



EMPLOYMENT PRE-SCREEN

SEMINOLE COUNTY SHERIFF'S OFFICE

100 Bush Blvd
Sanford, FL 32773
(407) 665-6621

Applicants@SeminoleSheriff.org

Position Sought: _____

Applicant Name: _____

Last

First

Middle

Applicant Address: _____

House Number

Street Name

City

State

Zip Code

Applicant Phone Number: (____) _____ Applicant Email Address: _____

-
1. If you are applying for a sworn or certified position do you possess a certification or have you completed the firearms section of the Academy?

Yes

No

Not Applicable

2. 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

3. Are you a United States Citizen?

Yes

No

4. Do you have a high school diploma or certificate recognized by the Criminal Justice Standards and Training Commission (e.g. G.E.D)?

Yes

No



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5. Have you possessed a valid driver's license for at least one (1) year prior to today?

Yes

No

6. Have you received five (5) or more traffic citations or violations (e.g., 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

7. Has your driver's license been suspended within the last five (5) years prior to today?

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No



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11. Are you the current subject of an open or ongoing Internal Investigation or do you have employer discipline proceedings pending against you?

Yes

No

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

Yes

No

13. 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

14. Have you used or purchased any type of illegal or controlled substance, excluding marijuana, (e.g., 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

15. Have you sold any type of controlled substance (e.g., 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



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

Yes

No

17. Have you ever been convicted or participated in a Pre-trial 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

18. Have you ever been convicted of a felony crime (including but not limited to where adjudication has been withheld) or participated in a Pre-trial Diversion program for any felony offense?

Yes

No

19. Are there any criminal charges pending against you?

Yes

No



Last Name _____

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

Agency Website

Recruiting Event

Social Media

Bulletin

Friend

Other _____

I hereby certify that all answers made on this questionnaire are true and I agree and understand that any misstatement, misrepresentation or falsification of facts shall cause discontinuation of application processing. I understand that I am responsible to disclose to the Seminole County Sheriff's Office Human Resources Division any changes to the above answers that may occur after submission.

Applicant Signature _____

Date _____

Applicants who are not selected for employment will receive written notification from Human Resources, to include justification based on the following disqualifiers: negative background, failure to meet minimum qualifications as outlined in the specific job description, or any additional information discovered during the interview process. Applicants will be eligible to reapply with the Seminole County Sheriff's Office after one year from the date of notification.

BACKGROUND INVESTIGATION 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 NO.: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFO: Seminole County Sheriff's Office

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, education 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 photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, and other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: - An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information is disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.

Pursuant to Section 943.13 (4), (5), and (7) 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 FLORIDA, COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, _____. My commission expires on _____.

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 needed to analyze and assure compliance with the Federal equal Employment Opportunity laws and to meet the reporting requirements of those laws.

This form is maintained separately from your original Employment Application and is not used during the employment process. Your cooperation in voluntarily completing this information is appreciated.

| | | |
|--------------------------------|---------------------------------|-----------------------------|
| | | |
| Today's Date (mm/dd/yy) | Date of Birth (mm/dd/yy) | Position Applied For |

| | | |
|-------------------------------|---|--|
| | Sex | Marital Status |
| Name (Last, First, MI) | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Married <input type="checkbox"/> Single |

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

| | |
|---|---|
| Education | |
| <input type="checkbox"/> High School Graduate _____ Year | <input type="checkbox"/> College Graduate _____ Year |
| <input type="checkbox"/> GED _____ Year | |
| Check highest grade completed if not a High School Graduate 1 2 3 4 5 6 7 8 9 10 11 12 | |

| | |
|--|--|
| Race/Ethnic Category | Description of EEOC Race/Ethnic Categories |
| Check only one. See chart to the right for descriptions. | |
| <input type="checkbox"/> White (not of Hispanic origin) | White All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. |
| <input type="checkbox"/> Black (not of Hispanic origin) | Black All persons having origins in any of the Black groups of Africa. |
| <input type="checkbox"/> Hispanic (regardless of race) | Hispanic All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture, regardless of race. |
| <input type="checkbox"/> Asian/Pacific Islander | Asian/Pacific Islander All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. |
| <input type="checkbox"/> American Indian/Alaskan Native | American Indian/Alaskan Native All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition. |

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:

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

B 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?

C 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?

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

E 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

_____ percent.

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.