



# Charlotte County Sheriff's Office

School/State GED Received From: \_\_\_\_\_ Year: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Name Used: \_\_\_\_\_

Have you held a Driver's License in any other state? Yes \_\_\_\_\_ No \_\_\_\_\_ State(s): \_\_\_\_\_

Have you had any moving violations/points in the past 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_ How many? \_\_\_\_\_

Have you ever had your Driver's License suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what state? \_\_\_\_\_ Brief explanation: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Have you applied to any other law enforcement agencies? Yes \_\_\_\_\_ No \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Are you a Florida Certified Law Enforcement Officer? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a Florida Certified Corrections Officer? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you out-of-state certified? Yes \_\_\_\_\_ No \_\_\_\_\_ State of Certification: \_\_\_\_\_

If yes, have you completed or registered for the 2 week compliance course? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what Academy? \_\_\_\_\_

1	If a certified officer, has your certification ever been suspended, revoked or subject to investigation?	Yes _____	No _____
2	Have you ever been arrested, charged or convicted of any criminal violation, regardless of whether the record was sealed or expunged, or you pled nolo contendere or it was dismissed?  Details: _____ _____ _____	Yes _____	No _____
3	If yes to #2, were you convicted of a misdemeanor involving a moral offense, false statements, perjury or domestic violence?	Yes _____	No _____
4	If yes to #2, were you convicted of a felony crime?	Yes _____	No _____
5	If currently employed by a law enforcement or corrections agency, are you now under an Internal Investigation?	Yes _____	No _____
6	Are you a current recipient of an Injunction for Protection, and/or Restraining Order in any state?	Yes _____	No _____
7	Have you ever supplied or sold any narcotic or illegal drug?	Yes _____	No _____
8	Have you used any controlled substance within the past 5 years? If yes, how many times? _____ Last date used: _____	Yes _____	No _____
9	Have you used any tobacco products in the last 60 days? Last date smoked: _____	Yes _____	No _____
10	If offered employment, are you willing to stop all tobacco use at least 60 days prior to employment?	Yes _____	No _____
11	Have you served in the U.S. armed forces?  Branch? _____ Selective Service Number: _____	Yes _____	No _____

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<b>12</b>	If yes to #11, were you dishonorably or less than honorably discharged? Type of discharge: _____	Yes _____	No _____
<b>13</b>	Have you ever been disciplined, terminated or asked to resign by any employer including the military? Brief explanation: _____ _____ _____ _____	Yes _____	No _____
<b>14</b>	Have you ever been employed by the Charlotte County Sheriff's Office?	Yes _____	No _____

If an employment offer is made, will you be able to work (check all that apply):

Part time: \_\_\_\_\_ Full time: \_\_\_\_\_ Nights: \_\_\_\_\_ Weekends: \_\_\_\_\_ Rotating shifts: \_\_\_\_\_

### Previous Employment History

List all employment beginning with present employment, including summer and part time positions while attending school, for the past ten years. If unemployed for a period, set forth dates of unemployment.

Employer name & Address (Present)		Dates Worked	Salary	Your Title
<b>A</b>		From:		
		To:		Reason For Leaving
	Employer Phone Number	Name of Supervisor		
	( )			
	Employer Name & Address		Dates Worked	Salary
<b>B</b>		From:		
		To:		Reason For Leaving
	Employer Phone Number	Name of Supervisor		
	( )			
	Employer Name & Address		Dates Worked	Salary
<b>C</b>		From:		
		To:		Reason for Leaving
	Employer Phone Number	Name of Supervisor		
	( )			

**Charlotte County Sheriff's Office**

**PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS AND SIGN BELOW:**

I understand that acceptance of this employment application does not constitute an agreement for employment.	_____ (Initials)
I hereby certify to the best of my knowledge that all of the information contained in the application is True. Any willful misrepresentations or omissions of facts will give cause for my application not to be considered and if I have been employed, will be cause for my immediate discharge.	_____ (Initials)
I understand and agree that all policies and procedures may be modified, amended, or deleted by the Charlotte County Sheriff's Office with or without notice to me of such amendment, modification or deletions, that the policies and procedures whether oral or written are to be advisory only and are not to be interpreted as a contract of employment or to give me any right of continued employment.	_____ (Initials)
I voluntarily agree to submit to a drug test as part of my application for employment. I understand that either my refusal to submit or failure to pass the drug test will disqualify me from the further consideration for employment.	_____ (Initials)
I understand that my employment, if for a driving position, is contingent upon my having a clean driving record for the immediate past three years, and I hereby give my permission to the Charlotte County Sheriff's Office to make investigation related to this contingency.	_____ (Initials)

\_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date



**For Human Resource Use Only:**

Applicant tracking number: \_\_\_\_\_ EEO Code

Criminal History Check to: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ History: \_\_\_Yes \_\_\_ No

Driver's License Check to: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Traffic record: Unacceptable [ ] Acceptable Civilian [ ] Acceptable Certified [ ]

Arrange Oral Board? \_\_\_Yes \_\_\_ No (See Remarks) Oral Board Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Remarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Attended Oral Board? \_\_\_Yes \_\_\_ No Passed Oral Board? \_\_\_Yes \_\_\_ No

Date Given Full Application Packet: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Returned Application: \_\_\_\_/\_\_\_\_/\_\_\_\_



# CHARLOTTE COUNTY SHERIFF'S OFFICE

## COLLECTION AND USE OF SOCIAL SECURITY NUMBERS

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

- ❖ Application Process – for the purpose of collecting information related to background investigations, to include 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, and long-term disability enrollment and reporting.
- ❖ Medical Leave – for Workers' Compensation reporting and medical purposes associated with Workers' Compensation.

ACKNOWLEDGMENT: I \_\_\_\_\_, do solemnly attest that I have read the above and understand the Waiver for Social Security Number Notice of as set forth above.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)