



LEVY COUNTY SHERIFF'S OFFICE

Law Enforcement/Civilian Application for Employment

9150 N.E. 80 Avenue
Bronson, Florida 32621

The Levy 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. Veteran's preference will be given to eligible veterans in accordance with existing laws.

INSTRUCTIONS

This application must be typed or printed legibly in ink. **Applications which are not legible or complete will be considered unacceptable and given no further consideration.** All questions must be answered. 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 answers should be numbered to correspond with questions. Your ability to completely and honestly complete this application is part of the process to determine your suitability for employment. If you intentionally omit and/or fail to disclose any information asked in this application and it is discovered at a later time in the hiring process, it shall automatically disqualify you from employment at the Levy County Sheriff's Office. Once submitted, this application becomes property of the Levy County Sheriff's Office

If an opening becomes available for which you are qualified, you may be contacted for a personal interview.

Answer all questions. If they do not apply, place N/A in the space provided.

1. Provide names, complete mailing addresses including zip codes and telephone numbers of former employers, dates of employment (to include month and year) and your job title.
2. References should be long term friends, but not neighbors, supervisors, co-workers or relatives.

Please attach copies of the following documents to your completed application:

- Birth Certificate
- Color Photograph 2"x2" sized such that the head is 1 to 1 3/8 inch from bottom of chin to top of head, (passport type photo), taken within the last six (6) months.
- Driver's License
- Social Security Card
- High School Diploma or State Equivalency (GED). If you have an equivalency diploma from ANY state other than Florida you **MUST** provide a copy of your transcript.
- Law Enforcement Standards Certification, if applying for a Law Enforcement or Detention position. If you are an out of state officer, Military Police Officer or Federal Officer who has requested exemptions from Florida Basic Recruit Training Programs, you **MUST** provide an equivalency of training. (CJSTC 76 + CJSTC 76A Forms)
- Form DD214, **to include the separation code and reenlistment code, if you are former military.**
- College Degree(s) (sealed transcript must be supplied)



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DISQUALIFIERS

Note: Applicants for employment at the Levy County Sheriff's office shall not be automatically rejected for visible tattoos/body ornamentations, except as noted below.

Tattoos

- Effective August 1, 2016, all applicants will be rejected for employment if tattoos or body art (adornments, piercings, and modifications) are garish or excessive in number, style or size; or are located anywhere on the hands, knuckles, or head and neck area; which includes the head, scalp, face and neck above the collar bone in the front and the first cervical vertebrae in the back or otherwise visible due to the open collar of the uniform shirt.

All tattoos/body modifications must not depict, describe or otherwise refer to any manner of the following.

1. Sexual conduct, acts, organs or preferences.
2. Intolerance of, discrimination against, any race, religion, gender or national origin.
3. Association with organizations or groups which advocate hate, intolerance or discrimination.

Criminal Convictions

- A person who, after July 1, 1981, has pled guilty or nolo contendere to or has been found guilty of a felony is not eligible for appointment as a law enforcement officer, regardless of whether adjudication was withheld or sentence was suspended. FSS 943.13(4)
- A person who, after July 1, 1981, has pled guilty or nolo contendere to or has been found guilty of a misdemeanor involving perjury or false statement is not eligible for appointment as a law enforcement officer, regardless of whether adjudication was withheld or sentence was suspended. Note: any such person who had been found guilty or entered a plea prior to December 1, 1985 and has had the record sealed or expunged is considered eligible for appointment according to Florida law, FSS 943.13(4). However, the applicant may be deemed ineligible upon further review of the applicant's application and the case.
- Any applicant who has pled guilty or nolo contendere or been found guilty of the criminal offense of DUI within the last five years while employed as a law enforcement officer, corrections officer, or military police officer is disqualified for employment as a sworn member of this agency.
- Any domestic violence convictions within the last five years while employed as a law enforcement officer, corrections officer, or military police officer is disqualified for employment as a sworn member of this agency.

Driving

- Three (3) moving violations within the past 24 months.
- Any drivers license suspensions / revocations in the last five (5) years. (Suspensions for financial responsibility and failure to pay will be evaluated on a case-by-case basis.)



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DISQUALIFIERS CONTINUED

Unlawful Drug Activity

- Any illegal drug use in the last three (3) years prior to the date of application.
- Any sale or delivery of any illegal drug / controlled substance.

Military

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

Other

- If the applicant has been notified of deficiencies regarding the application and has not complied with request.

Statement of Understanding

I, _____, have read the above-listed disqualifiers as a part of the application process with the Levy County Sheriff's Office. I acknowledge that I am qualified to apply with the Levy County Sheriff's Office. Further, should one of these disqualifiers be discovered during the background investigation / selection process, I understand that my application process will be terminated immediately. I further understand that my arrest history will be reviewed and that the facts and circumstances of any arrest will be considered in determining whether I can be employed as a sworn law enforcement officer.

Signature of Applicant

Date



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CLASSIFICATION/AVAILABILITY

Position Sought: _____

- Civilian Sworn
 Full time Part time

Can you perform the essential functions of the position for which you are applying with reasonable accommodations?
 Yes No

List any accommodations needed: _____

BACKGROUND INFORMATION

1. Applicant's Full Name: _____
FIRST MIDDLE LAST

2. Date and Place of Birth: _____
Date of Birth City County State Country (if not the United States)

3 List all other names you have used including circumstances and time periods in which you used them. (For example: maiden name, former name(s), alias(es).

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

4. Nick Names/Shortened Names _____

5. Current Address: _____
Address
City County State Zip Code
Home Phone Number Cell Phone Number Email Address

6. Social Security Number: _____ - _____ - _____ 7. Driver's License Number _____

8. Are you a United States citizen? Yes No

9. If naturalized, please provide: _____
Date Place
Court Naturalization Number

10. Do you have or have you ever applied for a passport? Yes No Passport No.: _____
Expiration date: _____

11. Marital Status: Married Divorced Separated Widowed Never Married



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12. Spouse/Partner's Name and Address: **(This information must be included)**

Name		Relationship	
Address		Phone	
City	County	State	Zip Code

13. Children's Names and Date of Birth:

Name	Date of Birth	Address (if different than applicants)

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

Name		Relationship	
Address		Phone	
City	County	State	Zip Code

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

Name			
Address		Phone	
City	County	State	Zip Code

16. Former Spouse(s) Name and Address:

Name			
Address		Phone	
City	County	State	Zip Code

17. Have you or do you currently have any of the following social sites? Yes No

- Twitter _____ (email address)
- Facebook _____ (email address)
- LinkedIN _____ (email address)
- SnapChat _____
- InstaGram _____
- Other (Site Name) _____



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RESIDENCES

1. List chronologically actual places of residence for the past ten(10) years from current date, 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.		Apt. No.	Street Address	City	County	FPO, APO or State
From	To					

EMPLOYMENT HISTORY

1. List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, indicate dates of unemployment. If needed, you may use the back of this page.

Name & Address of Employer	Dates Worked Mo./Yr.		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	From	To				
Name Address City, State, Zip Area Code & Phone No.				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Name Address City, State, Zip Area Code & Phone No.				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Name Address City, State, Zip Area Code & Phone No.				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Name Address City, State, Zip Area Code & Phone No.				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		



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2. 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 If yes, please explain.

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

4. 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, type of position, and date of application or service.

5. 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 If yes, please provide name and address of business, corporation or organization and describe your relationship or position.

EDUCATION/TRAINING

1.	*High School Name/Address	Dates Attended Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
		From	To			

***Attach diploma or official transcript.**

2.	College/University Name & Address	Dates Attended		Credit Hours Earned		Did You Graduate?	Type of Degree
		From	To	Qtr.	Sem.		

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

Major: _____ Minor: _____



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

Name/Address	Dates Attended Mo./Yr.		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 any other special recognition you received while attending school: _____

5. Indicate any foreign language experience.

	Fluent	Good	Fair
Speak			
Write			
Read			

6. Indicate any law enforcement education/training

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

8. Has your law enforcement certificate ever been suspended, revoked, relinquished or subject to discipline or Investigation by the CJST Yes No If yes, explain.

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



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10. 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):

11. 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, and computers):

12. Have you had any training/education with K-9's? Yes No No if yes, provide details:

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

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

DRUG HISTORY

The information contained herein MAY BE a confidential medical record under the Americans with Disabilities Act if the applicant is a rehabilitated drug or alcohol abuser or under section 119.07(4)(b) whether the medical information, if disclosed, would identify the applicant.

1. Do you currently use any narcotic or controlled substance, such as cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature, or have you used such a narcotic or controlled substance within the last year? Yes No

2. Have you ever illegally experimented with or used any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, 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: _____



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3. Do you now 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, steroid, opiates, barbiturates, 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: _____

4. Do you now or have you within the last year, abused or illegally obtained, possessed or sold any prescription drug?
 Yes No If yes, provide details, including drug, date, and circumstances.

5. Do you claim to be a rehabilitated alcohol, narcotics or drug user of any of the controlled substances as set forth above?
 Yes No If yes, provide details.

ARREST HISTORY/COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? Yes No

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



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3. To your knowledge, has any member of your immediate family ever been arrested other than for traffic violations?
 Yes No If yes to question #1, #2 or #3, list all such matters even if not formally charged or no court appearance or found not guilty or nolo contendere to any charge for which adjudication was withheld or matter was settled by payment of fine or forfeiture of collateral. (Include your juvenile record and records of your arrest(s) which have been sealed, if any.)

Date	Place & Department	Charge	Location	Disposition
Relative's Name	Place & Department	Charge	Location	Disposition

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

4. To your knowledge, is anyone living within your household a known felon? Yes No

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

If you answered yes, provide date, place or court, case number, names of involved parties, nature of action and final disposition.

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

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



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DRIVING HISTORY

1. Are you a licensed Florida automobile operator? Yes No
License No.: _____ Date of Expiration: / / Restrictions: _____

Do you possess a Florida CDL? Yes No
License No.: _____ Date of Expiration: / / Restrictions: _____

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

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No
If yes, please provide complete details including why license was suspended or revoked.

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

MILITARY HISTORY

1. Are you registered for Selective Service? Yes No
If yes, your Selective Service Number: _____
Classification: _____ Date of Classification: : _____
Address of Local Board: _____

2. Have you ever served on active duty in the Armed Forces of the United States? Yes No
Branch of Service: _____ Highest Rank: _____
Serial # _____ Military Occupational Specialty _____
Duty Dates: From: _____ To: _____, From _____ To: _____, From _____ To: _____

3. Date and type of discharge: _____
If other than Honorable discharge, please explain _____

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



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5. If yes state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps: _____

6. 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: _____

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

8. VETERANS' PREFERENCE: Levy Count Sheriff's Office, in accordance with Chapter 295 of the Florida Statutes dealing with Veterans' Preference, provides employment and retention to those veterans and spouses of veterans who fall in the categories identified below. To receive preference, a veteran must have been discharged or released from active duty in the Armed Forces under honorable conditions (i.e., with an honorable or general discharge). As defined in 5 U.S.C. 2101(2), Armed Forces means the Army, Navy, Air Force, Marine Corps and Coast Guard. The Veteran must also be eligible under one of the preference categories below:

- Honorably discharged disabled Veteran who has a service-connected, compensable disability;
- Honorably discharged Veteran who has received ANY armed forces Expeditionary Medal to include The Global War on Terrorism Expeditionary Medal.
- The spouse of a totally disabled Veteran, who because of this disability cannot qualify for employment.
- The spouse of any person missing in action, captured in the line of duty or forcibly detained;
- A Veteran of any way who has served at least one day during that war time period.
 - World War II:** December 7, 1941 to December 31, 1946
 - Korean Conflict:** June 27, 1950 to January 31, 1955
 - Vietnam Era:** August 5, 1964 to May 7, 1975
 - Persian Gulf War:** August 2, 1990 to January 2, 1992
 - Operation Enduring Freedom:** October 7, 2001 to date to be determined
 - Operation Iraqi Freedom:** March 19, 2003 to date to be determined
- The Un-remarried widow or widower of a Veteran who died of a service connected disability.
- The mother, father, legal guardian, or unremarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the U.S. Department of Defense.
- A Veteran as defined in section 1.01m(14) Florida Statutes. "Active Duty for Training" may not be allowed under this paragraph. The term "veteran" is defined as a person who served in the active military, naval, or air service and who was discharged or released there from under honorable conditions only or who later received an upgraded discharge under honorable conditions.
- A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.

Military retirees at the rank of major, lieutenant commander, or higher are not eligible for preference in appointment unless they are disabled veterans. (This does not apply to Reservists who will not begin drawing military retired pay until age 60.)

Preference in employment and retention may be given only to eligible persons who are described in section(s) above and who are residents of this state.

If you qualify for the Veterans' Preference, the Levy County Sheriff's Office will give you special consideration during the employment selection process. The Levy County Sheriff's Office shall give preference to and shall hire a person entitled to Veterans' Preference ahead of other equally qualified applicants.



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Should the position for which you are applying be filled by someone who does not qualify for Veteran's Preference and should you feel that proper consideration of the Veterans' Preference law has not been provided to you by the Levy County Sheriff's Office, or that the Levy County Sheriff's Office has not complied with the Veterans' Preference rules, please notify the Florida Department of Veterans' Affairs, 11351 Ulmerton Road, Suite 311-K, Largo, FL 33778-1630

Check the appropriate block if you are claiming Veterans' Preference. **Documentation substantiating your claim must be furnished at the time of application. Under Florida law, preference shall be given first to those persons included in #1 and #2 below, and second to those persons included in #3 and #4 below.**

- 1. A veteran with a service-connected disability who was honorably discharged and who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense.
- 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.
- 3. A veteran of any war as defined in section 1.01(14), Florida Statutes, who has served at least one (1) day during a war time period.
- 4. The unmarried widow or widower of a veteran who died of a service-connected disability.

BUSINESS INTERESTS & LICENSES

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? Yes No
2. Are you now issued or have you ever been issued a license to engage in a business or profession? Yes No
3. Was your license ever cancelled, relinquished, suspended or revoked? Yes No
If yes to question #1, #2 or #3, please provide details including the type of license or certificate, the agency that issued the license, the effective date of license and license number.

CREDIT DATA

1. Have you, your spouse, or a company controlled by you filed for bankruptcy 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.



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ORGANIZATION MEMBERSHIP

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

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

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

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

PERSONAL REFERENCES & ACQUAINTANCES

1. **Personal References:** Give three (3) references (not relatives former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation. Please use references that you have had contact with in the last two (2) years.

Complete Name _____ Last First Middle	Years Acquainted: _____ Occupation: _____
Home Address: City, State, & Zip: Home Phone: Cell Phone: E-mail address:	Business Name: Address: City, State, Zip: Phone:



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Complete Name _____ Last First Middle	Years Acquainted: _____ Occupation: _____
Home Address: City, State, & Zip: Home Phone: Cell Phone E-mail address:	Business Name: Address: City, State, Zip: Phone:
Complete Name _____ Last First Middle	Years Acquainted: _____ Occupation: _____
Home Address: City, State, & Zip: Home Phone: Cell Phone: E-mail address:	Business Name: Address: City, State, Zip: Phone:

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

Complete Name _____ Last First Middle	Years Acquainted: _____ Occupation: _____
Home Address: City, State, & Zip: Home Phone: Cell Phone: E-mail address:	Business Name: Address: City, State, Zip: Phone:
Complete Name _____ Last First Middle	Years Acquainted: _____ Occupation: _____
Home Address: City, State, & Zip: Home Phone: Cell Phone: E-mail address:	Business Name: Address: City, State, Zip: Phone:
Complete Name _____ Last First Middle	Years Acquainted: _____ Occupation: _____
Home Address: City, State, & Zip: Home Phone: Cell Phone: E-mail address:	Business Name: Address: City, State, Zip: Phone:

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, mis-statement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Levy County 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 accuracy 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 Levy County Sheriff's Office and that it and the information received in response to the background examination are public records.

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

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

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

I 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 Levy County 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 Levy County Sheriff's Office.

I agree to conform to the rules, regulations and orders of the Levy County Sheriff's Office and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Levy County 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, describe any information about yourself or any person with whom you are or have been closely associated (including relatives, roommates) which might reflect unfavorably on your reputation, morals, character or ability? explain fully any such incident. Use other side of this document if further room is needed.

Signature of the applicant as usually written

Date

Witnessed by: _____
Print Name

Witnessed by: _____
Print Name

Signature

Signature

**AUTHORITY FOR RELEASE
 OF INFORMATION
 (Background Investigation Waiver)**

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



**CJSTC
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To: **Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records** **APPLICANT'S NAME:** _____
DATE OF BIRTH: _____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: Levy County Sheriff's Office

ADDRESS: 9150 NE 80th Avenue Bronson, Florida 32621

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. ***Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.***

 Applicant's Signature Date

 Applicant's Address

OATH
 Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____

day of _____, year _____, By _____

 Signature of Notary Public – State of Florida

 Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced _____