

LAKE COUNTY SHERIFF'S OFFICE
EMPLOYMENT APPLICATION FORM
INSTRUCTIONS

Application must be typewritten or printed legibly in blue or black ink. **All questions must be answered. Applications which are not complete will not be considered.** 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 number answers to correspond with questions.

CHECK POSITION APPLYING FOR:

- ☐ Deputy Sheriff
- ☐ Detention Deputy
- ☐ Dispatcher

- ☐ Support Staff _____
- ☐ Citizens on Patrol
- ☐ Volunteer

- ☐ I am currently enrolled in a law enforcement / corrections / dispatcher training program.

The Sheriff's Office is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

NOTICE: The following additional documents must be attached to this application **if applicable:**

- Copy of your driver's license
- Copy of any college, vocational degrees or transcripts
- Copy of your social security card
- Copy of your DD-214 (military discharge papers)
- Copy of your birth certificate
- Copy of your state certification exam grade for law enforcement / corrections / dispatcher
- Copy of your high school diploma or transcripts or GED (FL Police Standards approved)
- Copy of a certificate of completion for law enforcement / corrections / dispatch training program

PERSONAL HISTORY

1. **Full Name:** _____
(First) (Middle) (Last) (Maiden)
2. **Other:** List all other names you have used and explain the circumstances as well as the time periods you used them. (For example: maiden name, former name(s), alias (es), or nickname(s).)
- _____
(Name) (Circumstances) (mo. /yr. dates from) (mo. /yr. dates to)
- _____
(Name) (Circumstances) (mo. /yr. dates from) (mo. /yr. dates to)
3. **Mailing/Physical address:**
- _____
(Current) City State Zip
4. **Email address:** _____
(Current)
5. **Home phone number:** _____ **Cell phone number:** _____

BACKGROUND INFORMATION

THIS INFORMATION IS REQUIRED TO CONDUCT BACKGROUND INVESTIGATION

6. **Date of Birth:** _____ **Place of Birth:** _____
City State
Social Security Number: _____
Driver's License Number and State: _____
(Current)
7. **Are you a United States citizen?** Yes No
If naturalized, please provide what: _____
(Date) (Place) (Court) (Naturalization)
8. **Marital Status:** Married Separated Widowed Single Divorced
9. **Do you have or have you ever applied for a passport?** Yes, Passport # _____ No

CONFIDENTIAL EMPLOYEE HISTORY
THE INFORMATION CONTAINED HEREIN MAY BE CONFIDENTIAL AND IF
SO WILL NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION.

10. Spouse's Name and Address if different than applicant's:

11. Children's Names, Date of birth, and Address if different than applicant's:

12. Former Spouse (s) Name and Address:

13. Are you now able to participate in defensive tactics, firearms or physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the (Sworn or Non-sworn) position for which you applied?

Yes No N/A

14. This (Sworn) position may require a physical agility test, if such a test or examination is required, would you be able to take this test or examination? Yes No N/A

15. Please provide name and address of next of kin or other person to be contacted in case of an emergency:

(Name)	(Address)	(City, State, Zip)	(Home/business phone)
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(Name)	(Address)	(City, State, Zip)	(Home/business phone)
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16. Please provide the name and address and phone number of your personal or family physician to be contacted in case of an emergency:

(Name)	(Address)	(City, State, Zip)	(Phone)
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(Name)	(Address)	(City, State, Zip)	(Phone)
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EDUCATION/TRAINING

- | | | | | |
|-----|--|---------------------------------------|----------------------------|-------------------------------|
| 17. | High School
Name/Address/Phone
And Fax Number | Dates attended
From To
Mo/Yr. | Grades Did You
Complete | Type of
Diploma |
| | | | | |
| | | | | |
| | | | | |
| 18. | College/University
Name/Address/Phone
& Fax Number | Dates attended
From To
Mo/Yr. | Did You
Graduate? | Type of
Degree/Certificate |
| | | | | |
| | | | | |
| | | | | |
| 19. | Other Schools (Trade, Vocational, Business or Military):
Name/Address/Phone
Fax Number | Dates attended
From / To
Mo/Yr. | Did You
Graduate? | Type of
Degree/Certificate |
| | | | | |
| | | | | |
| | | | | |
| 20. | Indicate any languages other than English you can:
Speak: _____ Read: _____ Write: _____ | | | |
| 21. | Indicate any law enforcement education/training and any type of special license such as pilot, radio operator, etc. _____ | | | |
| 22. | Describe any word processing or computer skills you have and list all software you have used: _____ | | | |
| 23. | Indicate any special skills you possess and equipment you can use which may be related to your field of employment. _____ | | | |
| 24 | May we contact your present employer? Yes No
On what date are you available for work? _____
Are you available to work ... Full time Nights/Weekends Shift work Part time | | | |

EMPLOYMENT HISTORY

25. List all employment during the last 10 years beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment. Please make sure you completely fill out all areas and provide phone and fax number or email address for all employers.

Employer:

(1) Name: _____

Address: _____

City, State, Zip _____

Area Code Phone & Fax No. _____ Email: _____

Dates of Employment: _____ Supervisor: _____

Position: _____ Reason for leaving: _____

(2) Name: _____

Address: _____

City, State, Zip _____

Area Code Phone & Fax No. _____ Email: _____

Dates of Employment: _____ Supervisor: _____

Position: _____ Reason for leaving: _____

(3) Name: _____

Address: _____

City, State, Zip _____

Area Code Phone & Fax No. _____ Email: _____

Dates of Employment: _____ Supervisor: _____

Position: _____ Reason for leaving: _____

(4) Name:_____

Address:_____

City, State, Zip_____

Area Code Phone & Fax No._____ Email:_____

Dates of Employment:_____ Supervisor:_____

Position:_____ Reason for leaving:_____

(5) Name:_____

Address:_____

City, State, Zip_____

Area Code Phone & Fax No._____ Email:_____

Dates of Employment:_____ Supervisor:_____

Position:_____ Reason for leaving:_____

(6) Name:_____

Address:_____

City, State, Zip_____

Area Code Phone & Fax No._____ Email:_____

Dates of Employment:_____ Supervisor:_____

Position:_____ Reason for leaving:_____

(7) Name:_____

Address:_____

City, State, Zip_____

Area Code Phone & Fax No._____ Email:_____

Dates of Employment:_____ Supervisor:_____

Position:_____ Reason for leaving:_____

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

If yes, please provide details.

27. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No

If yes please provide details.

28. Have you ever applied for employment with a law enforcement agency or performed (paid or unpaid) services for a law enforcement agency not listed above as an employer? Yes No If yes, please provide name of agency and date of application or service.

29. 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 employer? Yes No If yes, please provide name and address of business, corporation or organization and describe your relationship or position.

30. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (this means there is some administrative adjudication substantiating that the sexual abuse occurred in an institution, defined as state facilities for people who are mentally ill, disabled, or retarded, or chronically ill or handicapped; residential care or treatment facilities for juveniles; and facilities that provide skilled nursing, or intermediate or long-term care, or custodial or residential care)? Yes No

31. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

32. Have you ever been civilly or administratively adjudicated to have engaged in any of the activity described above? Yes No

RESIDENCES

33. Actual places of residence for **past 10 years** – list oldest first of all addresses, including residences while in school and in the military. For college on-campus residences, give the dormitory name, city and state. If residences during military service cannot be shown as street address, indicate the complete military unit designation and the location by city and state. If post office box, give location of post office, also list physical address at the time using the post office box address.

Address with City State and Zip Code

(Please include Appartment Number)

County

Dates of residence:

ARREST HISTORY/COURT DATA

Provide details for each yes response to all questions

34. Have you ever been arrested, been charged received a notice or summons to appear, been convicted pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? To include any and all juvenile record. Yes No
If yes then explain in detail:

35. Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)? Yes No

36. To your knowledge, has any member of your immediate family (Parent, Sibling, child, or spouse) ever been arrested for other than traffic violations?

Yes No

If yes list all such matters even if the immediate family member (Parent, sibling, child, or spouse) was not formally charged, no court appearance occurred or found not guilty, pled nolo contendere to any charge for which adjudication was withheld, or the matter settled by payment of a fine or forfeiture of collateral. (Include juvenile records and records of family member's arrest(s) which have been sealed or expunged, if any.)

Relative's Name & PlaceDisposition	Place & Department	Date	Charge Court
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37. Have you or your spouse ever been a plaintiff or defendant in a civil court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) Yes No If you answered yes, give the date, place, or court, case number, names of involved parties, nature of action, and final disposition.

38. Have you ever been detained or questioned by any law enforcement officer for investigative purposes including a Field Interview or, to your knowledge, have you ever been the subject of or a suspect in any type of criminal investigation? Yes No If yes to this question please explain in detail.

39. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No If yes please provide details.

DRIVING HISTORY

40. Are you a licensed Florida automobile operator? Yes No
License No.: _____

Date of Expiration: _____ Restrictions: _____

41. Do you hold or have you ever held an operator or chauffeur license in another state?
Yes No If yes, please provide state(s), name used and approximate dates license(s) was/were held. _____

42. Have you ever been denied issuance of a driver's license or have you ever had a driver's license suspended or revoked? Yes No
If yes, please provide complete details including why license was revoked, denied or suspended. _____

43. Have you ever had automobile insurance refused, suspended, or revoked? Yes No If yes, please provide complete details. _____

MILITARY HISTORY

44. Are you registered for Selective Service? Yes No

If yes, please provide your Selective Service Number: _____

Classification: _____ Date of Classification: _____

Date and type of discharge: _____

Address of Local Board: _____

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

If yes please provide:

Branch of Service: _____ Highest Rank: _____

Serial #: _____ Duty Dates: From: _____ To: _____

From: _____ To: _____

46. Are you now or have you ever been a member of a reserve unit or the National Guard?

Yes No

47. If yes state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps: _____

48. Was any type of disciplinary action taken against you in the service? Yes No

If yes, please provide:

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

49. Have you ever served in the Armed Forces of a foreign country? Yes No If yes, please

specify countries and dates. _____

VETERANS' PREFERENCE: Check the appropriate block if you are claiming veteran's preference. **Documentation substantiating your claim must be furnished with this application.**

- | | | |
|-----|----|---|
| Yes | No | 1. I am a veteran with a service-connected disability who was honorably discharged and 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. |
| Yes | No | 2. I am the spouse of a veteran who cannot qualify for employment because of a total and permanent disability or I am the spouse of a veteran missing in action, captured or forcibly detained by a foreign power. |
| Yes | No | 3. I am a veteran of any war as defined in section 1.01(14), Florida Statutes, who has served at least one (1) day during a war time period. |
| Yes | No | 4. I am the unmarried widow or widower of a veteran who died of a service-connected disability. |

NOTE: Under Florida law, preference in appointment shall be given first to those persons included in #1 and #2 above, and second to those persons included in #3 and #4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Florida Department of Veterans' Affairs, 11351 Ulmerton Road, Suite 311-K, Largo, FL 33778-1630.

BUSINESS INTERESTS & LICENSES

50. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? Yes No
If yes please provide details: _____

51. Are you now issued or have you ever been issued a license to engage in a business or profession?
Yes No If yes please provide details: _____

52. Was license ever cancelled, relinquished, suspended or revoked? Yes No If yes please provide details: _____

If yes to any question please provide details below including the type of license or certificate, the agency that issued the license, effective date of license and license number.

CREDIT DATA

53. Do you have any sources of income other than your salary or the salary of your spouse?

Yes No

Specify each with an estimated annual amount. _____

54. Are you or your spouse indebted to anyone? Yes No If yes, please list all debts over \$500. Be sure to include student loans and charge accounts. Also, list any debt where payment is **past due**, regardless of amount.

Creditor	Address	Amount	Loan or Account Number:
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_____	_____	_____	_____
_____	_____	_____	_____

55. Have you, your spouse, or a company controlled by you filed for bankruptcy? Yes No, or declared bankruptcy? Yes No, or had a legal judgment rendered against you for a debt?

Yes No, or been subject to a tax lien? Yes No If yes to any of these questions, please provide details. _____

ORGANIZATION MEMBERSHIP

56. List all clubs, societies of which you are or have been a member:

Present _____

Former _____

(list position name, address held & describe activity)

57. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? Yes No

58. Have you ever made a financial or other material contribution to any organization of the type described in question #57 above? Yes No If yes to question #57 or #58, answer questions #59a and #59b also.

59a. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?

Yes No

59b. Did you intend to promote any unlawful aims of the organization? Yes No

DRUG HISTORY

The information contained herein MAY BE a confidential medical record under the Americans with Disabilities Act if the applicant is a rehabilitated drug or alcohol abuser or under section 119.071(4)(b) whether the medical information, if disclosed, would identify the applicant.

60. Do you currently use any narcotic or controlled substance, such as marijuana, cannabinoids, PCP, hallucinogen, methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature, or have you used such a narcotic or controlled substance within the last year?

Yes No

61. Have you ever illegally experimented with or used any narcotic or controlled substance such as, but not limited to: marijuana, cannabinoids, PCP, hallucinogen, methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature?

Yes No If yes, please complete the following:

a. Drug: _____

b. How taken: _____

c. Last time illegally experimented with or used: _____

62. Do you now or have you ever illegally obtained, possessed, supplied, used, or sold any narcotic or controlled substance such as, but not limited to: marijuana, cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature?

Yes No If yes, please complete the following:

a. Drug: _____

b. Circumstances: _____

c. Number of times illegally obtained/possessed/supplied/used/sold: _____

d. First time illegally obtained/possessed/supplied/used/sold: _____

e. Last time illegally obtained/possessed/supplied/used/sold: _____

63. Do you now or have you within the last year, abused or illegally obtained, possessed or sold any prescription drug?

Yes No If yes, provide details, including drug, date, and circumstances. _____

64. Have you ever been treated by a licensed treatment provider for alcohol, narcotics or drug addiction for any of the substances as set forth above?

Yes No If yes, provide details: _____

I understand that the "Applicants Certification" applies in all respects to the responses provided in the "Employee History" and "Drug History."

Signature of the applicant: _____ Date: _____

APPLICANT'S CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that 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 agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Sheriff's Office and that it and the information received in response to the background examination are public records.

I also understand that I may be required to furnish the Sheriff's Office with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment.

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test and that I may be required to take drug tests during the term of my employment or appointment with the Sheriff's Office.

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment or appointment may be contingent upon the results of 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 further authorize the Sheriff's Office or agent of the Sheriff's Office, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law.

I further agree to execute any authorization as may be required by the Health Insurance Portability Accountability Act of 1996 (HIPAA) for health care providers to release the necessary medical information to process my application for employment.

I understand and agree that 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, that 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 release all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office.

I agree to conform to the rules, regulations and orders of the Sheriff's Office and acknowledge that 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.

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability? Yes No

Applicant's Signature: _____

Date: _____

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: _____

PERSONAL REFERENCES & ACQUAINTANCES

For Support Staff **give three (3) references.** For Law Enforcement **give six (6) references.**

References must not be relatives, former or present employers. References can be fellow employees, school teachers, or responsible adults of reputable standing in their communities, such as property owners, business or professional individuals, who have known you well for the past five (5) years.

(1) Complete name:

Address: _____

Phone no: _____ Email address: _____

Occupation: _____ Years acquainted: _____

(2) Complete name: _____

Address: _____

Phone no: _____ Email address: _____

Occupation: _____ Years acquainted: _____

(3) Complete name: _____

Address: _____

Phone no: _____ Email address: _____

Occupation: _____ Years acquainted: _____

(4) Complete name: _____

Address: _____

Phone no: _____ Email address: _____

Occupation: _____ Years acquainted: _____

(5) Complete name: _____

Address: _____

Phone no: _____ Email address: _____

Occupation: _____ Years acquainted: _____

(6) Complete name: _____

Address: _____

Phone no: _____ Email address: _____

Occupation: _____ Years acquainted: _____

ACKNOWLEDGEMENT/ DISCLOSURE STATEMENT FOR EMPLOYMENT CREDIT REPORT

I, _____ hereby acknowledge, agree and understand that “The Lake County Sheriff’s Office” has asked that I provide my social security number (SSN). The decision to provide my SSN is at my option, but failure to provide your SSN may result in an inability to process your application or request. The Lake County Sheriff’s Office collects your Social Security number for purposes which include but not limited to the following: classification of accounts; identification and verification; credit worthiness; billing and payments; data collection, reconciliation, tracking; benefit processing; and tax reporting. Social Security numbers are also used as a unique numeric identifier and may be used for search purposes. If I provide my SSN, the Lake County Sheriff’s Office may share the information with other agencies for the same purpose. The Lake County Sheriff’s Office request for my SSN is authorized by state law because use of it is imperative for the Lake County Sheriff’s Office to fulfill its lawful duties and responsibilities.

I acknowledge and understand that the Lake County Sheriff’s Office will procure a credit report concerning my employment. If an adverse employment decision is made due totally or partially to the information on the credit report, the Lake County Sheriff’s Office will give me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act and the source of the credit report so that I may contact them if I wish.

Applicant’s Signature: _____

Date: _____

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____

Before me personally appeared who swears that all statements contained therein are true and correct 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: _____

LAKE COUNTY SHERIFF'S OFFICE

CREDIT INFORMATION

Dear Candidate:

The Lake County Sheriff's Office conducts a thorough investigation on each candidate seeking employment. One of the components of this investigation is a credit history check. First, we suggest you request your own copy of your credit report in order to analyze its content. Many times people are totally unaware of the content of their personal credit history as it is reported to the credit bureau.

The following reporting agencies will sell you a copy of your credit report. Each of them has several options from which you may choose. One of those options is obtaining reports from all three agencies for one price. Ensure they provide you directions on how to interpret their report format.

Credit reporting agencies:

Equifax P.O. Box 105069, Atlanta, GA, 30348 to order credit: 800-685-1111
www.econsumer.equifax.com

Experian P.O. Box 9532, Allen, TX, 75013 to order credit: 866-200-6020
www.experian.com

Transunion P.O. Box 6790, Fullerton, CA, 92834 to order credit: 800-888-4213
www.transunion.com

Once you have reviewed your credit report, if there are any "past due", "delinquent", or "derogatory" accounts being reported, you must address these issues prior to a credit report being ordered by us and be prepared to provide the documentation addressing the specific issues. The credit bureau can also explain how to dispute entries. If your credit is in serious trouble, you may wish to contact a credit counseling service. An example of a related credit service is:

Consumer Credit Counseling Services: 3670 Maguire Boulevard, Suite 103, Orlando, FL 32803
phone number 407-895-8886.

The responsibility associated with being an employee of a law enforcement agency starts at the point of accepting responsibility for your actions. This includes your duty to pay bills. Failure to follow the listed instructions will delay your processing for the position you are seeking. Once your application has been accepted by our recruiting staff, failure to follow up and provide required documentation regarding credit issues will result in your application be inactivated. We will also require you to sign a release authorizing us to query your credit and obtain a credit report from a credit bureau such as one listed above.

This topic is very important to the overall process of our investigation into your suitability for the position you are seeking. We urge you not to procrastinate in this matter if your credit history requires your immediate attention. Obtaining or providing documentation will take time and effort on your part.

We welcome the opportunity to review your application and wish you luck in your endeavor to become an employee of the Lake County Sheriff's Office.

Regards,

Lake County Sheriff's Office

As part of your background investigation for employment with the Lake County Sheriff's Office, a credit report is required. The Consumer Credit Reporting Reform Act of 1996 went into effect on September 30, 1997. The Reform Act added to the Fair Credit Reporting Act a new section governing the use of credit reports for employment purposes.

The following conditions must be met prior to requesting credit reports for employment purposes:

1. Before the employer can obtain a credit report, the employer must provide a clear and conspicuous written disclosure to the applicant that a credit report may be obtained for employment purposes. A written authorization from the applicant is also required to obtain his or her credit report.
2. Before taking any adverse action based in whole or in part of the credit report, the employer must provide to the applicant a copy of the report and a written summary of the applicant's rights (a copy is included) as prescribed by the Fair Credit Reporting Act.
3. The employer must certify that the report will not be used in violation of any applicable federal or state equal employment opportunity law or regulation.
4. A summary of the applicant's rights must be provided with the credit report.

Please read the above information carefully before signing this authorization. We also suggest you read the included summary of your rights under the Fair Credit Reporting Act. If you have any questions regarding this information on credit reports or the authorization, please contact the Lake County Sheriff's Office.

AUTHORIZATION TO OBTAIN CREDIT REPORT

I, _____ authorize the Lake County Sheriff's Office to obtain a credit reports on me through the Credit Reporting Agencies of its choice. If I become employed by LCSO, I further authorize the Lake County Sheriff's Office to check my credit record and obtain a credit report on me as needed on a continuing basis as they relate to my employment. I certify that I have read, agree and understand the employer's obligation regarding these credit reports. I have also read, understand and received a copy of a summary of my rights under the Fair Credit Reporting Act and I have read and swear to understand this authorization

Signature

Signed this _____ day of _____, 20____

STATE OF FLORIDA, COUNTY OF _____

Before me personally appeared who swears that all statements contained therein are true and correct 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: _____

REQUEST PERTAINING TO MILITARY RECORDS: Boxes 1-4 and signature required of ALL applicantsRequests can be submitted online using eVetRecs at <https://www.archives.gov/veterans/military-service-records/>

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH
---	-----------------------------	-------------------------	--------------------------

5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE				<input type="checkbox"/>	<input type="checkbox"/>	
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>	
c. NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>	

6. PLEASE LIST LAST FOUR DUTY STATIONS, IF KNOWN: 1. _____ 2. _____ 3. _____ 4. _____

7. IS THIS PERSON DECEASED? ☐ NO ☐ YES - *MUST* provide Date of Death if veteran is deceased: _____

8. DID THIS PERSON RETIRE FROM MILITARY SERVICE? ☐ NO ☐ YES

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED**1. CHECK THE ITEM(S) YOU ARE REQUESTING:**

- ☐ **DD Form 214 or equivalent:** Year(s) in which form(s) issued to veteran (Date of Separation): _____
This form contains information used to verify military service. **An UNDELETED DD Form 214 is ordinarily required to determine eligibility for benefits.** If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost. Please note – recent veterans may be able to request a DD Form 214 through milConnect by visiting: <https://www.va.gov/records/get-military-service-records/>
An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: ☐ I want a **DELETED** copy.
- ☐ **Official Military Personnel File (OMPF):** The OMPF may include duty stations and assignments, training and qualifications, awards and decorations received, disciplinary actions, administrative remarks, enlistment and/or discharge information (including DD Form 214, Report of Separation, or equivalent), and other personnel actions. Detailed information about the veteran's participation in battles and their military engagements is NOT contained in the record.
- ☐ **Medical Records:** Includes health (outpatient), extended ambulatory, and dental records. If inpatient/hospitalization records are requested, please specify below.
☐ I request inpatient/hospitalization records from _____ (facility), last treated in _____ (year). (**NOTE: Fields are required**)
If available, you may receive copies of inpatient narrative summaries, operative reports, discharge summaries, etc. contained in the record.
- ☐ **Dental Records:** Please check this box if **ONLY** dental records are needed from the medical record.
- ☐ **Other (Please Specify):** _____

2. PURPOSE: (Providing information about the purpose of the request is **voluntary**; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

- ☐ Benefits (explain) ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal ☐ Other (explain)

Explain here: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

<p>1. REQUESTER NAME: _____</p> <p>3. <input type="checkbox"/> I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section 1, above. <input type="checkbox"/> I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)</p> <p>4. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See item 4 on accompanying instructions.)</p> <p>_____ Name</p> <p>_____ Street Address</p> <p>_____ City</p> <p>_____ State</p> <p>_____ ZIP Code</p> <p>_____ Daytime Phone</p> <p>_____ Fax Number</p> <p>_____ Email Address</p>	<p>2. RELATIONSHIP TO VETERAN: _____</p> <p><input type="checkbox"/> I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney)</p> <p><input type="checkbox"/> OTHER (Specify): _____</p> <p>5. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section 3 is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on the accompanying instructions sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)</p> <p>_____ Signature Required – Do not print</p> <p>_____ Date</p> <p><small>* This form is available at https://www.archives.gov/veterans-military-service-records/standard-form-180.pdf on the National Archives and Records Administration (NARA) web site. *</small></p>
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The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired 10/1/2004 – 12/31/2013	1	11
	Discharged, deceased, or retired on or after 1/1/2014	1	13
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, IRR, Retired Reserve in non-pay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	2	13
COAST GUARD	Discharged, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired 4/1/1998 – 9/30/2006	14	11
	Discharged, deceased, or retired 10/1/2006 – 9/30/2013	3	11
	Discharged, deceased, or retired on or after 10/1/2013	3	14
	Active, Reserve, Individual Ready Reserve or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1895	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired 1/1/1999 – 12/31/2013	4	11
	Discharged, deceased, or retired on or after 1/1/2014	4	8
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	11
	Discharged, deceased, or retired (including TDRL) 10/1/2002 – 12/31/2013	7	11
	Discharged, deceased, or retired (including TDRL) on or after 1/1/2014	7	9
	Current Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard)	7	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired 1/1/1995 – 12/31/2013	10	11
	Discharged, deceased, or retired on or after 1/1/2014	10	8
	Active, Reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	

ADDRESS LIST OF CUSTODIANS and SELF-SERVICE WEBSITES (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center AFPC/DP2SSM 550 C Street West JBSA-Randolph TX 78150-4721 Fax Number: 210-565-3124 Email: DP2SSM.MILRECS.INCOMING@US.AF.MIL	6	National Archives & Records Administration Research Services (RDT1R) 700 Pennsylvania Avenue NW Washington, DC 20408-0001	11	Department of Veterans Affairs ATTN: Release of Information Claims Intake Center P.O. Box 4444 Janesville, WI 53547-4444 Fax Number: 844-531-7818 https://www.va.gov
2	Air Reserve Personnel Center Total Force Service Center: 1-800-525-0102 https://mypers.af.mil/	7	US Army Human Resources Command's web page: https://www.hrc.army.mil/content/1113 or 1-888-ARMYHRC (1-888-276-9472)	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (BOPS-C-MR) MS7200 US Coast Guard 2703 Martin Luther King Jr Ave SE Washington, DC 20593-7200 https://www.dcms.uscg.mil/ompf	8	Navy Medicine Records Activity (NMRA) BUMED Detachment St. Louis 4300 Goodfellow Boulevard, Building 103 St. Louis, MO 63120 Fax number: 314-260-8128	13	AF STR Processing Center ATTN: Release of Information 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217
4	Headquarters U.S. Marine Corps Manpower Management Records & Performance (MMRP-10) 2008 Elliot Road Quantico, VA 22134-5030 SMB.MANPOWER.MMRP-10@usmc.mil	9	AMEDD Army Record Processing Center 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217 Fax Number: 210-201-8310	14	National Personnel Records Center (Military Personnel Records) 1 Archives Drive St. Louis, MO 63138-1002 https://www.archives.gov/veterans/military-service-records/
5	Marine Corps Forces Reserve 2000 Opelousas Avenue New Orleans, LA 70114	10	Navy Personnel Command (PERS-313) 5720 Integrity Drive Millington, TN 38055-3130		



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
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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: Lake County Sheriff's Office

ADDRESS: 360 West Ruby Street, Tavares, FL, 32778

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 by means of Physical Presence ☐ OR Online Notarization ☐ 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 _____



Florida Department of
Law Enforcement

AFFIDAVIT OF APPLICANT

Incorporated by Reference in Rule 11B-27.002(1)(f), F.A.C.



**CJSTC
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Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses

Last Four Digits of Applicant's Social Security Number: _____

Applicant's Legal Name: _____
Last First MI

Employing agency: _____

Use this form to verify your compliance with the employment requirements of Section 943.13, F.S. I fully understand that to qualify for employment as a law enforcement, correctional, or correctional probation officer, I shall comply with the following provisions of Section 943.13, F.S.:

- Be at least 18 years of age for correctional officer or 19 years of age for all others.
 - Be a citizen of the United States.
 - Be a high school graduate or equivalent.
 - Not have been convicted of any felony or of a misdemeanor involving perjury or false statement. Any person who, after July 1, 1981, pleads guilty or nolo contendere to or is found guilty of a felony or of a misdemeanor involving perjury or a false statement
- shall not be eligible for employment or appointment as an officer, notwithstanding suspension of a sentence or withholding of adjudication.
- Have been fingerprinted by the employing agency.
 - Have passed a physical examination by a licensed medical specialist approved in Rule 11B-27.002(1)(d), F.A.C..
 - Be of good moral character.
 - Have not received a dishonorable discharge from the U.S. Military.

True False NA In addition, I attest to the following statements: Each statement shall be checked "True" "False" or "NA"

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. I completed my employment application and it is true and correct, and all other information I furnished in conjunction with my application is true and correct.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. I provided documentation of proof of my qualifications to the above listed employing agency.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. I meet the qualifications as specified above.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. I had a criminal record sealed or expunged.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. I am under investigation by a local, state, or federal agency or entity for criminal, civil, or administrative wrongdoing to the best of my knowledge and belief.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. I separated or resigned from a previous criminal justice employment while under investigation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. I am currently serving in good standing in the U.S. Military.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. I previously served in the U.S. Military.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. I received a dishonorable discharge from my previous U.S. Military service.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. I am currently certified as a Florida criminal justice officer in the following area(s): Please check the appropriate box(es). <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. I authorize the employing agency listed above to apply for my certification. Please check the appropriate box(es). <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation

NOTICE: This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify the officer for employment as an officer.

PLEASE READ CAREFULLY BEFORE SIGNING. You must complete the remainder of this affidavit in the presence of a notary public. Upon witnessing your signing of this affidavit, a notary public shall complete the notary block by entering the same date the affidavit is signed. I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.

12. _____ 13. _____
Applicant's Signature Date Signed

14. OATH

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

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence ☐ OR Online Notarization ☐ 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 _____

*NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliance Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section