



# SHERIFF

## SEMINOLE COUNTY

### EMPLOYMENT PRE-SCREEN QUESTIONNAIRE

POSITION TITLE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

APPLICANT MAILING ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

---

1. Have you ever served in the Military?

- Yes
- No

2. What is your highest level of education?

- HS Diploma/GED
- 2 Year degree
- 4 Year degree
- Graduate degree

3. If you are applying for a sworn or certified position do you possess a certification or have you completed the firearms section of academy training?

- Yes
- No
- Not Applicable

4. Are you at least 18 years old if applying for a civilian position or 21 years old if applying for a deputy position?

- Yes
- No

5. Are you a United States Citizen?

- Yes
- No



# SHERIFF SEMINOLE COUNTY

## EMPLOYMENT PRE-SCREEN QUESTIONNAIRE

Last Name: \_\_\_\_\_

6. Do you have a high school diploma or certificate recognized by the Criminal Justice Standards and Training Commission (i.e. GED)?

- Yes  
 No

7. Have you possessed a valid Driver's License for at least one (1) year prior to today?

- Yes  
 No

8. Have you received five (5) or more traffic citations or violations (i.e. offenses such as speeding), excluding parking tickets, singly or in combination, within three (3) years prior to today, covered under any local, state or federal law?

- Yes  
 No

9. Has your Driver's License been suspended within the last five (5) years prior to today?

- Yes  
 No

10. Have you been arrested for a DUI within the last ten (10) years prior to today?

- Yes  
 No

11. Have you received a dishonorable discharge from any of the Armed Forces of the United States?

- Yes  
 No



# SHERIFF

## SEMINOLE COUNTY

### EMPLOYMENT PRE-SCREEN QUESTIONNAIRE

Last Name: \_\_\_\_\_

12. Have you resigned to avoid discharge from any job within the last five (5) years prior to today?

- Yes
- No

13. Are you the current subject of an open or ongoing internal investigation or do you have employer discipline proceedings pending against you?

- Yes
- No

14. Are there any charges pending against you before ANY federal or state law enforcement licensing agency?

- Yes
- No

15. Have you used or purchased marijuana within the last five (5) years prior to today? NOTE: This question pertains to outside the realm of law enforcement. Do not answer "Yes" to this question if you dealt with controlled substances in the line of duty as a law enforcement officer.

- Yes
- No

16. Have you used or purchased any type of illegal or controlled substance, excluding marijuana, (i.e. cocaine, ecstasy, heroin, LSD, prescription medications not prescribed to you, steroids) within the last ten (10) years prior to today? NOTE: this question pertains to outside the realm of law enforcement. Do not answer "Yes" to this question if you dealt with controlled substances in the line of duty as a law enforcement officer.

- Yes
- No



# SHERIFF

## SEMINOLE COUNTY

### EMPLOYMENT PRE-SCREEN QUESTIONNAIRE

Last Name: \_\_\_\_\_

17. Have you sold any type of controlled substance (i.e. marijuana, cocaine, ecstasy, heroin, LSD, prescription medications) to others within the last ten (10) years prior to today? NOTE: this question pertains to outside the realm of law enforcement. Do not answer "Yes" to this question if you dealt with controlled substances in the line of duty as a law enforcement officer.

- Yes
- No

18. Have you been convicted of a misdemeanor (including but not limited to where adjudication was withheld) or participated in a pretrial diversion program for any offense involving moral character, false statements, perjury or domestic violence in the five (5) years prior to today?

- Yes
- No

19. Have you ever been convicted or participated in a pretrial diversion program for any offense which can be considered domestic violence? This includes stalking, the use or attempted use of force or any weapon, involving a current or former spouse, parent or guardian (includes current or former spouses and parents or guardians who share a child in common or are cohabiting or have cohabited with another, as a spouse, parent or guardian).

- Yes
- No

20. Have you ever been convicted of a felony crime (including by not limited to where adjudication was withheld) or participated in a pretrial diversion program for any felony offense?

- Yes
- No

21. Are there any criminal charges pending against you?

- Yes
- No



# SHERIFF SEMINOLE COUNTY

## EMPLOYMENT PRE-SCREEN QUESTIONNAIRE

Please tell us where you heard about this opportunity? Please check all that apply.

- Agency Website
- Recruitment Event
- Social Media
- School or Community Bulletin
- Friend
- Other \_\_\_\_\_

I hereby certify that all answers provided on this questionnaire are true, and by signing below, agree and understand that any misstatement, misrepresentation or falsification of facts will result in terminating the application process. Should any answers change once this questionnaire has been submitted, I agree and understand that I am solely responsible to disclose and notify personnel within the Seminole County Sheriff's Office Human Resources Division.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# PHYSICIAN'S CLEARANCE TO TEST FORM

AGENCY NAME: **SEMINOLE COUNTY SHERIFF'S OFFICE**

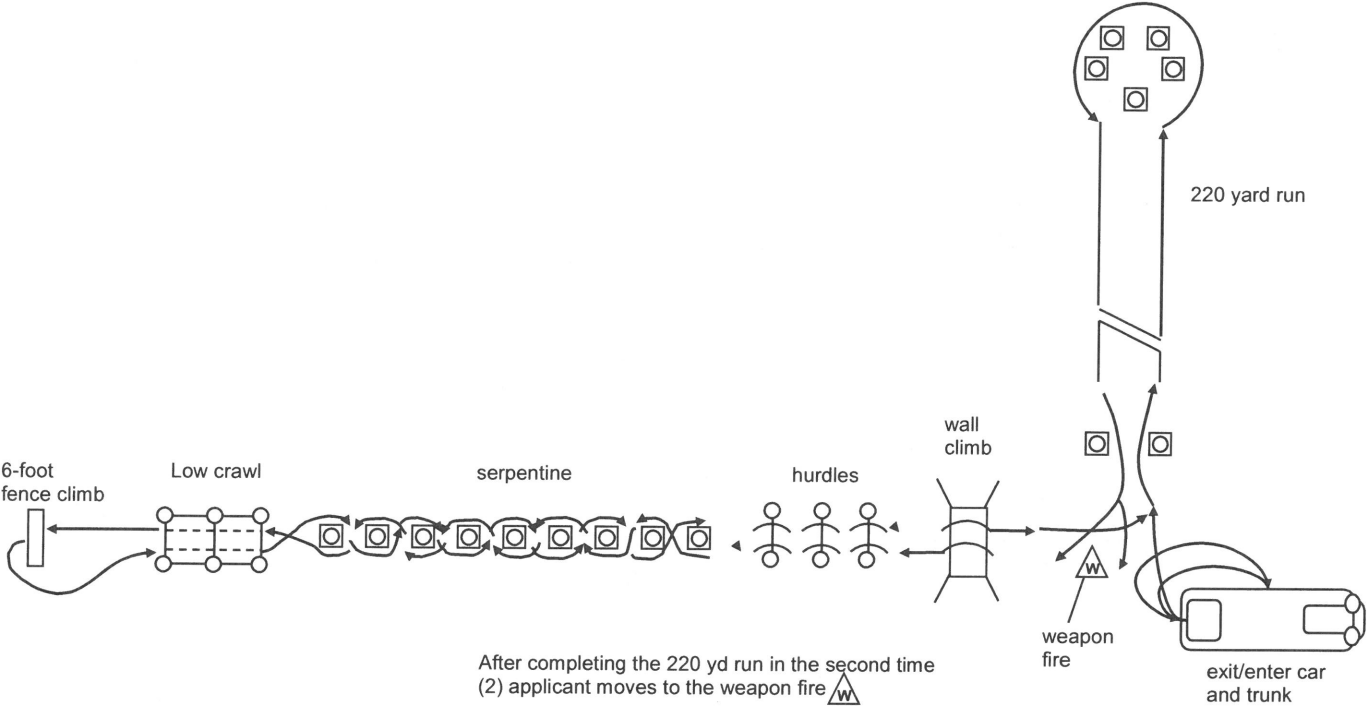
NAME OF APPLICANT: \_\_\_\_\_

The purpose of this communication is to inform you of the above-named individual's intentions with regards to participation in the pre-employment physical abilities test for the above-named agency. We are aware of the fact that strenuous physical activity may be inadvisable for some individuals. As such, we request that you indicate whether the above-named applicant has any medial condition or disorder that would preclude participation. It must be emphasized that we are not asking you to assume responsibility for the applicant while participating in this test. Rather, we merely want to have as much information as possible when making decisions concerning applicability of testing.

The testing program will consist of a series of physical abilities tests conducted at our training site. The battery of job-related field tests is intended to be completed in the fastest possible time and will require maximum effort by the applicant. Tests are designed to measure balance, muscular endurance and strength, flexibility, anaerobic power and capacity, fine motor skill and aerobic power. Tests will include two 220 yard runs, jumping over obstacles (12-24 inches high), climbing over a wall (40 inches high), 50-foot serpentine run followed by a low crawl through a 27-inch high, 8-foot long area, and climbs a 6-foot chain link fence (Detention Deputy applicants will substitute a 10-stair climb and 10-stair descent using 7-inch high 11-inch wide steps.) After climbing the fence, the applicant goes back through the obstacle course beginning with the low crawl and ending climbing through a window.

Ultimately, the primary goal of this testing is to determine whether the applicant is capable of performing minimum standards appropriate to this agency. Should you have any questions, please call Human Resources at (407) 665-6621.

Figure 1. Physical Abilities Test course Design



**This form may only be signed by a Medical Doctor, Doctor of Osteopathic Medicine, Nurse Practitioner, or Physician's Assistant.**

I have examined this applicant and his/her medical history, and based upon my evaluation I recommend that:

- Participation is not advisable at the present time. (If you advise against participation, please do not disclose the applicant's medical condition on this form.)
- Within a reasonable degree of probability, no medical condition or disorder exists which precludes this applicant from participation in the physical abilities as described.

Signature of Physician \_\_\_\_\_

Date \_\_\_\_\_

Physician's Name & Specialty \_\_\_\_\_

Physician's Phone Number (Required) and Address \_\_\_\_\_



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: Seminole County Sheriff's Office
ADDRESS: 100 Eslinger Way, Sanford, FL 32773

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

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

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

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

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

Applicant's Signature Date

Applicant's Address

OATH

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

STATE OF COUNTY OF

Sworn to (or affirmed) and subscribed before me this

day of, year, By

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced

**EQUAL EMPLOYMENT OPPORTUNITY AND RECRUITING SURVEY**

The information requested on this form regarding race, sex, age, veteran, and disability status is used to analyze and assure compliance with all Federal Equal Employment Opportunity laws and to meet the reporting requirements of those laws.

This form is not used in conjunction with your original Employment Application during the employment process. We appreciate your cooperation in voluntarily completing this information.

<b>Applicant Name</b>	<b>Today's Date (mm/dd/yyyy)</b>	<b>Date of Birth (mm/dd/yyyy)</b>	<b>Position Applying for:</b>	<b>Male / Female (M / F)</b>

<b>Age Group (Check One)</b>	<b>Disability</b>
Under 18	<b>The American Disabilities Act (ADA) of 1990 requires an employer to provide a reasonable accommodation to qualified individuals with disabilities who are applicants for employment.</b>
18-39	Do you have a disability that qualifies for a reasonable accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/>
40-70	If yes, please briefly state disability:
Over 70	

<b>Education (Check all that apply)</b>	<b>Graduation Year</b>
High School	
GED	
College	

<b>Race (Check One)</b>	<b>Description of EEOC Race/Ethnic Categories</b>
White	All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
Black or African American	All persons having origins in any of the Black groups of Africa.
Native Hawaiian or Other Pacific Islander	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example; Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.
American Indian or Alaskan Native	A person having origins in any of the original peoples of North & South America (including Central America) and who maintain tribal affiliation or community attachment.
Two or More Races	All persons who identify with more than one of the above five races.

<b>Ethnicity Check One)</b>
Hispanic
Non-Hispanic



## VETERANS' PREFERENCE PROCEDURES

Per Florida Statute Chapter 295 and Rules of the Florida Department of Veterans' Affairs, Veterans' Preference points shall be awarded to the earned ratings of eligible applicants who have achieved a minimum qualifying score on an examination, have received an honorable discharge, and who are residents of the State of Florida. Special consideration will be given to eligible applicants who apply for positions where examinations are not used.

In order to receive preference, an applicant must complete the following requirements by the closing date and time of the employment opportunity specified on the posting:

1. Indicate claim for Veterans' Preference on this application.
2. Answer all questions on the Veterans' Preference Claim.
3. Provide required documentation:

Veterans, disabled veterans, or spouses of disabled veterans shall provide DD-214 Member 4 Form, military discharge papers, or equivalent V.A. certification listing:

1. Military status,
2. Dates of service, and
3. Discharge type.

Disabled veterans shall also provide a document from the Department of Defense, V.A., or Department of Veterans' Affairs certifying that the veteran has a service-connected disability.

Spouses of disabled veterans shall also provide:

1. Evidence of marriage,
2. Statement that spouse is still married to the veteran, and
3. Proof that the veteran cannot qualify for employment due to service-connected disability (e.g., Department of Defense or V.A. certification of total and permanent disability or Department of Veterans' Affairs ID card).

Spouses of persons missing, captured or detained on active duty shall furnish:

1. Evidence of marriage,
2. Statement that spouse is still married to the veteran, and
3. Department of Defense or V.A. document certifying the person on active duty is missing in action or captured or forcibly detained in line of duty by foreign government or power.

Unremarried widow/widowers of deceased veterans shall furnish:

1. Evidence of marriage,
2. Statement that the widow/widower is not remarried, and
3. Department of Defense or V.A. document certifying service-connected death.

## VETERANS' PREFERENCE CLAIM

1. Do you wish to claim Veterans' Preference under Florida Statute Chapter 295?

YES  NO

2. Are you:

Any veteran with a service-connected disability compensable under public laws administered by the U.S. Department of Veterans' Affairs?

The spouse of any veteran, who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment; or, the spouse of any person who is missing in action, captured in the line of duty by a hostile force, or forcibly detained or interned in the line of duty by a foreign government or power?

A veteran who has served on active duty for one (1) day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America?

An unremarried widow/widower of a veteran who died as a result of a service-connected disability?

Any veteran who has served in a qualifying campaign or expedition for which a campaign badge has been authorized?

4. If you have a service-connected disability, such disability has been rated by the V.A. or Department of Defense to be

\_\_\_\_\_ %

An applicant for veterans' preference who believes he or she was not afforded employment preference may file a complaint with the Florida Department of Veterans' Affairs at the Mary Grizzle Office Building, 11351 Ulmerton Rd., Rm. 311-K, Largo, FL, 33778. The complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within three months of the date the application is filed with the employer if no notice is given.