



SARASOTA COUNTY SHERIFF'S OFFICE
Post Office Box 4115
Sarasota, Florida 34230-4115
Human Resources Bureau
Personnel Section
Telephone (941) 861-4140
www.sarasotasheriff.org

While preparing your application, please note that **COMPLETE and ACCURATE MAILING ADDRESSES AND PHONE NUMBERS** are required. Your application will not be accepted by the Personnel Section unless it is complete with all required documents. The Disclosure Statement must be signed and notarized (all applicants). The Domestic Violence Affidavit must also be signed and notarized by all deputy and correction applicants.

If your application is not complete it will be returned.

Photocopies of the following MUST be included with your application.

1. Driver's License with current address.
2. Social Security Card (must be signed).
3. Birth Certificate issued by State or local government entity. (Hospital certificate is not acceptable).
4. High school diploma or GED.
5. College transcript. (Sealed, Official transcripts will be required prior to employment).
6. If prior military service, contract must have been completed and Honorable Discharge received. (DD214 Member - 4 required)
7. Proof of registration as required by Federal Military Selective Service Act. (Males aged 18-26)
8. FDLE state certificate or proof of passing state certification test (Current certified law enforcement applicants and certified corrections applicants only)

YOU MUST SUCCESSFULLY PASS THE WONDERLIC TEST WITH THE REQUIRED SCORES. NON-CERTIFIED LAW ENFORCEMENT AND CORRECTIONS DEPUTY APPLICANTS MUST ALSO COMPLETE THE FLORIDA BASIC ABILITIES TEST (FBAT).

The Wonderlic test will be waived for:

1. Deputy Sheriff and Correction Deputy Applicants who possess at least a two year degree or equivalent from an accredited college or university.
2. Civilian applicants with at least 60 semester hours from an accredited college or university.

For positions requiring clerical duties, applicants must pass a 1 minute timed keyboarding test. Minimum passing scores depend upon the specific position. A copy of job descriptions and testing requirements are available in the Human Resources Bureau, Personnel Section.

Applicants for certified positions (corrections and law enforcement), must successfully complete the Physical Abilities Test (PAT) within six minutes and four seconds (6:04) as required by the Sheriff's Office.

Please hand deliver your application to the Sheriff's Office at 6010 Cattleridge Blvd, Sarasota or Mail it to: Human Resources Bureau, Personnel Section, P.O. Box 4115, Sarasota, FL 34230. If you require clarification on any requirement(s) contact the Personnel Section at (941) 861-4140.

Many aspects of your application will become public record per Florida State Statute 119.

IMPORTANT

**** APPLICATION CHECKLIST ****

Everything on this list MUST be included with your application. Copies must be complete and legible. Applications will not be accepted without ALL supporting documents. Please contact the Human Resources Bureau, Personnel Section if you have any questions.

App HR

- Photocopy of Driver License with current address.
- Photocopy of birth certificate. (Not hospital certificate.) Naturalization certificate (if applicable) must be verified.
- Photocopy of high school diploma or GED.
- Photocopy of college transcript and college diploma (if applicable).
- Photocopy of Social Security card (must be signed) with correct name (as name will appear on pay-roll check.)
- If a military veteran, copy of Form DD214 Member - 4 stating type of discharge. (Must be Honorable) OR, proof of registration as required by Federal Military Selective Service Act (males aged 18 - 26.) www.sss.gov/Home/Verification
- If certified in law enforcement or corrections, copy of FDLE state certificate or proof of passing Florida certification test.
- Be sure all names, addresses, phone numbers, and zip codes are accurate and complete.
- Photocopy of name change documents.
- Wonderlic test results when two year degree or equivalent from an accredited college or university not met.

PLEASE NOTE

Per Florida Statute 817.567 - No person in the state may claim, either orally or in writing, to possess an academic degree, as defined in s. 1005.02, or the title associated with said degree, unless the person has, in fact, been awarded said degree from an institution that is accredited by a regional or professional accrediting agency recognized by the United States Department of Education or the Commission on Recognition of Postsecondary Accreditation.

Submission of documentation from an institution not meeting the above accreditation standards is grounds for immediate disqualification.

IMPORTANT

SARASOTA COUNTY SHERIFF'S OFFICE
APPLICANT DRUG AND TOBACCO FREE POLICY STATEMENT
EFFECTIVE JUNE 2009

THIS POLICY APPLIES TO ALL APPLICANTS FOR APPOINTMENT WITH THE OFFICE OF THE SHERIFF

Applicant's present and past drug usage shall be determined through a background investigation and based upon the position a drug-screening test (urinalysis). Applicants for employment/appointment with the Sarasota County Sheriff's Office in any job classification shall be required to meet the following standards:

Not have used, tried, tasted, experimented with, or possessed marijuana or its derivatives within twelve (12) months prior to application.

Not have used, tried, tasted, experimented with, or possessed any illegal controlled substance (excluding marijuana or its derivatives) within thirty-six (36) months prior to application.

NO CONVICTION for DUI, during the past sixty (60) months. Twice in an adult lifetime is an automatic disqualifier unless at least one conviction occurred greater than fifteen (15) years from date of application.

NO SALE, DISTRIBUTION, OR DELIVERY of a controlled substance. If the incident(s) are outside the listed time frame for the controlled substance the evaluation shall be on a case by case basis.

DURING LIFETIME: NO ILLEGAL USAGE of a controlled substance, including marijuana, while (or after) being employed by a law enforcement agency either in a certified or non-certified position OR in a law enforcement of corrections position, (except as required by official law enforcement duties).

TOBACCO USE

The Sheriff's Office shall only hire applicants who do not smoke or use any tobacco products in any way, either on or off duty as of the submission date of application.

I have read and understand the above and I am in compliance with the Sheriff's Office Drug and Tobacco Free Policy. I understand that providing misinformation on this form will subject me to immediate disqualification from processing.

Signature: _____

Date: _____

APPLICANT NAME: _____

Effective December 17, 2009, the Sarasota County Sheriff's Office has implemented the following policy regarding Tattoos, Brands, Body Mutilation, Dental Ornamentation, and/or Body Ornamentations (see General Order 10.1).

Tattoos, Brands, Body Mutilation, Dental Ornamentation, and/or Body Ornamentation:

a. **Definitions:**

- 1) **Tattoo:** For the purpose of this general order the term "tattoo" includes any tattoo, scar, branding, mark or other permanent or temporary body art or modification deliberately placed on the body for purposes of decoration, ornamentation, or adornment. The term shall not apply to modifications necessitated by deformity, injury, or a medical procedure.
- 2) **Visible:** A visible tattoo is one that is on any portion of the body not covered by an agency issued short sleeve uniform shirt, polo shirt, shorts, skirt, or shoes. A tattoo shall be considered visible if it can be seen through the clothing.
- 3) **Offensive Tattoo:** A tattoo is considered offensive if it depicts, describes or refers to intolerance of, or discrimination against any race, color, preference, creed, religion, gender, national origin, or it is commonly associated with any organization or group which advocates such intolerance or discrimination, or it violates standards of decency or morality or brings discredit upon the agency.
- 4) **Inappropriate Tattoo:** A tattoo is considered inappropriate if it depicts, describes, or otherwise refers to sexual conduct, acts, or groups.
- 5) **Body Mutilation:** Split or forked tongues, foreign objects placed under the skin to create a design or pattern, intentionally enlarged or stretched out holes in the ears, and intentional scarring.
- 6) **Dental Ornamentation:** The use of gold, platinum, caps, or other veneers; or jewels, initials, etc. on the teeth for the purposes of ornamentation.

b. **Standards:**

- 1) Tattoos are prohibited which are offensive, inappropriate, or of a style, size, or color that diminishes the integrity of the agency or reflects poorly on the law enforcement profession regardless of the location on the body. Tattoos, in compliance with this policy, shall be covered while on duty with agency approved apparel and/or when utilizing an agency vehicle or equipment when off-duty.
 - (a) The method used to cover the tattoo while off duty must present a professional appearance and comply with the other areas of this general order. If necessary, members will be required to wear long sleeve shirts and/or pants.
 - (b) To comply with this policy, members with visible tattoo(s) are required to wear long sleeved uniform shirts or an agency issued undergarment, pants, or closed shoes at all times while on duty, regardless of the season or weather conditions. Sleeves shall not be pushed or rolled up. If necessary, members may be precluded from an assignment that requires the wearing of shorts when the tattoo(s) are visible on the legs.

- 2) The member's division commander shall determine if a tattoo is offensive, inappropriate, or excessive and if the member is required to keep it covered.
- 3) Agency members are permitted and allowed to add new visible tattoos or any tattoo that complies with the requirements of this general order. The addition of visible tattoos cannot extend beyond the wrist of the arm or above the collarbone. All visible tattoos must be covered at all times while on duty or off duty when utilizing an agency vehicle. New applicants will be required to sign a Grooming and Appearance Acknowledgement of Compliance Form that will attest compliance. Photographs of all visible tattoos will be taken by the human resources director or his/her designee during the application process.
- 4) Tattoos are not permitted on the head, scalp, face, neck, or hands.
- 5) Intentional body mutilation, branding, or scarring is prohibited.
- 6) The use of gold platinum, or veneers or caps on the teeth for the purposes of ornamentation is prohibited.

To ensure compliance with the Sheriff's Office policy I, the undersigned applicant, do hereby agree that during my tenure of employment with the Sarasota 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

Please Read

Screening Procedures

If chosen for processing you will be required to submit to the following screening procedures.

A Comprehensive Background Investigation

A Polygraph Examination

Medical Examinations

Drug and Tobacco Screening

Psychological Examination (Certified and Communications Positions)

By signing this application I agree to have a background investigator with the Sarasota County Sheriff's Office review any social networking websites that I may belong to. Failure to disclose these sites and to allow review of same may result in me being disqualified as an applicant.

If you are not willing to submit to these procedures please do not submit an application.

REAPPLICATION AND RETESTING:

- A. Applicants who are not selected for employment are not necessarily excluded from future consideration.
- B. Active applications shall be maintained by the Human Resources Bureau, Personnel Section for a period of one (1) year from the date of receipt of the application. These applications shall be considered for future vacancies for a period of one (1) year from the date of their original application, unless otherwise disqualified.
 - 1. After one (1) year the application shall be deemed to be inactive and placed in the inactive file.
 - 2. Once an application has been placed in the inactive file the applicant must complete a new application to be considered for future vacancies.
- C. Applicants not selected for employment for failure to pass a skills level test may be retested after review by the Human Resources Bureau Commander and upon request of the affected applicant.
- D. Applicants who fail a portion or portions of the selection process that relates to a time issue can reapply after the time period expires. (i.e. drug policy time frames).
- E. When requested by the applicant other disqualification issues will be addressed on a case by case basis by the Human Resources Bureau Commander.

SARASOTA COUNTY SHERIFF'S OFFICE EMPLOYMENT APPLICATION



Equal Opportunity Employer
Affirmative Action Employer

Where to find Vacancy Information:

- On the Internet at:
<http://www.sarasotasheriff.org>

- Sarasota Sheriff's Office
Human Resources Bureau
6010 Cattleridge Blvd
Sarasota, FL 34232
(941) 861-4140

FOR HUMAN RESOURCES USE ONLY

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Signature of Screener

Date

Eligibility Status

POSITION APPLIES FOR

Job Title: _____

Date of Application: _____

Date You Are Available for Employment: _____

Are you a Former SSO Employee? Yes No

-----DO NOT WRITE BELOW THIS LINE-----

Position No.: _____

Bureau: _____

Did a current sheriff's office employee refer you?

If so, please provide their name: _____

INSTRUCTIONS

- Type or clearly print the application. If a question does not apply, write "N/A" or Not Applicable.
- Specify the position for which you are applying.
- Hand deliver your application to the box marked Applications in the lobby or mail to:
SARASOTA SHERIFF'S OFFICE
HUMAN RESOURCES BUREAU
6010 CATTLERIDGE BLVD
SARASOTA, FLORIDA 34232
- Notify the Human Resources Bureau, Personnel Section directly and in advance if you require special disability accommodations to participate further in the employment process.

HOW DO WE CONTACT YOU?

Your Name _____

Social Security Number _____

Your Address _____

Your Mailing (if different) _____

City _____ State _____ Zip Code _____

County _____ Home Phone _____

Cell _____ Work or Business Phone _____

E-mail _____ Fax _____

WILL YOU ACCEPT: FULL-TIME WORK? PART-TIME WORK? SHIFT-TIME WORK?

WILL YOU WORK NIGHT SHIFT? Yes No

WILL YOU WORK WEEKENDS? Yes No

CIVILIAN APPLICANTS: ARE YOU AT LEAST 18 YEARS OF AGE? Yes No

LAW ENFORCEMENT / CORRECTIONS APPLICANTS: ARE YOU AT LEAST 21 YEARS OF AGE? Yes No

CITIZENSHIP / AUTHORIZATION TO WORK

Are you a U.S. citizen or are you authorized to work in the U.S.? Yes No

If NO, are you authorized by Immigration and Naturalization to work in the U.S.? Yes No

Alien #: _____ **Admission #:** _____

NOTE: The Sarasota County Sheriff's Office hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship (birth certificate) or authorization to work in the U.S.

1. Are you now able to perform the duties set forth in the job description related to the position for which you applied?
 Yes No
2. If your answer to the above question is no, would you be able to perform these tasks with an accommodation?
 Yes No
3. If a test or examination is required for this position, would you be able to take this test or examination with/without an accommodation?
 Yes No
4. Explain which accommodation(s) you would need to perform these tasks or take the test or examination.

EDUCATION - Indicate Highest Grade Completed

Grade School (1-8): _____ High School (9-12): _____ GED College (1-4): _____ Graduate School (1-4): _____

HIGH SCHOOL

Name: _____ Location: _____

Diploma - Date Received _____ Certificate of Completion - Date Received _____

GED - Date Received _____

Your name, if different while attending school: _____

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL:

NAME OF SCHOOL	LOCATION (Street/City/State)	DATES OF ATTENDANCE (MM/YY) FROM TO	CREDIT HOURS EARNED QTR SEM	MAJOR / MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED

Your name, if different while attending school: _____

OTHER TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES)

NAME OF SCHOOL	LOCATION (Street/City/State)	DATES OF ATTENDANCE (MM/YY) FROM TO	CREDIT HOURS EARNED QTR SEM	MAJOR / MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED

Your name, if different while attending school: _____

BACKGROUND INFORMATION

NOTE: A "Yes" answer to any of these questions requires a full detailed explanation before your application will be considered. Attach separate sheet with a detailed explanation.

1. Yes No Have you **ever** been arrested for or convicted of a crime?
If "Yes", what were the charges: _____
Convicted Yes No Location of Court: _____
Date of Conviction: _____
2. Yes No Have you **ever** pled *Nolo Contendere* or pled *guilty* to a crime?
If "Yes", what were the charges: _____
Convicted Yes No Location of Court: _____
Date of Conviction: _____
3. Yes No Have you **ever** had adjudication of guilt withheld for a crime?
If "Yes", what were the charges: _____
Convicted Yes No Location of Court: _____
Date: _____
4. Yes No Have you **ever** used or possessed illegal drugs? Used? Last Date: _____
 Sold? Last Date: _____
5. Yes No Have you **ever** left employment while under investigation? If yes, explain: _____
6. Yes No If you are now or have ever been employed by a law enforcement or corrections agency, are you now or have you ever been under internal investigation?
7. Yes No Have you ever entered into a Pre-Trial Diversion Program?

EMPLOYMENT HISTORY

PERIODS OF EMPLOYMENT

Describe your work experience in detail, **BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB**, and describe all periods of employment and periods of unemployment for the past ten (10) years and a minimum of three (3) employers. Be sure to provide complete information regarding each position. If appropriate, indicate number of employees supervised. Eligibility determinations are based on dates of employment, hours worked per week, and description of job duties.

All employment information must be filled out in this section. Resumes and other attachments may be provided as supplemental information, but will NOT be accepted in place of filling out this section.

May we contact your current employer? Yes No

Have you ever been employed by, or applied to, a law enforcement or public safety agency? Yes No
If "Yes", provide name of agency, position(s) and dates, and reason(s) for leaving or not being hired.

Have you ever collected retirement benefits from the State of Florida Retirement System? Yes No

1 Name of Employer (CURRENT): _____
Address: _____ City/State/Zip: _____ Phone Number _____
Your Job Title: _____ Supervisor's Name: _____
From: _____ To: _____ Full Time Hours Per Week: _____ Part Time Hours Per Week: _____
Salary: _____ Your Name if Different During Employment: _____
Duties and Responsibilities: _____
Reason for Leaving: _____

Between These Jobs (if applicable): Unemployed In School From (MM/YY) _____ To (MM/YY) _____

2 Name of Employer: _____
Address: _____ City/State/Zip: _____ Phone Number _____
Your Job Title: _____ Supervisor's Name: _____
From: _____ To: _____ Full Time Hours Per Week: _____ Part Time Hours Per Week: _____
Salary: _____ Your Name if Different During Employment: _____
Duties and Responsibilities: _____
Reason for Leaving: _____

Between These Jobs (if applicable): Unemployed In School From (MM/YY) _____ To (MM/YY) _____

3 Name of Employer: _____
Address: _____ City/State/Zip: _____ Phone Number _____
Your Job Title: _____ Supervisor's Name: _____
From: _____ To: _____ Full Time Hours Per Week: _____ Part Time Hours Per Week: _____
Salary: _____ Your Name if Different During Employment: _____
Duties and Responsibilities: _____
Reason for Leaving: _____

Between These Jobs (if applicable): Unemployed In School From (MM/YY) _____ To (MM/YY) _____

EMPLOYMENT HISTORY CONTINUED

4 Name of Employer: _____

Address: _____ City/State/Zip: _____ Phone Number _____

Your Job Title: _____ Supervisor's Name: _____

From: _____ To: _____ Full Time Hours Per Week: _____ Part Time Hours Per Week: _____

Salary: _____ Your Name if Different During Employment: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Between These Jobs (if applicable): Unemployed In School From (MM/YY) _____ To (MM/YY) _____

5 Name of Employer: _____

Address: _____ City/State/Zip: _____ Phone Number _____

Your Job Title: _____ Supervisor's Name: _____

From: _____ To: _____ Full Time Hours Per Week: _____ Part Time Hours Per Week: _____

Salary: _____ Your Name if Different During Employment: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Between These Jobs (if applicable): Unemployed In School From (MM/YY) _____ To (MM/YY) _____

6 Name of Employer: _____

Address: _____ City/State/Zip: _____ Phone Number _____

Your Job Title: _____ Supervisor's Name: _____

From: _____ To: _____ Full Time Hours Per Week: _____ Part Time Hours Per Week: _____

Salary: _____ Your Name if Different During Employment: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Between These Jobs (if applicable): Unemployed In School From (MM/YY) _____ To (MM/YY) _____

Attach additional sheets if necessary, using the same format as on the application.

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

1. List KSA's and / or certifications you possess and believe **relevant to the position you seek**, such as operating heavy equipment, computer skills, fluency in language(s) etc.: _____

2. Describe specifically any word processing or computer skills and list software used: _____

3. State approximate number of words per minute: _____ Typing: _____

MILITARY SERVICE

1. Have you ever served on active duty in the Armed Forces of the United States? Yes No
Branch of Service: _____ Highest Rank: _____
Service Number: _____ Duty Dates: From: _____ To: _____ From: _____ To: _____
From: _____ To: _____ From: _____ To: _____
2. Date and type of discharge: _____
3. Are you now or have been a member of the Reserve Unit or the National Guard? Yes No
4. If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

5. Was any type of disciplinary action taken against you in the service? Yes No

SELECTIVE SERVICE REGISTRATION

If you are a male between the ages 18 and 26, do you have proof of registration with the Selective Service System or exemption from such registration? Yes No

NOTE: If you are selected as a finalist for this position, you will be required to show proof of registration or exemption prior to Appointment.

VETERANS' PREFERENCE CLAIM

Do you wish to claim Veteran's Preference? Yes No Check the appropriate block if you are claiming Veterans' Preference. In order to receive Veterans' Preference, documentation substantiating your claim must be furnished at the time of application.

1. 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 Veteran's Affairs and the Department of Defense, or
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, or
3. The unmarried widow or widower of a veteran who died of a service-connected disability, or
4. The mother, father, legal guardian or unmarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the United States Department of Defense.
5. A veteran as defined in section 1.01(14), F.S. and who was discharged under honorable conditions only or who later received an upgraded discharge under honorable conditions. "Active duty for training does not qualify for Veterans' preference.
6. A veteran of any war, who has served at least one day during that wartime period as defined in section 1.01(14), F.S., or who has been awarded a campaign or expeditionary medal. Active duty shall not be allowed for eligibility under this paragraph.
7. A current member of any reserve component of the United States Armed Forces or the Florida National Guard.

A DD214 Member - 4 or comparable document which serves as a certificate of release or discharge must be furnished at the time of application. In addition, applicants claiming categories 2, 3, 4 and 5 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime periods are defined in § 1.01. F.S.

An applicant eligible for Veteran's Preference who believes he or she was not afforded employment preference in accordance with Florida law may file a complaint requesting an investigation with the Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, FL 33731. A complaint must be filed within 21 calendar days from the date that the notice of hiring decision is received by the applicant or within three calendar months of the date the application is filed with the employer. If no notice is given, it is the responsibility of the preferred applicant to maintain contact with the employer to determine if the position has been filled.

DISCLOSURE STATEMENT

I understand that, in submitting this application for employment or appointment, I agree to abide by the following terms and conditions:

My appointment or employment will be contingent upon the results of a complete background investigation. Any omission, falsification, misstatement or misrepresentation may disqualify me as an applicant or cause my dismissal from the Sarasota County Sheriff's Office. All statements made by me on this application are true, correct and complete, to the best of my knowledge.

I consent to a polygraph examination(s) concerning the veracity of this information or that which is discovered as a result of the background investigation or any physical examination or drug test. I understand that refusal to submit to a polygraph examination will be grounds for automatic disqualification.

My employment or appointment will be contingent upon the results of a complete drug test. I may be required to take drug tests during the term of my employment or appointment with the Sarasota County Sheriff's Office.

I authorize all persons and organizations referenced in this application to furnish the Sarasota County Sheriff's Office information, personal or otherwise, regarding my ability and fitness for employment or appointment. I relieve such parties from any and all liability for any damage that might result from furnishing such information to the Sarasota County Sheriff's Office.

I understand that this employment application shall become the property of the Sarasota County Sheriff's Office. The application and information received in response to the background investigation are public records.

I certify that to the best of my knowledge and belief, that all of the statements contained herein and on any attachments are true, correct, and complete and made in good faith.

If employed by, or appointed to, the Sarasota County Sheriff's Office, I accept and agree to abide by the following conditions:

I will obey and abide by all directives, procedures, rules, regulations and General Orders issued by the Sarasota County Sheriff's Office and its official representatives.

I will maintain active telephone service at my residence during my period of employment with the Sarasota County Sheriff's Office.

In the event that I am eligible for, and accumulate, overtime work hours, the Sarasota County Sheriff's Office may, at its option, adjust my work schedule, grant me compensatory time or reimburse me monetarily.

Any property or equipment issued or loaned to me by the Sarasota County Sheriff's Office shall be maintained in good repair at all times. I will report any discrepancies to my supervisor immediately. I may be required to reimburse the Sarasota County Sheriff's Office for any property or equipment that is damaged or lost through my own negligence or misconduct. If funds from the damage or loss of such property are due and owing at the termination of employment, I agree that said funds may be deducted from my final paycheck.

I acknowledge that all property belonging to the Sarasota County Sheriff's Office, or utilized by me in the course and scope of my employment, is subject to search or inspection at any time without notice. I also agree to, and fully realize that, I have no expectation of privacy, whether subjective or objective, in the use of such property.

I acknowledge that, in accordance with Florida Statute 943.16, if I should voluntarily leave the Sarasota County Sheriff's Office within one (1) year of entering or completing (whichever is later) an approved Criminal Justice Standards Training Program, the tuition and any related educational costs paid by the agency will be deducted from my final paycheck.

Affidavit
(Must be notarized)

Applicant's Signature

Date

STATE OF _____ COUNTY OF _____

The foregoing was acknowledged before me this ____ day of _____, 20____, by _____
who is personally known to me or has produced _____ as identification.

Signature of person taking acknowledgement

Name typed, printed or stamped

Commission # and Exp. Date



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

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



CJSTC 58

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: _____

ADDRESS: _____

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 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 _____



SARASOTA COUNTY SHERIFF'S OFFICE

Post Office Box 4115
Sarasota, Florida 34230-4115
Human Resources Bureau
Telephone (941) 861-4140
http://www.sarasotasheriff.org

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 NUMBER

I respectfully request and authorize you to furnish the Sarasota County Sheriff's Office any and all information that you may have concerning my criminal and civil records, work records, school records, military records, reputation and financial and credit status. Please indicate any and all medical, physical, mental records or reports including information of a confidential or privileged nature, and Photostats of same, if requested. This information is to be used to assist in determining my qualifications and fitness for the position I am seeking with the Sarasota County Sheriff's Office.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

Sign in the presence of a Notary.

Applicant's Signature
Date
Address
City, State, Zip Code

AFFIDAVIT
(Must be notarized)

STATE OF COUNTY OF

The foregoing was acknowledged before me this day of, 20, by who is personally known to me or has produced as identification.

Signature of person taking acknowledgement
Name typed, printed or stamped
Commission # and Exp. Date

Revised: 07/25/07

SARASOTA COUNTY SHERIFF'S OFFICE
(DEPUTY AND CORRECTIONS APPLICANT ONLY)
Domestic Violence Affidavit

Pursuant to the Omnibus Consolidated Appropriations Act of 1997, any person convicted of a misdemeanor crime of domestic violence as defined by the Act is prohibited from shipping, transporting, possessing or receiving firearms or ammunition. There is no "official use" exemption to this prohibition. Accordingly, the Sarasota County Sheriff's Office is requiring that every officer granted the authority to bear arms by the Sheriff submit the following Affidavit in compliance with the law.

A conviction shall not apply for the purpose of this new law UNLESS:

- (A) The person was represented by counsel in the case or knowingly and intelligently waived the right to counsel in the case; and
- (B) If the person was entitled to a trial by jury under the laws of the convicting jurisdiction then the conviction must have resulted from:
 - (1) A trial by jury;
 - (2) The person knowingly and intelligently waived the right to have the case tried by a jury, by guilty plea or otherwise.

I do solemnly swear or affirm that the following information is true and correct to the best of my knowledge:

- 1. That I have never been convicted of a misdemeanor crime of domestic violence, not including those convictions that have been expunged or otherwise set aside or pardoned as defined below:
 - a. is a misdemeanor under Federal or State law; and
 - b. has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

AFFIDAVIT
(Must be notarized)

Signature of Applicant

State of _____ County of _____

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared _____, who is personally known to me or who produced _____ as identification, and they executed the foregoing instrument and, upon their oath, acknowledged before me that they executed the same as their free act and deed.

SWORN TO and subscribed before me this _____ day of _____, 20____.

Signature of person taking acknowledgement

Name typed, printed or stamped

Commission # and Exp. Date

SARASOTA COUNTY SHERIFF'S OFFICE

COLLECTION AND USE OF SOCIAL SECURITY NUMBERS

Effective October 1, 2007, in accordance with FSS 119.071, the Sarasota 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, long-term disability enrollment and reporting and available optional benefits.
- ❖ 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)

