



SHERIFF LARRY CAMPBELL

LEON COUNTY SHERIFF'S OFFICE

P.O. BOX 727

TALLAHASSEE, FL 32302-0727

Human Resources: (850) 922-3507

Fax Line: (850) 922-5636



Date Received: _____

POSSE APPLICATION AND JOB EXPECTATIONS

This page serves to provide applicants a clear understanding of employment expectations and qualifications in order to be considered for employment with the Leon County Sheriff's Office. Satisfaction of any or all of these expectations or qualifications does NOT constitute an offer of employment.

QUALIFICATIONS

All of the following qualifications must be met in order to apply for a posse position:

Reserve, Mounted or Support Posse

- ✓ Be at least 19 years of age
- ✓ Be a citizen of the United States
- ✓ Be of good moral character
- ✓ Must have high school/ GED Diploma

Additional qualifications must be met in order to apply for a Reserve or Mounted Posse position:

Reserve Posse

- ✓ Must have completed a basic training program for Law Enforcement approved by the Criminal Justice Standards and Training Commission (Florida Certification)
- ✓ Must produce a copy of the state of Florida certification for Law Enforcement examination results showing a passing score
- ✓ Residency within Leon County in the State of Florida

Mounted Posse

- ✓ Must possess your own horse suitable for duty
- ✓ Must possess a method to transport horse (i.e. horse trailer)

DISQUALIFICATIONS

Any of the following items will be grounds for disqualification from employment:

- ✗ Falsification or untruthfulness of the information obtained during the selection process, written or oral
- ✗ Dishonorable discharge from any of the Armed Forces of the United States
- ✗ Any felony conviction
- ✗ Any misdemeanor conviction, including pleas of nolo contendere, involving perjury or a false statement
- ✗ Any misdemeanor conviction within the last 5 years, involving:
 - *Domestic Violence or Battery
 - *Abuse of a child , elderly or disabled person
 - *DUI
- ✗ Failure to successfully complete the hiring screening process including background
- ✗ Any drug history which is deemed by the Sheriff to not be in the best interest of the agency or impact the moral character of the applicant
- ✗ Any other factor deemed by the Sheriff not to be in the agency's best interest
- ✗ Unable to verify/validate references

POSITION APPLYING FOR:

Reserve Posse

Mounted Posse

Support Posse

BACKGROUND INFORMATION

The following information is intended to be used for background purposes only and will not be used as part of the selection process.

Full Name: _____ Maiden/Alias: _____

City and State of Birth: _____ Marital Status: _____

Date of Birth: _____ Social Security #: _____ Race/Sex: _____

If currently or previously married, Spouse Full Name: _____

EQUAL OPPORTUNITY EMPLOYER

The Leon County Sheriff's Office is an Equal Opportunity Employer. No person will be subject to discrimination on the grounds of race, color, national origin, sex, age, disability, marital status, religion, political affiliation or sexual orientation.

INSTRUCTIONS

Application must be typewritten or printed legibly in black or blue ink. All questions must be answered; if a question is not applicable, so state by indicating N/A (not applicable). 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 label answers to correspond with questions.

Copies of the following documents must be attached to the application before it will be processed:	SPECIAL NOTE
<ul style="list-style-type: none"> ➤ Certified Birth Certificate ➤ Social Security Card ➤ Driver's License ➤ Military DD214/FL National Guard NGB Form 22 ➤ High School/GED or Diploma ➤ College Transcript and/or College Diploma ➤ Pertinent Certifications or Licenses 	<p>APPLICATIONS WHICH ARE NOT COMPLETE AND LEGIBLE WILL <u>NOT</u> BE PROCESSED.</p> <p>APPLICATIONS MUST BE UPDATED IN PERSON OR BY FAX - CORRECTIONS WILL NOT BE ACCEPTED BY PHONE.</p> <p>IF THERE IS NOT SUFFICIENT SPACE TO ANSWER ANY QUESTION, ATTACH ADDITIONAL PAGES AS NEEDED.</p>

APPLICATION AND RELEASE OF INFORMATION WAIVER MUST BE NOTARIZED

CONTACT INFORMATION

Name _____
Last First Middle (Maiden)

Present Address _____
Street City State Zip

Phone (____) _____ (____) _____ (____) _____
Home Number Work Number Cell Number

E-Mail Address: _____

Are you a United States citizen? Yes No If naturalized please provide,

_____ Date Place Court Naturalization Number

Have you ever submitted an employment application to the Leon County Sheriff's Office? Yes No

If yes, when and for what position? _____

EDUCATIONAL BACKGROUND

List all high schools; trade, vocational, business or military schools; and colleges you have attended beginning with the most recent. Attach additional paper if needed.

School/College Name: _____ From: _____ To: _____

Area of Study (Major): _____ Degree Type: _____ Total Credit: _____

School/College Name: _____ From: _____ To: _____

Area of Study (Major): _____ Degree Type: _____ Total Credit: _____

School/College Name: _____ From: _____ To: _____

Area of Study (Major): _____ Degree Type: _____ Total Credit: _____

Indicate any foreign languages you can speak, read, or write:

CURRENT AND PRIOR RESIDENCES

List chronologically, addresses of all actual places of residence for the past 10 years: Attach additional paper if needed.

From (Month/Year)	To (Month/Year)	Street Address	Apt. #	City	State	Zip Code

REFERENCES

ALL INFORMATION IS REQUIRED IN ORDER TO PROCESS THE APPLICATION

If this portion is incomplete the application will be returned.

Personal References: **Give three (3) references** (NOT relatives, former or present employers, fellow employees, or a neighbor that you are listing in the next section "Neighborhood References") who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, or ministers, who have known you for **at least five (5) years.** If retired, give former occupation.

Name: _____ Address: _____ City, State, Zip: _____	Home Phone#: _____ (____) _____ Work Phone#: _____ (____) _____	Years Known _____	Occupation: _____ Employer: _____
Name: _____ Address: _____ City, State, Zip: _____	Home Phone#: _____ (____) _____ Work Phone#: _____ (____) _____	Years Known _____	Occupation: _____ Employer: _____
Name: _____ Address: _____ City, State, Zip: _____	Home Phone#: _____ (____) _____ Work Phone#: _____ (____) _____	Years Known _____	Occupation: _____ Employer: _____

NEIGHBORHOOD REFERENCES

List **two (2)** of your **CURRENT** neighbors, regardless of whether or not you are acquainted with them. These references cannot live at the same address and cannot have been listed as personal references above.

Name: _____ Address: _____ City, State, Zip: _____	Home Phone#: _____ (____)_____	Years Known _____
	Work Phone#: _____ (____)_____	
Name: _____ Address: _____ City, State, Zip: _____	Home Phone#: _____ (____)_____	Years Known _____
	Work Phone#: _____ (____)_____	

MILITARY DATA

Have you ever served on active or reserve duty in the Armed Forces of the United States? Yes No

- Active Duty Reserve Unit National Guard

Branch of Service: _____ Highest Rank: _____ Serial #: _____

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

Type of Discharge: _____

VETERAN'S PREFERENCE

Check the appropriate block if you are claiming veteran's preference. Documentation substantiating your claim must be furnished at the time of application. Preference eligibility no longer expires upon appointment of the eligible person to a position with the state or any political subdivision in the state.

- 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. Veteran's Administration and the Department of Defense, or
- 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
- A veteran of any war who had served on active duty for 181 consecutive days or more, or who had served 180 consecutive days or more since January 31, 1955 and who was honorable discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
- The un-remarried widow or widower of a veteran who died of a service-connected disability, or
- A veteran who served during Operation Enduring Freedom (beginning 10/07/01 - present) or Operation Iraqi Freedom (beginning 03/19/03 - present). The receipt of a campaign or expeditionary medal is not required, only service during the above dates.

EMPLOYMENT HISTORY

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 or attended school while not employed, document those dates with "Unemployed" or "School." Attach additional paper if needed.

CURRENT EMPLOYER

Business Name: _____ Phone #: (_____) _____

Address: (Street, City, State, Zip): _____

Title/Position: _____ Supervisor's Name: _____

Dates Worked (Month/Year) From: _____ To: _____ Status: Full-Time Part-time

Salary: _____ Reason for Leaving: _____

Do you have any objections to your current employer being contacted? Yes No

If Yes, why? _____

PREVIOUS EMPLOYERS

Business Name: _____ Phone #: (_____) _____

Address: (Street, City, State, Zip): _____

Title/Position: _____ Supervisor's Name: _____

Dates Worked (Month/Year) From: _____ To: _____ Status: Full-Time Part-time

Salary: _____ Reason for Leaving: _____

Business Name: _____ Phone #: (_____) _____

Address: (Street, City, State, Zip): _____

Title/Position: _____ Supervisor's Name: _____

Dates Worked (Month/Year) From: _____ To: _____ Status: Full-Time Part-time

Salary: _____ Reason for Leaving: _____

Business Name: _____ Phone #: (_____) _____

Address: (Street, City, State, Zip): _____

Title/Position: _____ Supervisor's Name: _____

Dates Worked (Month/Year) From: _____ To: _____ Status: Full-Time Part-time

Salary: _____ Reason for Leaving: _____

Business Name: _____ Phone #: (_____) _____

Address: (Street, City, State, Zip): _____

Title/Position: _____ Supervisor's Name: _____

Dates Worked (Month/Year) From: _____ To: _____ Status: Full-Time Part-time

Salary: _____ Reason for Leaving: _____

EMPLOYMENT HISTORY (continued)

Have you ever been dismissed, asked to resign, been demoted or had any disciplinary action taken against you from any employment or position you have held? Yes No

If yes, please provide details (attach additional paper if needed): _____

Are you currently under criminal investigation or indictment? Yes No

If yes, please provide details (attach additional paper if needed): _____

Are you currently under internal investigation? Yes No

If yes, please provide details (attach additional paper if needed): _____

Have you ever separated/left/resigned or retired from a business or agency while under criminal or internal investigation or while under threat of criminal or internal investigation? Yes No

If yes, please provide details (attach additional paper if needed): _____

Have you ever submitted an employment application at any other law enforcement agency other than already listed on this application? Yes No

If yes, provide the name of the agency and the date of application below: _____

Have you ever performed paid or unpaid services for a law enforcement agency not already listed on this application? Yes No

If yes, provide the name of the agency and the dates of service below: _____

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 employee? Yes No

If yes, please provide details: _____

SPECIAL LICENSES/SKILLS

Indicate any type of current special license such as pilot, radio operator, etc.:

License Type	Licensing Authority	Where Issued	Expiration Date

Indicate any special skills you possess and equipment you are familiar with related to law enforcement such as two-way radio communications, breathalyzer, speed detection devices, multi-lingual skills, etc.: _____

TRAINING/TESTING ACCOMMODATIONS

Are you now able to participate in defensive tactics, firearms, physical training, operation of motor vehicle, or otherwise perform the duties set forth in the job task analysis related to the position for which you applied?

Yes No

If no, would you be able to perform these tasks with an accommodation? Yes No

If a test or examination is required for this position, would you need any accommodation? Yes No

If yes, explain what accommodation(s) you would need to perform the above: _____

CLUBS, SOCIETIES, AND ORGANIZATIONS

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

Name of Club or Society	City and State	Former or Present	Position and Activity

Have you ever held membership in, association with, or any other connection to any organization that exposes or supports discrimination based upon race, color, national origin, sex, age, disability, religion, political affiliation, sexual orientation or marital status or is known to have been involved in criminal activity and/or a violation of any state laws and/or the laws of the United States? Yes No If yes, please explain: _____

Do you currently have any of the following social networking accounts (check all that apply):

Facebook Twitter My Space Other; Specify: _____

SHERIFF'S OFFICE FAMILY AFFILIATIONS

Do you have any relatives employed with the Sheriff's Office? Yes No

If yes, please list their name(s) below: Relative include: **Blood relationships**-father, mother, son, daughter, brother, sister, grandfather, grandmother, grandson, granddaughter, uncle, aunt, first cousin, niece, or nephew; **Martial relationships**-husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law; **Adoptive relationships**-father, mother, son, daughter, brother, sister, or any ward of any employee living within the same household; **Step relationships**-stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister.

Name Relationship

Name Relationship

Name Relationship

CRIMINAL HISTORY

INCOMPLETE, INACCURATE OR FALSE INFORMATION WILL DISQUALIFY YOU FROM EMPLOYMENT. CRIMINAL RECORDS SEALED UNDER FLORIDA STATUTES MAY BE AVAILABLE FOR INSPECTION BY A CRIMINAL JUSTICE AGENCY FOR THE PURPOSE OF EMPLOYMENT.

Have you ever been arrested or charged with any criminal violation regardless of the final disposition, including notices to appear? Yes No

Have you ever had a criminal record or arrest record sealed or expunged? Yes No

If yes to either of the above, list all such matters including juvenile records and records which have been sealed, pardoned or expunged. **For each entry below, a copy of the court document must be attached to your application indicating the final disposition.** Attach additional paper if needed.

Date	Location	Charge	Final Disposition

DRIVING HISTORY

Do you possess a current operator or chauffeur Florida Driver's license? Yes No

License Number: _____ Restrictions: _____ Expires Date: _____

Have you ever held an operator or chauffeur driver's license in another state? Yes No

If yes, please provide state(s), name used and approximate dates license(s) was/were held:

State	Name Used	Approximate Dates Held

Have you ever received any traffic citations/tickets (i.e. speeding, carless driving, seat belt)? Yes No

Has your Driver's License ever been suspended or revoked? Yes No If yes, give the details of the above citations/tickets/suspensions/revocations for the last five (5) years below: (Attach additional paper if necessary; omissions may disqualify you from employment)

Date	Location	Citation/Violation	Final Disposition

DRUG USE

Do you now, or have you ever illegally obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of similar nature?

Yes No If yes, please complete the following:

Drug: _____

Circumstances: _____

Number of times possessed/supplied/sold: _____

First time possessed/supplied/sold: _____

Last time possessed/supplied/sold: _____

When was the last time anyone used an illegal drug or illegal controlled substance in your presence?

Date: _____ Drug/Substance: _____ Provide the details on separate sheet of paper.

APPLICANT'S CERTIFICATION

I understand my appointment or employment will be contingent upon the successful completion of the hiring process including the results of a complete background investigation. I am aware any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I understand and agree I have read the "Job Expectations" page detailing qualifications for the job in which I am applying and certify I meet all listed requirements. I agree to the conditions and certify all statements made by me on this application are true, correct, and complete, to the best of my knowledge. I fully understand and consent to a polygraph examination or a voice stress analysis concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, any physical examination, or drug test. I also understand I will be fingerprinted. I understand this employment application shall become the property of the Sheriff's Office and it and the information received in response to the background examination and screening process are public records.

I understand and agree my employment or appointment will be contingent upon the results of a complete drug test and I may be required to take drug tests during the term of my employment or appointment with the Sheriff's Office. I understand the use of illegal drugs is prohibited. I understand the use of alcohol is not permitted during work or duty time, whether paid or unpaid, and in areas, including vehicles, where work is performed by employees or appointees.

I understand my continued employment or appointment may be contingent upon the results of my medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the Sheriff's Office.

I understand and agree any employment or appointment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, the Sheriff has the absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

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

I understand if appointed as a deputy sheriff and I am not currently a resident of a Leon County, Florida, I **must**, within thirty (30) days of date of employment, establish and maintain my legal residence with Leon County, Florida. If appointed as a correctional officer I understand that I must reside in Leon or a surrounding county in the state of Florida and must also meet this requirement within thirty (30) days of the date of employment.

I agree to the rules, regulations, and orders of the Sheriff's Office and acknowledge these rules, regulations, and orders may be changed, interpreted, withdrawn, or added to by the Sheriff's Office, at its discretion, at any time, and without any prior notice to me.

Signature of the applicant

Date

Witnessed by:



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)



CJSTC 58

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

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: Leon County Sheriff's Office
ADDRESS: P.O. Box 727 Tallahassee, FL 32302

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

AFFIDAVIT

STATE OF COUNTY OF The forgoing instrument was acknowledged before me this date

By: who is personally known

or who has produced identification. Type of identification:

Notary's Signature

Print, type, or stamp Commissioned Name of Notary

Notary Seal: Upon witnessing the applicant signing of this affidavit, the notary public shall complete the notary block.