/>	Rent <input type="checkbox"/>	County
		Landlord's Phone Number

From Date	Street Address	Landlord's Name
To Date	City, State, Zip Code	Landlord's Address
Own <input type="checkbox"/>	Rent <input type="checkbox"/>	County
		Landlord's Phone Number

From Date	Street Address	Landlord's Name
To Date	City, State, Zip Code	Landlord's Address
Own <input type="checkbox"/>	Rent <input type="checkbox"/>	County
		Landlord's Phone Number

ARREST HISTORY/COURT DATA

If you answer "Yes" to any of the following questions, please explain in the space provided. An affirmative response may not cause disqualification for employment.

1. Have you ever been arrested, charged, or given notice or summons to appear for any criminal violation, even as a juvenile? (Include any arrest in which the records were sealed or expunged.) No Yes
 Crime charged with _____
 Law Enforcement Agency _____ Date _____
 Sentence _____
2. Have you ever been charged, investigated, arrested or convicted of domestic violence? No Yes
 Crime charged with _____
 Law Enforcement Agency _____ Date _____
 Sentence _____
3. Have you ever been served with a restraining order or a no contact order? No Yes
 If yes, explain _____

4. Have you ever committed a crime for which you were not arrested or convicted? No Yes
 If yes, explain _____

5. Have you ever been charged (plead guilty, nolo contendere) of a crime other than traffic violation?
 No Yes
 Crime charged with _____
 Law Enforcement Agency _____ Date _____
 Sentence _____
6. Have you ever been detained, stopped, questioned, or held for interview by any law enforcement agency for any reason, including minor traffic violations? No Yes
 If yes, explain _____

7. To your knowledge have you ever been the subject of, or a suspect in, a criminal investigation?
 No Yes
 If yes, explain _____

8. Have you ever been placed on probation? No Yes
 If yes, explain _____

9. To your knowledge, has any member of your immediate family ever been arrested for anything other than traffic violations? No Yes If yes, indicate below:

Date	Name	Relationship	Offense	Where Arrested

10. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? No Yes

Date	Name of Organization	Purpose of Fingerprinting

DRIVING HISTORY

1. Do you hold or have you ever held an operator or chauffeur license in another state? No Yes
If yes, please provide:

State	Name Used	Date of License(s) Held

2. Have you ever been denied issuance of a driver's license or have you ever had a driver's license suspended or revoked? No Yes If yes, please provide:

State	Date	Reason/Charge	Outcome

3. Have you ever had automobile insurance withdrawn, revoked, or have you ever been refused automobile insurance? No Yes If yes, give details:

Date	Reason/Charge	Outcome

4. Have you had any traffic accidents within the last 5 years? No Yes If yes, give details:

Date of accident: _____ Were you charged? _____ Explain: _____

Date of accident: _____ Were you charged? _____ Explain: _____

Date of accident: _____ Were you charged? _____ Explain: _____

5. Were any of the traffic accidents job related? No Yes If yes, list year occurred and explain:

6. Did job related traffic accidents result in discipline? No Yes If yes, please explain: _____

7. Have you ever received a ticket or been convicted of a traffic violation (exclude parking tickets)?

No Yes If yes, explain: _____

FINANCIAL DATA

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

Other Source of Income	Amount

2. Are you or your spouse indebted to anyone? No Yes 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. Attach additional financial information if necessary.

Creditor	Address	Amount	Loan or Account Number

3. Have you, your spouse, or a company controlled by you filed for bankruptcy?
 No Yes
- or declared bankruptcy?
 No Yes
- or had a legal judgment rendered against you for a debt?
 No Yes
- or been subject to a tax lien?
 No Yes

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

MILITARY HISTORY

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

2. If no, are you registered for Selective Service? No Yes

If yes, Selective Service Number _____

Classification: _____ Date of Classification: _____

Address of Local Board: _____

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

4. Have you ever served in the Armed Forces of a foreign country? No Yes

If yes, indicate countries and dates: _____

IF YOU ANSWERED NO TO ALL OF THE ABOVE, GO ON TO THE NEXT PAGE. IF YOU ANSWERED YES, PLEASE CONTINUE. ATTACH ADDITIONAL SHEETS AS NEEDED.

5. If you served in the Armed Forces, you must provide copies of all DD214's Form M4.

Branch of Service: _____ Highest Rank: _____

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

From: _____ To: _____ From: _____ To: _____

Indicate type of discharge: _____

6. Was any type of disciplinary action taken against you in the service? Includes, but not limited to, a letter of reprimand, forfeiture of pay, or demotion? No Yes

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

7. VETERANS' PREFERENCE: Are you claiming a veterans' preference under FS, Section 295? No Yes

If yes, circle the corresponding letter below for veterans' preference. Documentation substantiating your claim must be furnished with this application.

a. 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. Department of Veterans Affairs and Department of Defense.

b. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected 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 one day or more during an eligible wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America.

d. The un-remarried widow or widower of a veteran who died of a service-connected disability.

e. A veteran who has served in a campaign or expedition for which a campaign badge has been authorized by the Department of Defense, and who is in receipt of any Armed Forces Expeditionary Medal or The Global War on Terrorism Medal.

Have you been employed by a city, state, or county governmental entity within the State of Florida since your military discharge? No Yes

If yes, list the employment dates and entity: _____

Note: Under Florida law, preference in appointment shall be given first to those persons included in a and b above, and second to those persons included in c, d, e above For additional veterans' preference information go to: <http://www.floridavets.org/benefits/beteranspref.asp>.

PERSONAL REFERENCES

Must provide three (3) personal 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 any of the below are retired, list former occupation and state "retired."

1.

Name (Last, First, Middle)	Years Acquainted	Occupation	
Home Address	City	State	Zip Code
Home Phone		Cell Phone	
Business Name		Business Phone	
Business Address	City	State	Zip Code

2.

Name (Last, First, Middle)	Years Acquainted	Occupation	
Home Address	City	State	Zip Code
Home Phone		Cell Phone	
Business Name		Business Phone	
Business Address	City	State	Zip Code

3.

Name (Last, First, Middle)	Years Acquainted	Occupation	
Home Address	City	State	Zip Code
Home Phone		Cell Phone	
Business Name		Business Phone	
Business Address	City	State	Zip Code

SOCIAL ACQUAINTANCE

Must provide three (3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

1.

Name (Last, First, Middle)	Years Acquainted	Occupation	
Home Address	City	State	Zip Code
Home Phone		Cell Phone	
Business Name		Business Phone	
Business Address	City	State	Zip Code

2.

Name (Last, First, Middle)	Years Acquainted	Occupation	
Home Address	City	State	Zip Code
Home Phone		Cell Phone	
Business Name		Business Phone	
Business Address	City	State	Zip Code

3.

Name (Last, First, Middle)	Years Acquainted	Occupation	
Home Address	City	State	Zip Code
Home Phone		Cell Phone	
Business Name		Business Phone	
Business Address	City	State	Zip Code

DRUG TESTING CONSENT FORM

I understand that as part of the pre-appointment process, the St. Lucie County Sheriff's Office will conduct an in-depth background investigation in an effort to determine my suitability to fill the position for which I have applied.

In keeping with the efforts of the St. Lucie County Sheriff's Office to identify the most qualified individuals for the law enforcement profession, I do hereby voluntarily consent to the sampling and subsequent testing of my body fluids, including urine and blood. I understand that refusal to supply the necessary samples may be grounds for rejection of my application for appointment.

I also understand that as an employee of the St. Lucie County Sheriff's Office, I will have to submit to random testing as a condition of employment. I further understand, that the results of the testing may be utilized in conjunction with any other information developed during the pre-employment process to determine my eligibility for the position for which I have applied, and that written confirmatory laboratory reports may be subject to disclosure under Florida's Public Records Act.

_____ Applicant Refused to Sign Consent Form

Applicant's Signature

____/____/____
Date

Witness Signature

____/____/____
Date

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 Cell Phone Number

2. Applicant's Social Security Number: _____

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

Name _____

Address _____

City _____ County _____ State _____ Zip Code _____

4. Children:

Name (Last, First, Middle)	Date of Birth	Address (if different than applicants)

5. Former Spouse(s) Name(s) and Address:

Name _____

Address _____

City _____ County _____ State _____ Zip Code _____

Name _____

Address _____

City _____ County _____ State _____ Zip Code _____

6. If applying for a sworn position, are you now able to participate in defensive tactics, firearms, or physical training?
 No Yes

6a. If applying for any position, are you now able to operate a motor vehicle or otherwise perform the duties set forth in the job description related to the position for which you applied with or without accommodation?

No Yes

If answering No to either of the above, or if an accommodation is required, please explain: _____

CONFIDENTIAL EMPLOYEE HISTORY CONTINUED

7. Have you illegally obtained, possessed, used, supplied, or sold any narcotic or controlled substance such as, but not limited to; marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroids, prescription drugs (not prescribed to you), or any drug of a similar nature?

(This question is sometimes **misinterpreted** as meaning experimentation does not constitute possession. However, the purpose of the question is to determine if you have ever **touched, held, used, or been in contact with narcotics or controlled substances** of any nature at any time in your life. Please read your response again and determine if you understood the question completely. Any falsification discovered on the application during the background investigation **will disqualify you** from proceeding with the applicant process.)

No Yes

If yes, please complete the following:

- a. Drug: _____
- b. How taken: _____
- c. Circumstances: _____
- d. Number of times illegally obtained/possessed/supplied/sold: _____
- e. First time illegally obtained/possessed/supplied/sold: _____
- f. Last time illegally obtained/possessed/supplied/sold: _____

8. Do you currently use any narcotic or controlled substance, such as those listed in question #7 or have you used such a narcotic or controlled substance within the last three (3) years?

No Yes

9. Do you now or have you within the last three (3) years, abused or illegally obtained, possessed or sold any prescription drug?

No Yes If yes, provide details, including drug, date, and circumstances.

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

Name

Address City State Zip

Code _____
(_____) _____
Home Phone Number Business/Cell Phone Number

11. 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 _____
(_____) _____
Business Phone Number

I understand that the "Applicants Certification" applies in all respects to the responses provided in numbers 1-11 above in this "Confidential Employee History."

Signature of the applicant as usually written Date

Witnessed by: _____

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 validity 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 also understand that I may be required to furnish the Sheriff's Office with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment.

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 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 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, friends, acquaintances) which might tend to reflect unfavorably on your reputation, morals, character, or ability?

No Yes If yes, provide your version or explain fully any such incident.

Signature of the applicant as usually written

Date

Witnessed by: _____

PERSONAL INQUIRY 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 #: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFO: **St. Lucie 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 DD214 Form M4 (Report of Separation) to: **St. Lucie County Sheriff's Office**

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 upon a showing that the information 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

City

State

Zip Code

AFFIDAVIT

STATE OF _____

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 _____, 20_____.

My commission expires on _____, 20_____.

Notary Public

Personally Known _____ - or - Produced Identification _____

Type of Identification Produced _____