



LEVY COUNTY SHERIFF'S OFFICE

Sheriff Robert B. McCallum, Jr.

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)
- CJSTC 58 (Sworn and Civilian)
- CJSTC 68 (Sworn)



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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 or 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.)



LEVY COUNTY SHERIFF'S OFFICE
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**Law Enforcement/Civilian
Application for Employment**

DISQUALIFIERS CONT.

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



LEVY COUNTY SHERIFF'S OFFICE
Sheriff Robert B. McCallum, Jr.

Employment Application

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:

| STREET ADDRESS | CITY | COUNTY | STATE | ZIP CODE |
|----------------|------|--------|-------|----------|
| | | | | |

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

8. Phone #: _____ 9. Email address: _____

10. Are you a United States citizen? Yes No
If naturalized, please provide: _____
Date Place Court Naturalization Number

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

12. Marital Status: Married Divorced Separated Widowed Never Married

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

| | |
|---------|--------------|
| _____ | _____ |
| Name | Relationship |
| _____ | _____ |
| Address | Phone |
| _____ | _____ |
| City | State |
| _____ | _____ |
| County | Zip Code |

14. Children's Names and Date of Birth:

| NAME | DATE OF BIRTH | ADDRESS (IF DIFFERENT THAN APPLICANTS) |
|------|---------------|--|
| | | |
| | | |
| | | |
| | | |

15. 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 _____

16. 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 _____

17. Former Spouse(s) Name and Address:

Name _____

Address _____ Phone _____

City _____ County _____ State _____ Zip Code _____

18. 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) _____

RESIDENCE

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: FROM/TO (INCLUDE MO. & YR.) | APT. # | STREET ADDRESS | CITY | COUNTY | FPO, APO OR STATE |
|---|--------|----------------|------|--------|-------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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.**

| | | | | |
|-----------------------------|--------------------------|---------------------------------|---------------|--------------------------------|
| <u>Name of Employer</u> | <u>Address</u> | <u>City, State and Zip Code</u> | | <u>Area Code & Phone #</u> |
| <u>Dates Worked From/To</u> | <u>Title or Position</u> | <u>Supervisor's Name</u> | <u>Salary</u> | <u>Reason for Leaving</u> |

| | | | | |
|-----------------------------|--------------------------|---------------------------------|---------------|--------------------------------|
| <u>Name of Employer</u> | <u>Address</u> | <u>City, State and Zip Code</u> | | <u>Area Code & Phone #</u> |
| <u>Dates Worked From/To</u> | <u>Title or Position</u> | <u>Supervisor's Name</u> | <u>Salary</u> | <u>Reason for Leaving</u> |

| | | | | |
|-----------------------------|--------------------------|---------------------------------|---------------|--------------------------------|
| <u>Name of Employer</u> | <u>Address</u> | <u>City, State and Zip Code</u> | | <u>Area Code & Phone #</u> |
| <u>Dates Worked From/To</u> | <u>Title or Position</u> | <u>Supervisor's Name</u> | <u>Salary</u> | <u>Reason for Leaving</u> |

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. *Attach diploma or official transcript.

| HIGH SCHOOL NAME/ADDRESS | DATES ATTENDED MONTH/YEAR | YEARS COMPLETED | DID YOU GRADUATE? | TYPE OF DIPLOMA |
|--------------------------|---------------------------|-----------------|-------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2. *Attach diploma or official transcript

| COLLEGE/UNIVERSITY NAME AND ADDRESS | DATES ATTENDED MO./YR. | | YEARS COMPLETED | DID YOU GRADUATE? | TYPE OF DEGREE |
|-------------------------------------|------------------------|----|-----------------|-------------------|----------------|
| | From | To | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

| NAME AND ADDRESS | DATES ATTENDED MO./YR. FROM/TO | CREDIT HOURS EARNED | AREA OF STUDY | DID YOU GRADUATE? | TYPE OF CERTIFICATE OR DEGREE |
|------------------|--------------------------------|---------------------|---------------|-------------------|-------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

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:(i.e. Spanish) | | | |
| 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: _____

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 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 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: 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: _____
3. 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. _____

4. 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
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: (You may use back of this page)

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.

DRIVING HISTORY

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

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 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: _____,

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

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: Check the appropriate block if you are claiming veteran's preference.
Documentation substantiating your claim must be furnished at the time of application

- 1. A disabled veteran who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veteran's Affairs, or who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Veterans Affairs and the United States Department of Defense.
- 2. The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability, and who, because of this disability, cannot qualify for employment, or the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power
- 3. A wartime veteran as defined in section 1.01(14), Florida Statutes, who has served at least one (1) day during war time period. Active duty for training may not be allowed for eligibility under this paragraph.
- 4. The unremarried widow or widower of a veteran who died of a service-connected disability.
- 5. The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense.
- 6. A veteran as defined in section 1.01(14), Florida Statutes. Active duty for training may not be allowed for eligibility under this paragraph.
- 7. A current member of any reserve component of the United States Armed Forces of the Florida National Guard.

NOTE: Under Florida law, if a numerically based selection process is used, points shall be added to the earned ratings of persons included in # 1-7 above, as set forth in section 295.07, Florida Statutes. If a numerically based selection process is not used, preference in appointment shall be given first to those persons included in #1 and #2 above, and the second to those persons included in #3 through #7 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Florida Department of Veterans' Affairs, 11351 Ulmerton Road, Suite 311-K, Largo, FL 33778-1630.

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. _____

ORGANIZATIONAL MEMBERSHIP

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

| NAME | CITY & STATE | FORMER | PRESENT (LIST POSITION HELD & DESCRIBE) |
|------|--------------|--------|--|
| | | | |
| | | | |
| | | | |

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

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.

1.

| | |
|---|---|
| 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: |

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: _____ | | Home Address: _____ |
| (Last, First, Middle) | | City, State & Zip: _____ |
| Years Acquainted: | Occupation: | Phone Number: _____ |
| | | Email Address: _____ |

| | | |
|-------------------------|-------------|--------------------------|
| Complete Name: _____ | | Home Address: _____ |
| (Last, First, Middle) | | City, State & Zip: _____ |
| Years Acquainted: | Occupation: | Phone Number: _____ |
| | | Email Address: _____ |

| | | |
|-------------------------|-------------|--------------------------|
| Complete Name: _____ | | Home Address: _____ |
| (Last, First, Middle) | | City, State & Zip: _____ |
| Years Acquainted: | Occupation: | Phone Number: _____ |
| | | Email Address: _____ |

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 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 veracity of my responses to the information requested on this application or which is discovered as 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 may be required to take drug test 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 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 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 (HIPPA) for health care providers to release the necessary medical information to process my Application for employment.

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 of 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 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 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, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability? Yes No If yes, provide your version or explain fully any such incident.

Signature of applicant as usually written

Date

Witnessed by: _____
Printed Name

Witnessed by: _____
Printed Name

Signature

Signature



Florida Department of Law Enforcement

AFFIDAVIT OF APPLICANT

Incorporated by Reference in Rule 11B-27.002(1)(f), F.A.C



CJSTC 68

Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses

Last Four Digits of Applicant's Social Security Number: _____

Applicant's Legal Name: _____ Last First MI

Employing agency: _____

Use this form to verify your compliance with the employment requirements of Section 943.13, F.S. I fully understand that to qualify for employment as a law enforcement, correctional, or Correctional probation officer, I shall comply with the following provisions of Section 943.13, F.S.

- Be at least 18 years of age for correctional officer or 19 years of age for all others
Be a citizen of the United States
Be a high school graduate or equivalent
Not have been convicted of any felony or a misdemeanor involving perjury or false statement.
Have been fingerprinted by the employing agency.
Have passed a physical examination by a licensed medical specialist approved in Rule 11B-27.022(1)(d), F.A.C.
Be of good moral character.
Have not received a dishonorable discharge from the U.S. Military.

In addition, I attest to the following statements: Each statement shall be checked "True" "False" or "NA"

Table with 3 columns: True, False, NA. Rows 1-11 containing various statements for attestation.

NOTICE: This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission.

PLEASE READ CAREFULLY BEFORE SIGNING. You must complete the remainder of this affidavit in the presence of a notary public. Upon witnessing your signing of this affidavit, a notary public shall complete the notary block by entering the same date the affidavit is signed.

12. _____ Applicant's Signature 13. _____ Date Signed

14. OATH

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

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence OR Online Notarization 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

*NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliance Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section

Created 1/1/1992 Original - Agency Copy - FDLE Oath amended pursuant to Section 117.05(13)(a), F.S., effective 1/1/2020

Commission-Approved Revisions: 8/13/2020