



SHERIFF

SEMINOLE COUNTY

EMPLOYMENT PRE-SCREEN QUESTIONNAIRE

POSITION TITLE: School Crossing Guard

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



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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



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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



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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 but 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



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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: _____

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 and Seminole County Government

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:

Seminole County Sheriff's Office

100 Eslinger Way, Sanford, FL 32773

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 compiled to analyze and assure compliance with 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. We appreciate your cooperation in completing this form.

Today's Date	Date of Birth	Position applying for

Age Group:

Under 18	18 – 39	40 – 70	Over 70
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Disability: 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?	YES	NO
If yes, please state disability: _____		

Education:

High School graduate	Year:	GED	Year:
College graduate	Year:		

Race Category: (select only one)	Description of EEOC Race Categories
American Indian or Alaskan Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
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, the Philippine Islands, Thailand, and Vietnam.
Black or African American	All persons having origins in any of the Black groups of Africa.
Native Hawaiian or Other Pacific Islander	All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island.
White	All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
Two or More Races	All persons who identify with more than one of the above five races.

Ethnicity Category: (select only one)

Hispanic Latino	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture, regardless of race.
Non-Hispanic	Not of Hispanic or Latino origin

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.



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SEMINOLE COUNTY

INSTRUCTIONS: PLEASE USE BLACK INK AND PRINT CLEARLY OR TYPE. Do not leave any areas blank. Résumés may not substitute for any information requested on this application.

Position applying for: School Crossing Guard

PERSONAL INFORMATION

--	--	--

Social Security Number

Date of Birth (MM/DD/YYYY)

Place of Birth (City, State)

--	--	--

Last Name

First Name

Middle Name

--	--	--	--

Home Phone

Work Phone

Cell Phone/Other

Email address

--	--	--	--

Residence Address

Apt Number

Apartment Complex Name

--	--	--	--

City

County

State

Zip Code

--

Mailing Address

--	--	--	--

City

County

State

Zip Code

U.S. Citizen: YES NO

Have you EVER applied for employment or been employed with the Seminole County Sheriff's Office? YES NO

If YES, please supply dates and position title: _____

Have you ever used any other name? YES NO (If you answered YES, please provide names used)

--	--	--

Last Name

First Name

Middle Name

--	--	--

Last Name

First Name

Middle Name

MILITARY HISTORY

Have you ever been a member of the Armed Forces of the United States (include reserve status and National Guard)? YES NO

--	--

Branch

Highest Rank

--	--

Entry Date

Discharge Date

Was any type of disciplinary action taken against you in the Service? YES NO

If yes, explain: _____

EDUCATION/TRAINING

Are you a high school graduate?

YES

NO

GED

Graduation Date: _____

High School Name

City

State

Colleges/Universities Attended

Check here if not applicable

College/University		City	State
To (mm/yy)		Total Credit Hours _____	
From (mm/yy)			
Type of Degree Earned			
Date of Degree (mm/yy)		Field of Study	
College/University		City	State
To (mm/yy)		Total Credit Hours _____	
From (mm/yy)			
Type of Degree Earned			
Date of Degree (mm/yy)		Field of Study	
College/University		City	State
To (mm/yy)		Total Credit Hours _____	
From (mm/yy)			
Type of Degree Earned			
Date of Degree (mm/yy)		Field of Study	

Academy, Business, Trade or Other Schools Attended

Check here if not applicable

Academy/School Name		City	State
To (mm/yy)		Total Class Hours _____	
From (mm/yy)			
Type of Certificate Earned			
Date of Graduation (mm/yy)		Field of Study	
Academy/School Name		City	State
To (mm/yy)		Total Class Hours _____	
From (mm/yy)			
Type of Certificate Earned			
Date of Graduation (mm/yy)		Field of Study	

Current Professional Licenses or Certifications

Check here if not applicable

Type of License/Certification		State
Date Issued (mm/yy)		
Expiration (mm/yy)		Issuing Agency
Type of License/Certification		State
Date Issued (mm/yy)		
Expiration (mm/yy)		Issuing Agency

Other Languages Spoken

Check here if not applicable

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EMPLOYMENT HISTORY

Please list your most recent employer first. Include voluntary/unpaid work experience, as well as military service (if applicable) and any periods of unemployment. If you held more than one position with the same employer, list each position separately. List any business which you own, are a partner, or corporate officer in the work history section. If you need additional space, please photocopy this page and attach all information. YOU MUST ACCOUNT FOR ALL PERIODS OF TIME FOR THE LAST TEN (10) YEARS.

May we contact your present employer? YES NO N/A

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number Supervised _____ Part Time Full Time	From _____ To _____
Employer Phone		Starting Salary \$ _____ Ending Salary \$ _____	
Position held		Supervisor's Name	
Essential Job Functions			
Reason for Leaving		Name when Employed	

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number Supervised _____ Part Time Full Time	From _____ To _____
Employer Phone		Starting Salary \$ _____ Ending Salary \$ _____	
Position Title		Supervisor's Name	
Essential Job Functions			
Reason for Leaving		Name when Employed	

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number Supervised _____ Part Time Full Time	From _____ To _____
Employer Phone		Starting Salary \$ _____ Ending Salary \$ _____	
Position Title		Supervisor's Name	
Essential Job Functions			
Reason for Leaving		Name when Employed	

EMPLOYMENT HISTORY (Continued)

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number Supervised _____ Part Time Full Time	From _____ To _____
Employer Phone		Starting Salary \$ _____ Ending Salary \$ _____	
Position Title		Supervisor's Name	
Essential Job Functions			
Reason for Leaving		Name when Employed	

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number Supervised _____ Part Time Full Time	From _____ To _____
Employer Phone		Starting Salary \$ _____ Ending Salary \$ _____	
Position Title		Supervisor's Name	
Essential Job Functions			
Reason for Leaving		Name when Employed	

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number Supervised _____ Part Time Full Time	From _____ To _____
Employer Phone		Starting Salary \$ _____ Ending Salary \$ _____	
Position Title		Supervisor's Name	
Essential Job Functions			
Reason for Leaving		Name when Employed	

PERSONAL REFERENCES

Please provide three (3) references below not related to you. ***Please provide complete information including email addresses for each reference.*** If retired, give former occupation.

Name	
Address	
Primary Phone	Alt Phone
Occupation	Email Address
Name	
Address	
Primary Phone	Alt Phone
Occupation	Email Address
Name	
Address	
Primary Phone	Alt. Phone
Occupation	Email Address

RESIDENCES

Chronologically list all addresses for the past ten (10) years, including school and military. For campus address, please provide dorm name, city and state. If military address is not a street address, indicate unit designation and location by city and state. If using a PO Box address, please provide post office location.

Dates (mm/yy)		Apt. No.	Street Address	City	Zip Code	County	State
From	To						

CONTROLLED SUBSTANCES

Drug testing is required for employment at the Seminole County Sheriff's Office. Applicants who admit to limited use of marijuana may be considered for employment, although any use of marijuana within the five years immediately preceding the date of your employment application will disqualify your application. Applicants may be considered for employment if there is no evidence of regular, confirmed drug use discovered during our investigation and overall background results are otherwise favorable. Applicants found to have experimented with or used narcotics or dangerous drugs (except those medically prescribed) will not be considered for employment with the Seminole County Sheriff's Office. Compliance with this policy is an essential requirement of the position.

Do you now, or have you ever tried, purchased, or sold any illegal drugs or controlled substances (TRIED includes smoking, inhaling, swallowing, placing, rubbing on gums/lips/tongue, injecting or ingesting by any other means) **as a JUVENILE or ADULT?** YES NO

If you answered YES to any of the above, please list details below.

Name of Drug or Controlled Substance	Tried	Purchased	Sold	First Time MM/YYYY	Last Time MM/YYYY
Marijuana/"Pot"	Total # of times tried:	Total # of times purchased:	Total # of times sold:		
Cocaine/"Crack"	Total # of times tried:	Total # of times purchased:	Total # of times sold:		
Steroids	Total # of times tried:	Total # of times purchased:	Total # of times sold:		
Ecstasy	Total # of times tried:	Total # of times purchased:	Total # of times sold:		
Methamphetamine	Total # of times tried:	Total # of times purchased:	Total # of times sold:		
LSD/"Acid"	Total # of times tried:	Total # of times purchased:	Total # of times sold:		
Heroin	Total # of times tried:	Total # of times purchased:	Total # of times sold:		
Other: Name drug	Total # of times tried:	Total # of times purchased:	Total # of times sold:		
Other: Name drug	Total # of times tried:	Total # of times purchased:	Total # of times sold:		

CRIMINAL HISTORY

CHARGES: When applying for a position with a law enforcement agency, Florida law requires disclosure for all arrests and charges, regardless of the disposition. These include, but are not limited to, all such matters, even if not formally charged or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matters settled by payment of fine or forfeiture of collateral (to include any juvenile and/or sealed arrest records, if applicable).

CONVICTIONS: Circumstances surrounding a conviction will be considered, such as: the nature, number, severity, date of offense, subsequent history, efforts at rehabilitation and relation of the offense to the requirements of the position for which you are applying.

- Have you EVER been arrested by any law enforcement agency for any reason? This includes arrests or detentions [held for questioning] as a juvenile, violations not prosecuted, or where some type of pre-trial intervention was offered (including all arrests) regardless of your plea. YES NO
- Have you ever been convicted of, or been found to have committed, any civil or criminal law violations (other than minor traffic infractions?) YES NO
- Have you ever had a criminal charge or record sealed, expunged, or purged? YES NO

IF YES, LIST ALL CRIMINAL AND CIVIL LAW VIOLATIONS INCLUDING DISPOSITIONS. Attach copies of all court dispositions and submit along with application. Be sure to include charges from all states, regardless of outcome or timeframe. Attach additional pages if necessary.

Charge		Date mm/yy)
Arresting Agency		
Disposition		Date (mm/yy)
Charge		Date (mm/yy)
Arresting Agency		
Disposition		Date (mm/yy)

DRIVER'S LICENSE

State of Issue

License Number

Date of Expiration

Restrictions

Is your driver's license currently restricted, suspended, or expired? YES NO

If yes, explain:

Has your driver's license ever been denied, restricted, revoked, or suspended? YES NO

If yes, please explain:

Have you received a ticket or been charged with any traffic violation(s) during the past seven (7) years? YES NO

If yes, please explain:

CREDIT HISTORY

Do you have any sources of income other than your salary or the salary of your spouse? YES NO

Please list all debts where payment is currently past due:

Creditor	Address	Amount	Loan or Account Number

Have you (or a company controlled by you) ever declared bankruptcy? YES NO

Have you had a legal judgment rendered against you for a debt? YES NO

If you answered "Yes" to any of the above questions, please provide *the year* such actions occurred:

AUTHORIZATION TO RELEASE CREDIT BUREAU REPORTS

I hereby authorize the Seminole County Sheriff's Office to make inquiries to a consumer-reporting agency concerning my employment suitability and qualifications including any credit bureau reports. I hereby waive any privilege or right of confidentiality with respect to any claim or liability arising from the inquiry for any entity, person, or consumer-reporting agency providing records to the Seminole County Sheriff's Office. I have been informed and I understand that I may obtain a copy of such report and dispute the accuracy or completeness of the information reported to the employer by writing or calling the consumer-reporting agency.

Signature

Date

ADDITIONAL PERSONAL INFORMATION

	YES	NO
1. Have you ever been discharged for any reason from any job or asked to resign in lieu of termination?		
2. Have you ever been denied employment with a law enforcement agency?		
3. Are any members of your family or relatives (by blood or marriage) employed by Seminole County Sheriff's Office? If yes, indicate their name(s), position, and relationship.		
4. List all Florida law enforcement agencies that you have applied with in the last 12 months.		
5. For employment consideration, you must fully meet the requirements of our Body Ornamentation policy, which includes tattoos, brands, intentional body/tongue piercing or mutilation and dental ornamentation. This definition does not include the normal earlobe piercing for earrings). "Visible" is defined as body ornamentation that is visible on the arm below the sleeve of a short sleeve uniform or dress shirt or above the collar of a short sleeve uniform or dress shirt. Do you have any visible body ornamentation? If yes, describe in detail below. You must include a photo of any visible tattoo(s) when submitting this employment application.		

If you answered yes to any of the above questions, please write your responses below:

1.	
2.	
3.	
4.	
5.	

APPLICANT CHECKLIST

Please submit copies of applicable documents listed below.

Valid Florida Driver's License	Birth Certificate (issued by State Vital Records (not hospital) or a Naturalization Certificate
Social Security Card	Training Academy Certificate of Completion (if applicable)
High School Diploma or GED	State of Florida Certificate of Compliance (if applicable)
College degree/transcripts (if no degree)	Florida Department of Law Enforcement (FDLE) Exam results (if applicable)
Court disposition paperwork (if applicable)	Proof of legal name change
DD-214 Military Discharge/Character of Service and Re-enlistment Code (if applicable)	Forms 76 an 76 A (if applicable)

APPLICANT CERTIFICATION

The Seminole County Sheriff's Office is authorized to verify any or all of the information contained in this application. A false answer to any question (s) or a previously completed Pre Screen Questionnaire may be grounds for non-selection or termination, if already hired. All statements are subject to investigation, including a background check on training and experience disclosed on this application, and may be subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida statute. Human Resources is responsible for providing written notification (including electronic format) to those applicants not selected, within a reasonable timeframe.

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement, misrepresentation, or falsification of facts shall cause forfeiture of all rights to employment with the Seminole County Sheriff's Office. If accepted for employment I agree to abide by and comply with all rules, regulations, and policies and procedures of the Seminole County Sheriff's Office. I understand and agree that I am free to terminate my employment at any time. I further understand and agree that my employer has the right to terminate my employment during my initial probationary period with or without cause. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the rules, regulations, policies and procedures of the Seminole County Sheriff's Office.

Applicant Signature: _____

Date: _____

The Seminole County Sheriff's Office is committed to a diverse work force and is an equal opportunity employer.