



Bay County Sheriff's Office
3421 North Highway 77
Website: <http://www.bayso.org>
Panama City, Florida 32405 (850) 747-4700



Date: _____

Please accept my letter of interest for the position of: _____

Applicant Name: _____

Social Security Number: _____

Physical Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Alternate Phone: _____

Email Address: _____

Driver's License Number: _____ Expiration Date: _____

Date of Birth: _____

Place of Birth: _____

The Bay County Sheriff's Office is collecting your social security number for the purpose of identification or verification of identity for potential employment. The Bay County Sheriff's Office is an Equal Opportunity Employer and Drug Free workplace. We consider applicants for all positions without regard to race, color, national origin, sex, age, handicap, marital status, religion or any other legally protected status.

Tommy Ford, Sheriff

Employment History

List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for 10 years. 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
Name	From To				
Address					
City, State, Zip					
Area Code & Phone Number					
Name	From To				
Address					
City, State, Zip					
Area Code & Phone Number					
Name	From To				
Address					
City, State, Zip					
Area Code & Phone Number					

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

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.

Have you ever applied to or performed paid or unpaid services for a law enforcement / corrections agency not listed as an employer? YES NO

If yes, please provide the name of the agency and date of application or service.

EDUCATION / TRAINING					
High School Name	Date Attended Mo/Yr		Years Completed	Did You Graduate	Type of Diploma
	From	To			

College/University Name/Address	Date Attended Mo/Yr		Years Completed	Did You Graduate	Type of Diploma
	From	To			

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

Major: _____ Minor: _____

Other Schools (Trade, Vocational, Business or Military)

Name Of School	Dates Attended		Credit Hours Earned	Area of Study	Did You Graduate?	Type Of Degree/Certificate
	Month	Year				

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

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 because 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 Bay County 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 Bay County 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 Bay County 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 Bay County Sheriff's Office.

I further authorize the Bay County Sheriff's Office or agent of the Bay County 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 Bay County 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 Bay County Sheriff's Office.

I agree to conform to the rules, regulations and orders of the Bay County Sheriff's Office and acknowledge that these rules, regulations, and orders may be changed, interpreted, withdrawn, or added to by the Bay County Sheriff's Office, at its discretion, at any time and without any prior notice to me.

I understand an investigation will be conducted into all 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, please provide your version and explain fully any such incident.

Signature of the applicant as usually written

Date

STATEMENT OF MILITARY SERVICE

I _____ affirm that I have, have not had any prior military service.

If so, branch of service: _____ Rank: _____

Serial #: _____ Duty dates from: _____ To: _____

Date of discharge: _____ Type of discharge: _____

I hereby certify that to the best of my knowledge and belief, the information that I have entered on this form is true and correct.

Applicant Signature

Date

STATE OF FLORIDA, COUNTY OF _____, The forgoing

instrument was acknowledged before me this _____ day of _____

in the year _____, by _____ who is

personally known to me or who has produced _____
as identification.

Notary Public Printed Name

Notary Public Signature

Notary Seal

Current service members – Please attach a copy of your military identification card.

Retired and previous service members – Please attach a copy of your DD214 long form.



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: Bay County Sheriff's Office

ADDRESS: 3421 North Highway 77 - Panama City, Florida 32405

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 FLORIDA COUNTY OF BAY

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 _____

Effective: 8/9/2001 Pursuant to
Sections 943.134(2)(a) and (4), F.S.

Original – Employing Agency

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Commission-Approved Revisions: 8/13/2020
Form Effective Date: 5/2021

Oath amended pursuant to Section 117.05(13)(a), F.S., effective 1/1/2020