



IMPORTANT

FLAGLER COUNTY SHERIFF'S OFFICE

- **NO application will be accepted without ALL of the following supporting documents.**
 - **Please contact the Human Resources Section if you have any question.**
-

ALL APPLICANTS

APPLICANT

HUMAN RESOURCES

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Completed application (ADMN-HR-109). Drop off or Mail to Flagler County Sheriff's Office, Human Resources Section, 1001 Justice Lane, Bunnell, FL 32110 . |
| <input type="checkbox"/> | <input type="checkbox"/> | Photocopy of high school diploma, or GED and sealed official college transcripts required for proof of college degree, if applicable. |
| <input type="checkbox"/> | <input type="checkbox"/> | Photocopy of birth certificate. |
| <input type="checkbox"/> | <input type="checkbox"/> | Photocopy of Social Security card with correct name (as name will appear on the payroll check). |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of driver's license. |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed Equal Employment Opportunity Survey Optional. |
| <input type="checkbox"/> | <input type="checkbox"/> | If a military veteran, copy of Form DD 214 stating honorable discharge (General discharge under honorable conditions not acceptable.) or, proof of registration as required by Federal Military Selective Service Act (males aged 18-26). |
| <input type="checkbox"/> | <input type="checkbox"/> | Copies of all name change documents (marriage certificates, court papers, adoption, divorce, etc.). |
| <input type="checkbox"/> | <input type="checkbox"/> | Be sure all names, addresses, phone numbers, and zip codes of employment and personal references are accurate and complete. |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed FDLE Authority for Release of Information Background Investigation Waiver (CJSTC 58). |

SWORN APPLICANTS ONLY (Additional)

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Certificate of Completion from Training Academy |
| <input type="checkbox"/> | <input type="checkbox"/> | State of Florida Certificate of Compliance (If applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | F.D.L.E. Examination Results |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed Physician's Clearance to Test Form |

HR ONLY

- Application Receipt Letter
- Reference Letter
- Other _____



Flagler County Sheriff's Office APPLICATION FOR EMPLOYMENT

Flagler County Sheriff's Office
1001 Justice Lane
Bunnell, FL 32110
(386) 437-4116



INSTRUCTIONS

Date: _____

PLEASE USE **BLUE INK** AND PRINT CLEARLY OR TYPE. DO NOT leave any areas blank. Résumé's may **NOT SUBSTITUTE** for any information requested on this application. FCSO is an equal opportunity employer.

Position you are applying for:

<input type="checkbox"/> Deputy Sheriff	<input type="checkbox"/> Detention Deputy	<input type="checkbox"/> Other _____
<input type="checkbox"/> Reserve Deputy	<input type="checkbox"/> Communications	<input type="checkbox"/> Internship
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	

PERSONAL INFORMATION

Social Security Number: _____

Last Name: _____ First Name: _____ Middle Name: _____

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

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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

Email Address: _____ Social Networks Used: Facebook MySpace Other(s) _____

U.S. Citizen: YES NO Other _____ Please, specify _____

Have you EVER applied for employment with the Flagler County Sheriff's Office? YES NO If YES, please supply dates: _____

Have you ever used any other name? YES NO If YES, please list those names here: _____

Last Name: _____ First Name: _____ Middle Name: _____

Last Name: _____ First Name: _____ Middle Name: _____

MILITARY HISTORY

Are you currently or 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 Date of Graduation: _____

Indicate any Law Enforcement Training (Attach list, if applicable)

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

Computer Skills: Word Excel Outlook Power Point

Indicate any special skills you possess and equipment you can use which may be related to the position for which you are applying, i.e., breathalyzer, speed detection equipment and firearms _____

EMPLOYMENT HISTORY

List chronologically all employment for the last 7 years including current employment, summer and part-time employment while attending school. All time must be accounted for. Any length of time not employed, indicate dates of unemployment. Please attach a separate sheet of paper for additional employment history, if necessary. Also list any business which you own, are a partner, or corporate officer in the work history section.

May we contact your present employer? YES NO

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Starting Salary \$ _____	Last Salary \$ _____
Position		Supervisor's Name _____	
Detailed Job Duties			
Reason for Leaving		Name When Employed _____	
Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Starting Salary \$ _____	Last Salary \$ _____
Position		Supervisor's Name _____	
Detailed Job Duties			
Reason for Leaving		Name When Employed _____	
Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Starting Salary \$ _____	Last Salary \$ _____
Position		Supervisor's Name _____	
Detailed Job Duties			
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 you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Starting Salary \$ _____	Last Salary \$ _____
Position		Supervisor's Name _____	
Detailed Job Duties			
Reason for Leaving		Name When Employed _____	
Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Starting Salary \$ _____	Last Salary _____
Position		Supervisor's Name _____	
Detailed Job Duties			
Reason for Leaving		Name When Employed _____	
Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Starting Salary \$ _____	Last Salary \$ _____
Position		Supervisor's Name _____	
Detailed Job Duties			
Reason for Leaving		Name When Employed _____	

Please initial to certify that you have provided at least seven (7) years of employment history. _____

PERSONAL REFERENCES

List three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. You must give *complete* information for each reference. If retired, give former occupation.

Name							
Address City, State, Zip							
Home Phone				Work Phone			
Occupation			Relationship			Years Known	
Name							
Address City, State, Zip							
Home Phone				Work Phone			
Occupation			Relationship			Years Known	
Name							
Address City, State, Zip							
Home Phone				Work Phone			
Occupation			Relationship			Years Known	

RESIDENCES

List chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street addresses, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

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

CONTROLLED SUBSTANCES

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

CHARGES When applying for a position with a law enforcement agency, Florida law requires that **ALL** arrests and charges be disclosed, 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 matter settled by payment of fine or forfeiture of collateral. (Include your juvenile record and records of your arrest which have been sealed, if any.)

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 or a family member EVER been arrested by ANY law enforcement agency for ANY reason? This includes arrests or detentions [held for questioning] as a juvenile or for violations which were not prosecuted or where some type of pre-trial intervention was offered, and includes all arrests regardless of your plea.

YES NO

Have you or a family member 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

YES NO

Have you or a family member EVER had a criminal charge or record sealed, expunged or purged?

YES NO

Have you or a family member ever been a plaintiff or defendant in a court action?

YES NO

Have you or a family member ever been fingerprinted for any reason (arrest, job application, military, etc)?

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.**

		Date (mm/yy)
Arresting Agency		
		Date (mm/yy)
		Date (mm/yy)
Arresting Agency		
		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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, explain:		
Has your driver's license ever been denied, restricted, revoked, or suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, explain:		
Have you received a ticket or been charged with any traffic violation(s) during the past seven (7) years? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, explain:		

CREDIT HISTORY

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.

Have you, your spouse, or a company controlled by you, filed for bankruptcy? YES NO Declared bankruptcy? YES NO Had a legal judgment rendered against you for a debt? YES NO If yes to any of these questions, please provide detail below.

BUSINESS INTEREST AND LICENSES

Do you or your spouse own a business, are 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 and describe the relationship.

Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale of distribution of alcoholic beverages? YES NO

Are you now or have you ever been licensed to engage in a business or profession? YES NO

Was the license ever canceled, suspended, or revoked? YES NO

If you answered yes to the above question, please provide information additional information:

AUTHORIZATION TO RELEASE CREDIT BUREAU REPORTS

For and in consideration of my being considered for employment, I hereby authorize the Flagler 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 Flagler County Sheriff's Office. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to the employer by writing or calling the consumer reporting agency.

Signature _____ Date _____

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. 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:

Indicate claim for Veterans' Preference on this application.

Answer all questions on the Veterans' Preference Claim.

Provide required documentation:

Veteran, disabled veteran, or spouse of disabled veteran shall provide DD-214 Member 4 Form, military discharge papers, or equivalent V.A. certification listing:

Military status,
Dates of service, and
Discharge type.

Disabled veteran shall also provide a document (dated within the past year) from the Department of Defense, V.A., or Department of Veterans' Affairs certifying service-connected disability.

Spouse of totally and permanently disabled veteran shall also provide:

Evidence of marriage,
Statement that spouse is still married to the veteran, and
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).

Spouse of person missing, captured or detained on active duty shall furnish:

Evidence of marriage,
Statement that spouse is still married to the veteran, and
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/widower of deceased veteran shall furnish:

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

Employment preference shall have expired once the individual has applied and accepted employment by the state or its political subdivisions, to include counties, cities, towns, villages, special tax school districts, special road and bridge districts, bridge districts, and all other districts in this state.

VETERANS' PREFERENCE CLAIM

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

YES NO

2. Have you ever accepted employment with the state or its political subdivisions, to include counties, cities, towns, villages, special tax school districts, special road and bridge districts, bridge districts, and all other districts in this state or any other state?

YES NO

If yes, please identify the employer and the dates of employment:

3. Are you:

A A veteran of any war 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?

B A disabled veteran who has served on active duty in any branch of the Armed Forces of the United States of America who has a presently existing service-connected disability compensable under public laws administered by the V.A.?

C A disabled veteran who has served on active duty in any branch of the Armed Forces of the United States of America, who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the V.A. and the Department of Defense?

D The spouse of any person, who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment?

E 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?

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

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

_____ percent.

A Veterans' Preference-eligible applicant has a right to an investigation by the Florida Department of Veterans' Affairs if a non-preference-eligible applicant is selected to the position for which he or she applies, meets the minimum requirements, and achieves a minimum qualifying score. In order for an investigation to be considered, a request must be filed within twenty-one (21) calendar days of the applicant receiving notice of the hiring decision by the Flagler County Sheriff's Office. Such requests should be made with the Florida Department of Veterans' Affairs (FDVA), Mary Grizzle Building, Suite 311-K, 11351 Ulmerton Road, Largo, Florida 33778-1630; (727) 518-3202. Any other inquiries regarding Veterans' Preference should also be sent to this address.

ADDITIONAL PERSONAL INFORMATION

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you ever been discharged for any reason from any job? If yes, explain below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you had any disciplinary action, to include verbal, written warnings, reprimands, suspensions, and counseling's, taken against you for any employment or position you have held? If, yes please provide information below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been asked to resign in lieu of termination from any job? If yes, explain below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever filed an application for employment with the Flagler County Sheriff's Office? If yes, indicate approximate date(s) below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been employed by Flagler County Sheriff's Office? If yes, indicate below dates(s) of employment, position(s), and reason for leaving. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are any members of your family or relatives (by blood or marriage) employed by Flagler County Sheriff's Office? If yes, indicate below their name(s), position, and relationship. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. List all Florida law enforcement agencies that you have applied with in the last twelve months. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you speak a foreign language? Are you fluent? Speak <input type="checkbox"/> Write <input type="checkbox"/> Read <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Space for detailed answers. Indicate item number to which answers apply.

Item No.	

ORGANIZATION MEMBERSHIP

List all clubs and societies of which you are or have been a member.

Name	City & State	Former Member	Present Member List position held (describe activity)

Are you now or have you been a member of any foreign or domestic organization, association, movement, group, or combination of persons which had adopted, or shows a policy of advocating or approving the commission of acts of force of 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

Have you ever made a financial or other material contribution to any organization of the type described above? Yes No

At the time of your membership, participation or contribution, did you know of any unlawful aims to the organization? Yes No

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: Flagler 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: _____

FLAGLER COUNTY SHERIFF'S OFFICE PHYSICIAN'S CLEARANCE TO TEST FORM SWORN POSITIONS ONLY

AGENCY NAME: Flagler County Sheriff's Office

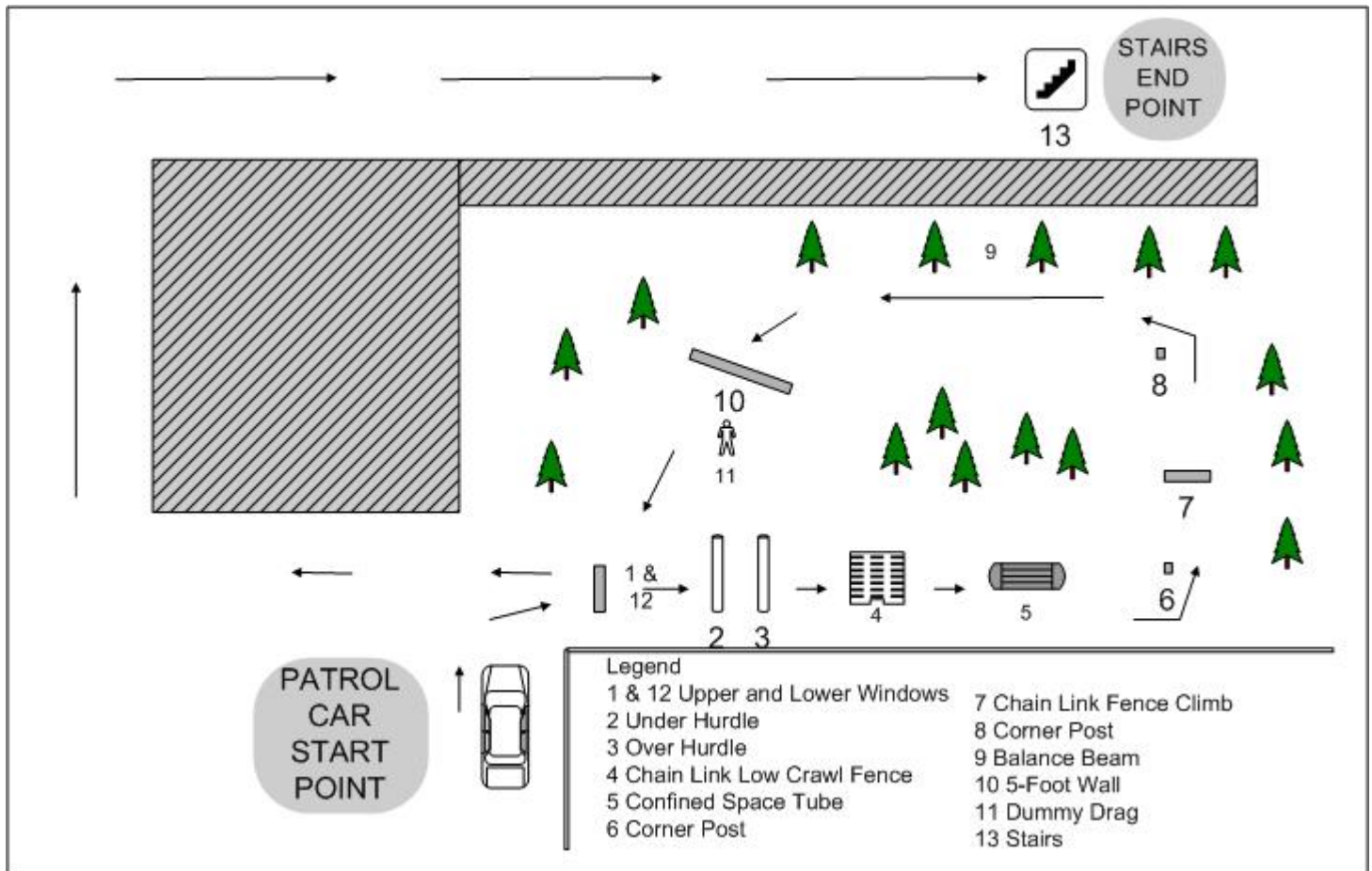
NAME OF APPLICANT: _____

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

The testing program will consist of a series of physical abilities tests conducted at our training site. The battery of job-related field tests is intended to be completed in the fastest possible time and will require maximum effort by the applicant. Tests are designed to measure balance, muscular endurance and strength, flexibility, anaerobic power and capacity, fine motor skill and aerobic power. Tests will include climbing through a window, crawling under 20" hurdle, over a 48" hurdle, under a six foot low crawl 18 " high, though a six foot long 36" tube, climb over a six foot chain link fence and then climb over a five foot wall. You will then be required to pull a 165 pound dummy 50 feet on a smooth dirt surface. At the conclusion of the dummy drag you will don a bullet proof vest and run ¼ mile (1320 feet), then climb one flight of stairs up and down.

Ultimately, the primary goal of this testing is to determine whether the applicant is capable of performing minimum standards appropriate to this agency. Should you have any questions, please call the Flagler County Sheriff's Office Training Unit (386) 437-4116.

Figure 1. Physical Abilities Test course Design



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

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

Signature of Physician

Date

Physician's Name and Address (PRINT)

APPLICANT CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a completed 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 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 test during the term of my employment or appointment with the Sheriff's Office.

I understand that the use of drugs and 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 of 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 me will be contingent upon my acceptance of compensatory time off, instead or 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, who might tend to reflect unfavorably on your reputation, morals character or ability? Yes No If yes, provide your version or explain fully any such incident.

AFFIDAVIT (Must be notarized)

Applicant's Signature

Date

The foregoing was acknowledge before me this _____ day of _____ Year _____

By, _____, who is personally known by me or who has produced _____ as identification.

Signature of person taking acknowledgment

Printed Name

Title or Rank

SOCIAL NETWORK DISCLAIMER

Personnel are free to express themselves as private citizens on social media sites to the degree that their speech does not impair working relationships of this agency for which loyalty and confidentiality are important, impede the performance of duties, impair discipline and harmony among coworkers, or negatively affect the public perception of the agency.

As public employees, personnel are cautioned that speech on- or off-duty, made pursuant to their official duties -- that is, that owes its existence to the employee's professional duties and responsibilities -- is not protected speech under the First Amendment and may form the basis for discipline if deemed detrimental to the Sheriff's Office.

Personnel should assume that their speech and related activity on social media sites will reflect upon their office and this agency.

Personnel shall not post, transmit, or otherwise disseminate any information to which they have access as a result of their employment without written permission from the Sheriff or his/her designee.

I agree to adhere to the above.

AFFIDAVIT (Must be notarized)

Applicant's Signature

Date

The foregoing was acknowledge before me this _____ day of _____ Year _____

By, _____, who is personally known by me or who has produced _____ as identification.

Signature of person taking acknowledgment

Printed Name

Title or Rank

CONFIDENTIAL EMPLOYEE HISTORY

THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL AND WILL NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION.

1. Applicant's Current Address:

Address

City County State Zip Code

(_____)
Phone Number

2. Applicant's Social Security Number: _____ - _____ - _____

3. Spouse's Name and Address (if different):

Name

Address

City County State Zip Code

4. Children's Name and Ages:

Name	Date of Birth	Address (if different than applicants)

5. Former Spouse(s) Name and Address:

Name

Address

City County State Zip Code

6. 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 position for which you applied? Yes No

7. This 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

8. 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 Code

() ()
Home Phone Business Phone

9. Please provide the name and address of your personal or family physician to be contacted in case of an emergency:

Name

Address City State Zip Code

()
Business Phone

I understand that the "Application Certification" applies in all respects to the responses provided in number 1-8 above in this "Confidential Employee History."

Signature of the applicant Date

Witnessed by:

Signature Date