Bay County Sheriff's Office 3421 Hwy 77 Panama City, Florida 32405 http://www.bayso.org 850.747.4700

BAY COUNTY, FLORIDA SHERIFF'S OFFICE JOB APPLICATION

This application form can to be used to apply for a law enforcement/correctional officer position with the Bay County Sheriff's Office / Bay County Jail.

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.

INSTRUCTIONS

This application must be typewritten or printed legibly in ink if not electronically submitted. All questions must be answered. Applications which are not complete will not be considered. If the space provided is not sufficient for complete answers or if you wish to furnish additional information, attach additional sheets of paper the same size as the rest of this application, and number the answers to correspond to the questions.

PERSONAL HISTORY

1. Full Name:

First		Middle	Middle		
Address	City	County State	Zip		
Wor	k Phone				
	Address	First Address City Work Phone	Address City County State		

 Weight:

 Height:

 Eye Color:
 Race:
 Sex:

3. Other: List all names you have used including circumstances and the time periods you used them. (For example: maiden name, former name(s), or nickname(s).

Name	Circumstances	Dates From Mo/Yr	Dates To Mo/Yr

4. Date and Place of Birth:

Date of Birth	City	County	Stat	e Country i	f not United States		
5. Are you a l	United States Citiz	en? Yes		No			
If you are naturalized please provide:							
			Date	Place			
Court Naturalization Number							
6. Social Sec	urity Number:						
7. Marital Sta	atus: Married	Divorced	Separated	Widowed	Single		
8. Do you hav	8. Do you have or have you ever applied for a passport? <u>Yes</u> No						
Passport	No						

EDUCATION / TRAINING

9.					
High School Name/Address		Dates Attended Mo./Yr.		Did You	Type of
Name/Address	From	То	Years Completed	Graduate?	Type of Diploma

10.	Dates A	ttended	Credit Hours		
*College/University	Mo.		Earned	Did You	Type of
Name/Address	From	То	Sem. ∣ Qtr.	Graduate?	Degree

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

Major: _____ Minor: _____

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

		Attended o./Yr.	Credit Hours			
Name/Address	From	То	Earned	Area of Study	Did You Graduate?	Type of Degree Or Certificate
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12. Describe any awards, honors, citations, positions held in school organizations, any other special recognition you received while attending school:

13.Indicate any foreign languages you can- Speak:
Read:
Write:
14. Indicate any Law Enforcement/Corrections education/training:
15. Did you receive a certificate for this training? Yes No
16. Describe any special abilities, interests, and hobbies including the degree of proficiency:
17. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):
18. Indicate any special skills you possess and equipment you can use which may be related to law enforcement / corrections work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms, computers):
19. Have you had any training/education with K-9's? Yes No
If yes, provide details:
20. Would you be willing to be transferred to a K-9 unit, if necessary? No Yes No

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 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
	From	l To				
Name		-				
Address						
City, State, Zip	-					
Area Code & Phone Number	_			Full TimePart Time		
Name						
Address	-					
City, State, Zip						
Area Code & Phone Number	_			Full Time		
Name						
Address						
City, State, Zip	1					
Area Code & Phone Number				Full Time Part Time		
Name						
Address	1					
City, State, Zip						
Area Code & Phone Number	1			Full Time Part Time		

- 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
- 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:

^{24.} 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 name of agency and date of application or service.

25. 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:

RESIDENCES

26. Actual place of residence for past 10 years list chronologically all addresses, including addresses while at school and in military. For college campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Dates Mo./Yr.						
From	То	Apt. No.	Street Address	City	County	State
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ARREST HISTORY/COURT DATA

- 27. Have you ever been Arrested/Charged or received a notice or summons to appear for any criminal violation? Yes No
- 28. Have you ever received a ticket or been charged with a traffic violation (excluding parking tickets)? Yes No
- 29. To your knowledge, has any member of your family ever been arrested for anything other than traffic violations? Yes No

If yes to question 27, 28, or 29, list 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 or records of your arrest(s) which have been sealed, if any)

Date	Place and Department	Charge	Court & Place	Disposition

Date	Place and Department	Charge	Court & Place	Disposition

Provide details for each response to questions 27, 28, or 29

30. Have you or your spouse ever been a 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:

DRIVING HISTORY

33.	Are you a l	icensed Florida automobile operator or chauffeur?	Yes	No	
	License No.	Date of Expiration	l		

Restrictions

Revised	03/15	5/2016
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34. Do you hold or have you ever held an operator or chauffeur license in another state?

	Yes	Νο		
	If yes, please p was/were held:	provide state(s), name used and approximate date(s) license(s)		
35.	Have you ever or revoked?	r been denied issuance of a license or have you ever had a license suspended Yes No		
	lfyes, please p	rovide complete details including why license was suspended or revoked:		
		MILITARY HISTORY		
36.	Have you ever Yes	served on active duty in the Armed Forces of the United States? No		
В	ranch of Service	e: Highest Rank		
S	erial#:	Duty Dates: FromTo:		
37.	Date and type o	of discharge:		
38.	Are you now or	r have you ever been a member of a reserve unit or the National Guard?		
	Yes	No		
39.	39. If yes state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:			
40.	Was any type o	of disciplinary action taken against you in the service?		
	Yes	No If yes, please provide:		

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

ORGANIZATION MEMBERSHIP

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

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

^{47.} At the time of your membership, partjciprion, or contribution, did you know of any unlawful aims of the organization? Yes No N/A

48. Did you intend to promote any unlawful aims of the organization? Yes No N/A If yes to question 45, 46, 47, or 48, please explain including name of organization and location:

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.

CREDIT DATA

52. Do you have any other source of income? YES NO If yes, specify each with an estimated amount.

Source	Address	Amount

53. Are you or your spouse indebted to anyone? Yes No Ifyes, 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

 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.

	HABITS					
55.	Do you use alcoholic beve	rages? Ye	es	No lf		
	yes, in what quantities					
56.	56. Any illegal use of a controlled substance (indicate type and last date used)					
	Marijuana (DATE)	Cocaine	(D/	ATE)	Opiates	(DATE)
	Other	NONE				

(DATE)