



SEMINOLE COUNTY SHERIFF'S OFFICE

Application For Employment

School Crossing Guards

Seminole County Sheriff's Office
Human Resources
100 Bush Blvd
Sanford, FL 32773
Jobline: 407-665-6621
Website: www.seminolesheriff.org

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.

PERSONAL INFORMATION

_____-_____-_____
Social Security Number

Social Security Number

YOUR SOCIAL SECURITY NUMBER IS REQUESTED FOR THE SOLE PURPOSE OF EMPLOYMENT BACKGROUND INVESTIGATIONS AND ADMINISTERING EMPLOYMENT BENEFITS.

_____|_____|_____
Last Name | First Name | Middle Name

_____|_____|_____|_____
Residence Address (No PO Box) | Apt. No. | Apartment Complex Name

_____|_____|_____
City | State | Zip Code

Mailing Address

_____|_____|_____
City | State | Zip Code

_____|_____|_____|_____
Home Phone | Work Phone | Extension | Cell Phone/Other

EDUCATION/TRAINING

Are you a high school graduate? YES NO GED

Circle the highest grade you completed in school: 1 2 3 4 5 6 7 8 9 10 11 12 AA/AS BS/BA MS/MA PH.D.

_____|_____|_____|_____
High School Name | City | State | Year

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: _____

EMPLOYMENT HISTORY

You must complete the Employment History section of this application. List your most recent employer first. If currently unemployed, leave present employer section of this application blank. Include voluntary unpaid work experience as well as military service, if any, and any period of unemployment. If you held more than one position with the same employer, list each position separately. You must account for all periods of time for at least the last ten (10) years. Also, 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 form and provide all information.

May we contact your present employer? YES NO

Present Employer		Dates of Employment (mm/dd/yy)	
Employer Address City, State, Zip		From _____	To _____
Employer Phone		Supervisor's Name	
Position			
Detailed Job Duties			
Name When Employed			
Past Employer		Dates of Employment (mm/dd/yy)	
Employer Address City, State, Zip		From _____	To _____
Employer Phone		Supervisor's Name	
Position			
Detailed Job Duties			
Name When Employed			
Past Employer		Dates of Employment (mm/dd/yy)	
Employer Address City, State, Zip		From _____	To _____
Employer Phone		Supervisor's Name	
Position			
Detailed Job Duties			
Name When Employed			

CONTROLLED SUBSTANCES

Drug testing is required for this position. All applicants must complete a drug use questionnaire when applying for a position. This questionnaire is part of the application process and must be completed before the application will be reviewed. Failure to submit this form will result in disqualification of your **application**. Applicants who are found, through investigation or personal admission, 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. Exceptions to this policy may be made for applicants who admit to limited youthful and experimental use of marijuana, although any use of marijuana within the three years immediately preceding the date of your employment application will disqualify your application. Such applicants may be considered for employment if there is no evidence of regular, confirmed usage, and the full-field background investigation and results of the other steps in the process are otherwise favorable. 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, or tongue; injecting; or ingesting by any other means as a juvenile or as an adult.) YES NO

If you answered YES, list details below.

Name of Drug or Controlled Substance	Tried	Purchased	Sold	First Time (mm/yy)	Last Time (mm/yy)
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 cycles _____	Total # of times purchased _____	Total # of times sold _____		
Ecstasy	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Methamphetamine/"Meth"	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

CONVICTIONS The circumstances surrounding the conviction are considered, such as: the nature, number, severity, date of the 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 convicted of, or have you EVER been found to have committed any civil or criminal law violation other than minor traffic violations?

YES NO

IF YES, LIST ALL CRIMINAL AND CIVIL LAW VIOLATIONS. INCLUDE DISPOSITIONS (Copies of all court dispositions must be submitted with application.) Be sure to include charges from all states, regardless of the outcome or timeframe. **Attach additional pages if necessary.**

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

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Arresting Agency		
Disposition or Outcome		Date (mm/yy)

APPLICANT'S CERTIFICATION

The Seminole County Sheriff's Office is authorized to verify any or all of the information contained on the application form. A false answer to any question (s) in this application may be grounds for non-selection or for termination after you begin work. All statements are subject to investigation, including a check of your training and experience statements. All information you give will be considered in reviewing your application. Your application may be subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes.

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.

Signature

Date