



Bay County Sheriff's Office

3421 N. Hwy 77, Panama City, Florida 32405

Application for Employment Coversheet



Date: _____

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

Name: _____
Last First Middle

Social Security #: _____

Home Address: _____

Home Phone #: _____ Alternate #: _____

Email Address: _____

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

Tommy Ford, Sheriff

Applications must have a 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. Law Enforcement Standards Certification (if applicable)	
5. Social Security Card	
6. Military Discharge DD-214 (if applicable)	
7. Military I.D. card (if applicable)	



BAY COUNTY SHERIFF'S OFFICE



JOB APPLICATION

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

This application form can be used to apply for any position with the Bay County Sheriff's Office or Bay County Jail Facility.

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

FULL NAME

1. _____
Last Name First Name Middle Name
Address: _____
Address City County State Zip
Phone: _____
Home Phone Cell Phone Work Phone
2. Weight: _____ Height: _____ Hair Color: _____ 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 of Birth: _____ Country of Birth: _____

Place of Birth: _____
City County State

5. Are you a United States Citizen? Yes No

If you are naturalized please provide date and place: _____

Court: _____ Naturalization Number: _____

6. Social Security Number: _____

7. Marital Status: Married Divorced Separated Widowed Single

8. Do you have or have you ever applied for a passport? Yes No

Passport Number: _____

9.	EDUCATION / TRAINING
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[illegible]

EDUCATION / TRAINING

(continued)

10.

College/University Name	Dates Attended Mo/Yr		Yrs Comp.	Did you Graduate?	Type of Degree
	From	To			

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

Major: _____ Minor: _____

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

Name of School	Dates Attended Mo/Yr		Credit Hours Earned	Area of Study	Did you Graduate?	Type of Degree/Certificate
	From	To				

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

EDUCATION / TRAINING

(continued)

13. Indicate below 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. Has your Law Enforcement certification ever been suspended, revoked, relinquished or subject to discipline or investigation by the CJST? Yes No

17. Describe any special abilities, interests, and hobbies including the degree of proficiency:

18. 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):

19. Indicate any special skills you possess and equipment you can use which may be related to Law Enforcement/Corrections work. (Example: two-way radio communications, breathalyzer, speed detection equipment, firearms, computers):

20. Have you had any training/education with K-9's? Yes No
If yes, provide details:

21. Would you be willing to be transferred to a K-9 unit, if necessary? Yes No

21. 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				
Address	To				
City, State, Zip					
Area Code & Phone Number					
Name	From				
Address	To				
City, State, Zip					
Area Code & Phone Number					
Name	From				
Address	To				
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, 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 the name of the agency and date of application or service:

Employment History

(continued)

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 all addresses chronologically, 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		Street Address	Apt. #	City	County	State
From	To					

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 which adjudication was withheld, or matter settled by payment of fine or forfeiture of

ARREST HISTORY/COURT DATA

(continued)

collateral (include your juvenile record or records of your arrest(s) which have been sealed, if any).

Date	Place/Department	Charge	Court/Place	Disposition

Please 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, application, military, etc.)?

Yes No

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

DRIVING HISTORY

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

License Number: _____ 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:

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:

36. Have you ever had automobile insurance refused, withdrawn, or revoked?

Yes No

If yes, please provide complete details:

PERSONAL REFERENCES & ACQUAINTANCES

37. Personal References: Give (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 (5) years. If retired, give former occupation.

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

SOCIAL REFERENCES

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

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

ORGANIZATION MEMBERSHIP

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

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

40. 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

41. Have you ever made a financial contribution or other material contribution to any organization of the type described in question 45 above? Yes No

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

43. Did you intend to promote any unlawful aims of the organization? Yes No
If yes, to question 40, 41 or 42, please explain including name of organization and location: N/A

BUSINESS INTERESTS & LICENSES

44. Do you, or have you, ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partially in the sale or distribution of alcoholic beverages?

Yes No

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

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

If yes to question 44, 45, or 46, 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

47. Do you have any other source of income? Yes No

If yes, please specify each with an estimated amount:

Source	Address (City, State, Zip)	Amount

48. Are you or your spouse indebted to anyone? Yes No If yes, please list all debts over \$500.00. Be sure to include student loans and charge accounts. Also, list any debt where payment is past due, regardless of amount.

Creditor	Amount Past Due	Address

CREDIT DATA

(continued)

49. 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 judgement
rendered against you for debt? Yes No If yes to any of these questions,
please provide details:

HABITS

50. Do you use alcoholic beverages? Yes No

If yes, in what quantities: _____

51. Any illegal use of a controlled substance (indicate type and last date used)

Marijuana _____
Date

Cocaine _____
Date

Opiates _____
Date

Other _____
Date

None

If other, please list details:

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): _____

Address

City

County

State

Zip Code

Telephone Number

4. Children's Names and Ages:

Name	Date of Birth	Address (if different than applicant)

5. Former Spouse(s) Name and Address: _____

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

CONFIDENTIAL EMPLOYEE HISTORY

(continued)

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:

Drug: _____

How taken: _____

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 County State Zip Code

Home Phone

Business Phone

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

Name

Address

City County State Zip Code

Business Phone

I understand that the "Applicant Certification" applies in all respects to the responses provided in numbers 1-11 above in the "Confidential Employment History".

Signature of the applicant as usually written

Witnessed By

MILITARY HISTORY

1. Are you registered for Selective Service? Yes No

If yes, your Selective Service Number: _____

Classification: _____ Date of Classification: _____

Address of Local Board: _____

2. 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: _____

3. Date and type of discharge: _____

4. Are you now or have you ever been a member of a reserve unit or the National Guard? Yes No

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

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

Date: _____ Place: _____

Nature of Offense: _____

Action taken: _____

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

If yes, please specify countries and dates.

8. 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 disabled veteran who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veteran's Affairs, or who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Veteran Affairs and the United States Department of Defense.

MILITARY HISTORY

(continued)

2. The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability, and who, because of this disability, cannot qualify for employment, or the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.
3. A wartime veteran as defined in section 1.01(14), Florida Statutes, who has served at least one (1) day during a war time period. Active duty for training may not be allowed for eligibility under this paragraph.
4. The un-remarried widow or widower of a veteran who died of a service-connected disability.
5. The mother, father, legal guardian, or un-remarried widow or widower of a member of the United States Department of Defense.
6. A Veteran as defined in section 1.01(14), Florida Statutes. Active duty for training may not be allowed for eligibility under this paragraph.
7. A current member of any reserve component of the United States Armed Forces of the Florida National Guard.

NOTE: Under Florida law, if a numerically based selection process is used, points shall be added to the earned ratings of persons included in #1-7 above, as set forth in section 295.07, Florida Statutes. If a numerically based selection process is not used, preference in appointment shall be given first to those persons included in #1 and #2 above, and second to those persons included in #3 through #7 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Florida Department of Veterans' Affairs. 11351 Ulmerton Road, Suite 311-K, Largo Florida 33778-1630.

STATEMENT OF MILITARY SERVICE

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

If so, branch of service: _____

Rank: _____

Serial number: _____ 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've entered on this form is true and correct.

Applicant Signature as usually written

Date

STATE OF FLORIDA, COUNTY OF _____, The forgoing instrument was acknowledged before me this _____ day of _____ in the year _____, by _____ who is personally know 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 DD-214 long form.

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 Computer Voice Stress Analysis (CVSA) 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 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

Witnessed By



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 _____



IF YOU ARE NOT APPLYING FOR A LAW
ENFORCEMENT POSITION, YOU DO NOT HAVE
TO COMPLETE PAGES 21 & 22.



Florida Department of
Law Enforcement

AFFIDAVIT OF APPLICANT

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



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

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

Applicant's Legal Name: _____

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

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

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

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

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

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

14. OATH

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

STATE OF 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 _____

*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

Created 1/1/1992 Original - Agency Copy - FDLE
Oath amended pursuant to Section 117.05(13)(a), F.S., effective 1/1/2020

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

PHYSICIAN'S ASSESSMENT

Incorporated by Reference in Rules
11B-27.002(1)(d) and 11B-35.001(11)(c)14., F.A.C.



CJSTC
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1. Applicant's Name: _____
Last _____ First _____ MI _____
2. Last Four Digits of the Applicant's Social Security Number: _____
3. Hiring Agency: Bay County Sheriff's Office
4. Training School: _____
5. The Applicant Is Requesting Employment and/or Admission Into a Basic Recruit Training Program in One of the Following Disciplines:
Law Enforcement ☐ Correctional ☐ Correctional Probation ☐

Note: For employment, a position description that describes the job duties the applicant will perform must be provided.
For training, the physical fitness conditioning program developed by the training center must be provided.

6. Student Participation in Basic Recruit Training Program. A student enrolled in a basic recruit training program (B RTP) is required to participate in the following activities:
 - A. Defensive tactics and firearms high-liability training is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission. Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).
 - B. Physical Fitness Conditioning and Physical Fitness Testing: A B RTP student shall participate in physical fitness conditioning and a fitness test and includes the following measures:
 - Vertical Jump
 - One Minute Sit Ups
 - 300 Meter Run
 - Maximum Push Ups
 - 1.5 Mile Run/Walk
 - C. The training center director has attached the training school's physical fitness conditioning program: Yes ☐ No ☐

*****TO BE COMPLETED BY THE STUDENT*****

7. Medical Conditions Regarding OC/CS Contamination. A B RTP student should be aware of the following personal considerations that may restrict participation in the chemical agent contamination of the B RTP and could possibly be aggravated to a severe degree during the contamination: Recent eye surgery, heart problems, panic disorder or stress, respiratory disorder, emphysema (loss of elasticity/thinning of lung tissues), bronchial asthma, x-ray evidence of pneumoconiosis (black lung), evidence of reduced pulmonary (lung) function, chronic obstructive pulmonary disease, coronary (heart) artery disease, cerebral (brain) blood vessel disease, severe or progressive hypertension (high blood pressure), epilepsy, generalized seizures, pernicious anemia (severe reduction in red blood cells), diabetes (any form), pnueumomediastinum gap (air in the sac surrounding lungs), history of skin allergies, or any condition for which the student is presently taking medication.
8. B RTP Student Certification. I certify that I have reviewed the above information and I do ☐ or do not ☐ have any medical restrictions that would prevent me from participating in the basic recruit training program activities outlined in item numbers 6A and 6B above.
9. Student's Printed Name: _____
10. Student's Signature: _____ Date _____
11. To the Examining Physician:

The examination of this applicant is for employment or training as an officer, and shall include a complete physical examination at a level of specificity sufficient to determine whether there is any medical or physiological reason that would prevent the applicant from performing the essential functions for employment or training as an officer for the discipline indicated in number 5 above. Disabilities, impairment, or limitations identified by the examination, which would prevent the applicant from performing the essential functions for the officer position, should be reported to the employing agency.

12. Physician's Attestation:
 - ☐ I hereby attest that I have examined the above named applicant and find him/her **CAPABLE** of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment and/or training reflected in number 3 and/or 4 above.
 - ☐ I hereby attest that I have examined the above named applicant and find him/her **NOT CAPABLE** of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment and/or training reflected in number 3 and/or 4 above.
13. Pre-existing Conditions: Sections 112.18 and 943.13, F.S., require agency knowledge of the following three pre-existing conditions. However, these outcomes do not statutorily disqualify the applicant from employment.
Please respond to the following "in my professional opinion, this examination":
 - 13a. Did ☐ or did not ☐ reveal evidence of tuberculosis.
 - 13b. Did ☐ or did not ☐ reveal evidence of heart disease.
 - 13c. Did ☐ or did not ☐ reveal evidence of hypertension.

14. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature Printed Name Examination Date
15. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number Licensing State
16. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address

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., and Rule 11B-27.002(1)(d), F.A.C., and/or with the Basic Recruit Training Program entrance requirements of Rule 11B-35.001(14)(b), F.A.C.

GENERAL INSTRUCTIONS

- The physical examination must be performed by a physician licensed under Chapters 458 or 459, F.S., a certified advanced registered nurse practitioner, or a physician assistant.
- 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** for each new employment or appointment of an officer and may ~~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. The physical examination shall not be completed more than one year prior to the officer's date of employment or appointment and a CJSTC-75 form completed for one employing agency may not be used by any other employing agency. If the examination is for employment only, sections 6 – 10 are not required.
- This form, indicating that an applicant is capable of participating in a Basic Recruit Training Program (B RTP), **is required if the applicant is entering a B RTP** and must be completed prior to entrance into a B RTP. The completed form must be maintained in the B RTP course file.
- If an applicant is entering a Basic Recruit Training Program and gaining employment with a criminal justice agency at the same time, a single CJSTC-75 form may be completed for the employing agency and for the training center. The original CJSTC-75 form should reside at the employing agency with a copy being provided to the training center.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

1. **Applicant's Name:** Enter the applicant's full legal name.
2. **Last Four Digits of the Social Security Number:** Enter the last four digits of the applicant's social security number.
3. **Hiring Agency:** Enter the hiring agency's name (if applicable).
4. **Training Center:** Enter the training center's name (if applicable).
5. **Request for Employment and/or Training as an officer:** Place a check mark in the box for the discipline in which the applicant is being employed or completing training.
6. **Student Participation in Basic Recruit Training Program Activities. Defensive Tactics (includes chemical agent contamination), Firearms, and Physical Fitness Conditioning and Physical Fitness Testing:** High-liability training in defensive tactics, firearms, and chemical agent contamination is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission and participation in the activities is a requirement for successfully completing a B RTP. **There is no pass or fail at this time.** The test results for each of the five required tests will be recorded on the Academy Physical Fitness Standards Report, form CJSTC-67A as "I" if the student did not perform the test component or "D" if the student was dismissed from the basic recruit training program.
 - A. **Defensive Tactics and Firearms Training.** Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).
 - B. **Physical Fitness Conditioning and Physical Fitness Testing.** The Physical Fitness Test includes the following measures and are defined as follows:
 - **Vertical Jump.** This measures leg power by measuring how high a person jumps.
 - **One Minute Sit Ups.** This measures abdominal, or trunk, muscular endurance. While lying on his or her back, the student will be given one minute to do as many bent-leg sit ups as possible.
 - **300 Meter Run.** This measures anaerobic power, or the ability to make an intense burst of effort for a short time period or distance. This component consists of sprinting 300 meters as fast as possible.
 - **Maximum Push Ups.** This measures the muscular endurance of the upper body. This component consists of doing as many push-ups as possible until muscular failure. Males are required to perform the standard push-up and females have the option to perform the standard or modified push-up.
 - **1.5 Mile Run/Walk.** This measures aerobic power or cardiovascular endurance (stamina over time). To complete this component, the student runs or walks a distance of 1.5 miles as fast as possible.
 - C. **A physical fitness conditioning program developed by the training school shall be attached to form CJSTC-75 prior to the student's examination by a physician, certified advanced registered nurse practitioner, or the physician assistant.**
7. **Medical Conditions Regarding Chemical Agent Contamination.** The student shall review the listed medical conditions and list other conditions that may restrict him or her from participating in Chemical Agent Contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).
8. **Basic Recruit Training Program Activities Certification.** The student shall check the appropriate box to indicate if he or she **does or does not** have a medical condition that would restrict participation in the B RTP activities indicated in item numbers 6A and 6B of this form.

9. **Student's Printed Name.** The student shall print his or her first name, last name, and middle initial.
10. **Student's Signature and Date.** The student shall provide a signature and date to verify the information provided by the student is true and correct.
11. **Examining Physician:** The examining physician shall examine the applicant for any medical or physiological reasons that would prevent the applicant from entry into a B RTP or as an officer for employment purposes, pursuant to the attached job duties and/or physical conditioning program.
12. **Physician's Attestation:** 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 participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer discipline for which the officer/applicant is seeking training and/or employment.
13. **Pre-existing Conditions:** The physician, certified advanced registered nurse practitioner, or physician assistant shall mark the appropriate box for each pre-existing condition attesting that the examination of the applicant **Did or Did Not** reveal evidence of the pre-existing conditions listed. These outcomes are not disqualifying for employment.
14. **Signature:** The physician, certified advanced registered nurse, or physician assistant shall sign and print his or her name and enter the examination date.
15. **License Number:** Enter the physician, certified advanced registered nurse practitioner, or physician assistant's license number and licensing state.
16. **Professional Address:** Enter the physician, certified advanced registered nurse, or physician assistant's professional address.