

Date \_\_\_\_\_

Please accept my letter of interest for the position of \_\_\_\_\_,

Selection Process Number: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Alternate #: ( ) \_\_\_\_\_

*The Bay County Sheriff's Office is collecting your social security number for the purpose of identification or verification of identity for potential employment.*

*Frank McKeithen, Sheriff*

**Applications must have complete address, zip code and phone number for references and copies of the following documents or they will not be accepted. The application can be notarized when it is returned to the Bay County Sheriff's Office.**

**DOCUMENTS TO BE ATTACHED TO APPLICATION**

	Personnel Use Only
1. High School Diploma/G.E.D.	
2. Birth Certificate	
3. Driver's License	
4. Standards Certification (If applicable)	
5. Social Security Card	
6. Military Discharge DD-214 (If applicable)	

PT \_\_\_\_\_  
Physical \_\_\_\_\_

Written/Typing \_\_\_\_\_

Last Interviewed:





10.

*College/University Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Sem.	Qtr.		

\*Attach diploma or official transcript from last institution of higher education attended.

Major \_\_\_\_\_ Minor: \_\_\_\_\_

11. Other Schools (Trade, Vocational, Business or Military):

Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree Or Certificate
	From	To				

12. Describe any awards, honors, citations, positions held in school organizations, any other special recognition you received while attending school:

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## EMPLOYMENT HISTORY

21. List chronologically all employment 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.

Name & Address Of Employer	Dates Worked Mo./Yr.		Salary	Title Of Position	Name Of Supervisor	Reason For Leaving
	From	To				
Name				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Address						
City, State, Zip						
Area Code & Phone Number						
Name				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Address						
City, State, Zip						
Area Code & Phone Number						
Name				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Address						
City, State, Zip						
Area Code & Phone Number						
Name				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Address						
City, State, Zip						
Area Code & Phone Number						

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

23. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?  Yes  No If yes to question 22 or 23, please provide details:

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

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was withheld, or matter settled by payment of fine or forfeiture of collateral. (Include your juvenile record and records of your arrest(s) which have been sealed, if any.)

Date	Place & Department	Charge	Court & Place	Disposition
Relative's Name	Place & Department	Charge	Court & Place	Disposition

Provide details for each response to question 27, 28, or 29:

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30. Have you or your spouse ever been plaintiff or defendant in a court action?

Yes  No

31. Have you ever been detained by any law enforcement officer for investigation purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation?  Yes  No

32. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)?

Yes  No

If yes to questions 30, 31, or 32, please provide details:

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### DRIVING HISTORY

33. Are you a licensed Florida automobile operator or chauffeur?  Yes  No

License No.: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Restrictions: \_\_\_\_\_

34. 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 date(s) license(s) was/were held:

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35. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?  Yes  No

If yes, please provide complete details including why license was suspended or revoked:

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### MILITARY HISTORY

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

Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Serial #: \_\_\_\_\_ Duty Dates: From \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

From \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

37. Date and type of discharge:

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

Yes  No

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

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40. 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: \_\_\_\_\_

41. Have you ever served in the Armed Forces of a foreign country?  Yes  No

If yes, please specify the country and dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PERSONAL REFERENCES & ACQUAINTANCES

42. Personal References: Give 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. If retired, give former occupation.

Complete Name _____ (Last, First, Middle)		Home Address: _____ City, State & Zip: _____ Home Phone: ( ) _____
Yrs. Known	Occupation	Business Address: _____ City, State & Zip _____ Business Phone: ( ) _____
Complete Name _____ (Last, First, Middle)		Home Address: _____ City, State & Zip: _____ Home Phone: ( ) _____
Yrs. Known	Occupation	Business Address: _____ City, State & Zip _____ Business Phone: ( ) _____
Complete Name _____ (Last, First, Middle)		Home Address: _____ City, State & Zip: _____ Home Phone: ( ) _____
Yrs. Known	Occupation	Business Address: _____ City, State & Zip _____ Business Phone: ( ) _____

43. Social Acquaintances: Give three (3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

Complete Name _____		Home Address: _____ City, State & Zip: _____ Home Phone: (    ) _____
(Last, First, Middle)		
Yrs. Known	Occupation	Business Address: _____ City, State & Zip _____ Business Phone: (    ) _____
Complete Name _____		Home Address: _____ City, State & Zip: _____ Home Phone: (    ) _____
(Last, First, Middle)		
Yrs. Known	Occupation	Business Address: _____ City, State & Zip _____ Business Phone: (    ) _____
Complete Name _____		Home Address: _____ City, State & Zip: _____ Home Phone: (    ) _____
(Last, First, Middle)		
Yrs. Known	Occupation	Business Address: _____ City, State & Zip _____ Business Phone: (    ) _____

### ORGANIZATION MEMBERSHIP

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

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

45. 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

46. Have you ever made a financial contribution or other material contribution to any organization of the type described in question 45 above?  Yes  No  
If yes to questions 45 or 46, answer questions 47 and 48 also.

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

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

If yes to question 45, 46, 47, or 48, please explain including name of organization and location:

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### BUSINESS INTERESTS & LICENSES

49. 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

50. Are you now issued or have you ever been issued a license to engage in a business or profession?  Yes  No

51. If you have or had a license, was your license ever cancelled, suspended or revoked?  Yes  No

If yes to question 49, 50, or 51, please provide details including the type of license or certificate, the agency that issued the license, effective date of license and license number.

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### CREDIT DATA

52. Do you have any sources of income other than your salary or the salary of your spouse?  Yes  No

If yes, specify each with an estimated amount:

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53. 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

54. Have you, or 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 If yes to any of these questions, please provide details.

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### HABITS

55. Do you use alcoholic beverages?  Yes  No

If yes, in what quantities \_\_\_\_\_

56. Any illegal use of a controlled substance (indicate type and last date used) In the past ten years.

- Marijuana \_\_\_\_\_ (Date)       Cocaine \_\_\_\_\_ (Date)       Opiates \_\_\_\_\_ (Date)
- Other \_\_\_\_\_ (Date)       None

## APPLICANT'S CERTIFICATION

I understand that my appointment or employment with any Bay County law enforcement agency 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 employment if already hired. 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 understand that this employment application shall be retained in the files of the Gulf Coast Criminal Justice Selection Center for period of two (2) years or until such time as I become employed by a Bay County law enforcement agency. I understand that when I become employed by a Bay County law enforcement agency this application shall become the property of that agency and that it and the information received in response to the background investigation are public records. I also understand that if I do not become employed within two (2) years of filing this application with the Gulf Coast Criminal Justice Selection Center, the application will be destroyed and I will have to complete a new application if I still wish to remain in the applicant pool.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF BAY

The foregoing instrument was signed before me on the \_\_\_\_ day of \_\_\_\_\_  
by \_\_\_\_\_ who is personally known to me or produced  
\_\_\_\_\_ as identification.

SEAL

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name of Notary

**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 \_\_\_\_\_

( ) \_\_\_\_\_  
Telephone 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 Names 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. In the past ten years, have you illegally experimented with, obtained, possessed, supplied or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature?  Yes  No If yes, please complete the following:

- a. Drug: \_\_\_\_\_
- b. How taken: \_\_\_\_\_
- c. Circumstances: \_\_\_\_\_

9. 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. 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 \_\_\_\_\_

11. 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 "Applicants Certification" applies in all respects to the responses provided in numbers 1-12 above in this "Confidential Employee History."

\_\_\_\_\_  
Signature of the applicant as usually written Date

Witnessed by:  
\_\_\_\_\_

## EDUCATION/ TRAINING

1. Has your law enforcement certification ever been suspended, revoked, relinquished or subject to discipline or investigation by the CJST?  Yes  No If yes, explain.

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## DRIVING HISTORY

2. Have you ever had automobile insurance refused, withdrawn, or revoked?  Yes  No  
If yes, explain.

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## MILITARY HISTORY

3. Are you registered for Selective Service?  Yes  No

If yes, your Selective Service Number: \_\_\_\_\_

Classification: \_\_\_\_\_ Date of Classification: \_\_\_\_\_

Address of Local Board: \_\_\_\_\_

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

- 1. A veteran with a service-connected disability 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.
- 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.
- 3. A veteran of any war who has served on active duty for 181 consecutive days or more or who has served 180 consecutive days or more since January 31, 1995 and who was honorably discharge from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty or training.
- 4. 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 person 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 Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL 33731

**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 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  
If yes, provide your version or explain fully any such incident.

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\_\_\_\_\_  
Signature of the applicant as usually written

\_\_\_\_\_  
Date

Witnessed by:

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Florida Department of Law Enforcement

# Authority For Release of Information (Background Investigation Waiver)



**CJSTC  
58**

To: *Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records*

**APPLICANT'S NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_

**EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION:** Bay Co. 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, 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 photocopy 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 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 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 \_\_\_\_\_

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 \_\_\_\_\_, 20\_\_\_\_. My Commission

expires on \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Personally Known \_\_\_\_\_ - or - Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

**DRUG TESTING AND OVERTIME WAIVERS**

APPLICANT'S NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

I understand continued employment will be contingent upon my successfully completing a drug test which shall be given at the discretion of the Sheriff at any time during my appointment and I consent to this testing as a condition of my employment.

I understand that no overtime will be worked by me without the approval of my supervisor and I further agree as a condition to employment that overtime compensation may be made in the form of compensatory time under all requirements of law.

I understand that I may be required to submit to a Computer Voice Stress Analysis (CVSA).

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**AFFIDAVIT**

**STATE OF FLORIDA**

**COUNTY OF BAY**

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

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

# Stop

If you are not applying for a law enforcement position,  
you do not have to complete the following pages.

**AFFIDAVIT OF APPLICANT**

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



**CJSTC  
68**

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

Social Security Number: \_\_\_\_\_

Applicant's Legal Name: \_\_\_\_\_  
Last First MI

Employing agency: Bay County Sheriff's Office

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 19 years of age.
- 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"/>	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"/>	2. I provided documentation of proof of my qualifications to the above listed employing agency.	
<input type="checkbox"/>	<input type="checkbox"/>	3. I meet the qualifications as specified above.	
<input type="checkbox"/>	<input type="checkbox"/>	4. I had a criminal record sealed pursuant to Section 943.059(4)(a), F.S. , or expunged pursuant to Section 943.0585(4)(a), F.S.	
<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.

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**AFFIDAVIT**

STATE OF FLORIDA, COUNTY OF Bay The forgoing instrument was acknowledged before me this date \_\_\_\_\_

By: \_\_\_\_\_ who is personally known \_\_\_\_\_

or who has produced identification. Type of identification: \_\_\_\_\_

Notary's Signature \_\_\_\_\_ Print, type, or stamp Commissioned Name of Notary \_\_\_\_\_

Notary Seal: \_\_\_\_\_ Upon witnessing the agency administrator or designee's signing of this affidavit, the notary public shall complete the notary block.

\*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



# BAY COUNTY SHERIFF'S OFFICE

## AUTHORIZATION FOR SERVICES

Applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Medical Exam can be obtained from any Certified Physician.

Bay Walk-In, Primecare & Sea Oats charge \$30.00 for an exam.

The Bay County Sheriff's Office will not pay for these services.  
The applicant must pay for all services.

Authorized by: Salma R. Yodanis

Date: \_\_\_\_\_ Time: \_\_\_\_\_



**BAY COUNTY SHERIFF'S OFFICE**  
3421 N. Hwy 77 Panama City, FL 32405 (850)747-4700

Frank McKeithen  
SHERIFF

Name of Applicant \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Dear Physician,

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 Bay County Sheriff's Office. We are aware that strenuous physical activity may be inadvisable for some individuals. As such, we request that you indicate whether the above named applicant has any medical condition that would, to your knowledge, preclude participation.

The testing program will consist of a series of physical abilities tests conducted at our training site. The battery of job-related tasks in some instances will require maximum effort by the applicant. Tests are designed to measure endurance and strength, sprinting ability, leg strength, anaerobic power and capacity as well as aerobic power.

Ultimately, the primary goal of this testing is to determine whether the applicant is capable of performing minimum standards appropriate to this agency. If you have any questions regarding the testing, please contact me.

Sincerely,

Lieutenant James Vestal Jr.  
Training Director

I have reviewed the attached elements of the Bay County Sheriff's Office Physical Abilities Test Battery. I have examined this applicant and his/her medical history, and based upon my evaluation it is my opinion that:

<input type="checkbox"/> 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.	<input type="checkbox"/> The applicant has no medical condition or disorder which would reasonably preclude their participation in the described abilities test.
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\_\_\_\_\_  
(Signature of Physician)

\_\_\_\_\_  
(Date)

BAY COUNTY SHERIFF'S OFFICE  
PHYSICAL ABILITIES TEST BATTERY

The applicant will be required to complete the test listed below.

All applicant's will be given an orientation and walk through. No one will be allowed to take the test unless they fully understand what is expected of them.

To begin the test, the applicant will sit in the driver's seat of a patrol vehicle with the doors closed and await further instructions.

A test monitor will give the applicant verbal instructions to pursue a fleeing felony suspect (fictitious) by providing a description of what the suspect is wearing. The test monitor will provide two pieces of descriptive information. Finally, the test monitor will tell the applicant to "GO". The applicant then must complete the physical tasks listed below.

The applicant must get out of the car and run a distance of approximately 130 yards. Timing begins when the applicant opens the car door.

Approximately half way through the course the applicant will encounter and climb over a 6 foot obstacle.

On the other side of the obstacle, the applicant will crawl under another obstacle that is approximately the size of two standard office tables.

After crawling under the obstacle, the applicant must run to and climb through an approximately 30 inch by 30 inch opening with the bottom of the opening located approximately 50 inches from the ground.

After climbing through the opening, the applicant must identify the proper suspect from four targets, each numbered and dressed differently.

The applicant will then move a 150 lb. dummy to a designated line 5 feet away. Timing of the event stops when the entire dummy crosses over the line.

An applicant who is able to complete the entire series of events successfully, in proper sequence, within 60 seconds, passes the test.



## INSTRUCTIONS FOR COMPLETING FORM CJSTC-75

Use this form to document and verify the applicant's compliance with the employment requirements of Section 943.13, F.S.

### GENERAL INSTRUCTIONS

- This form or an equivalent form, indicating that the officer is capable of performing the essential functions of the law enforcement, correctional, or correctional probation officer duties for which the applicant is seeking employment, **is required** and shall be used in conjunction with the Patient Information form CJSTC-75A or an equivalent form, to assist the physician, certified advanced registered nurse practitioner, or physician assistant, by providing testing guidelines to examine the applicant.
- An employing agency shall provide a position description to the physician, certified advanced registered nurse practitioner, or physician assistant that describes the job duties the applicant will perform. The position description will assist in determining whether the applicant is capable of performing the essential functions of a law enforcement, correctional, or correctional probation officer duties for which the applicant is seeking employment.
- This form or an equivalent form shall be used to satisfy the requirements of Section 943.13(6), F.S., and Rule 11B-27.002(1)(d), F.A.C. The completed form CJSTC-75 or an equivalent form shall be completed for each new employment or appointment of an officer, and shall not be completed more than one year prior to an officer's employment or appointment. A CJSTC-75 form completed for a specific employing agency shall not be used by any other employing agency.

### INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

1. **Applicant's Name:** Enter the applicant's full legal name.
2. **Applicant's Address:** Enter the applicant's home address.
3. **Last Four Digits of the Social Security Number:** Enter the last four digits of the applicant's social security number as in this example: 000-00-1234.
4. **Hiring Agency:** Enter the hiring agency's name.
5. **Request for Employment as an officer:** Place a check mark in the box for one of the following disciplines: Law Enforcement, Correctional, or Correctional Probation.
- 6a. **Examining Physician:** The examining physician shall examine the applicant for any medical or physiological reasons that would prevent the applicant for employment as an officer pursuant to the attached job duties.
- 6b. **Physician's Attestment:** The physician, certified advanced registered nurse practitioner, or physician assistant shall mark the appropriate box attesting that the applicant is capable or not capable of performing the essential functions of the law enforcement, correctional, or correctional probation officer discipline for which the officer/applicant is seeking employment.
7. Sections 112.18 and 943.13, Florida Statutes, require agency knowledge of the following three pre-existing conditions for potential future disability claims. These outcomes are not disqualifying for employment.
  - a. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of tuberculosis.
  - b. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of heart disease.
  - c. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of hypertension.
8. **Signature:** The physician, certified advanced registered nurse, or Physician Assistant shall sign and print his or her name and enter the examination date.
9. **License Number:** Enter the physician, certified advanced registered nurse practitioner, or physician assistant's license number.

**Licensing State:** Enter the state in which the physician, certified advanced registered nurse practitioner, or physician assistant is licensed.
10. **Professional Address:** Enter the physician, certified advanced registered nurse, or physician assistant's professional address.



## INSTRUCTIONS FOR COMPLETING FORM CJSTC-75A

Please type or print in black or blue ink and use capital and small letters to write names and addresses.

### GENERAL INSTRUCTIONS

This form or an equivalent form is to be provided to the examining physician, certified advanced registered nurse practitioner, or physician assistant to use when conducting a physical examination and shall be used in conjunction with the Physician's Assessment form CJSTC-75 or an equivalent form.

Upon completion of the physical, a completed copy shall be provided to the applicant or employing agency.

### Employing Agencies Instructions for Completing Form CJSTC-75A

1. **Applicant's Name:** Enter the applicant's full legal name.
2. **Applicant's Address:** Enter the applicant's home address.
3. **Social Security Number (optional):** Enter the last four digits of the applicant's social security as in this example: 000-00-0000.
4. **Hiring Agency:** Enter the hiring agency's name.
5. **Position Applied For:** Enter one of the following disciplines: Law enforcement, correctional, or correctional probation.

### Physician's Instructions for Completing Form CJSTC-75A

**Note:** Indicate the presence of supportive devices by specifying on the provided lines.

1. **Gender:** Enter the sex of the applicant.
2. **Height:** Enter the height of the applicant in inches.
3. **Weight:** Enter the weight of the applicant in pounds
4. **Blood Pressure:** Enter the applicant's systolic and diastolic blood pressure rate.
5. **Resting Pulse:** Enter the applicant's resting pulse rate. Note any irregularities.
6. **Oral Temperature:** Enter the applicant's oral temperature.
7. **Resting Respiratory Rate:** Enter the applicant's resting respiratory rate.
8. **Corrected Visual Acuity** Enter the applicant's corrected visual acuity of the right and left eye.
9. **Physical Examination.** Enter NORMAL or ABNORMAL in the boxes that details the tests and physical examination of the applicant.
10. **Comments:** Enter any additional comments.
11. **Results of the Tuberculosis Skin Test:** Enter the applicant's results of the Tuberculosis Skin Test.
12. Sections 112.18 and 943.13, Florida Statutes, require agency knowledge of the following three pre-existing conditions for potential future disability claims. These outcomes are not disqualifying for employment.
  - A. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of tuberculosis.
  - B. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of heart disease.
  - C. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of hypertension.