

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 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:

Last Name

First

Middle

Address: _____

Address

City

County State Zip

Home Phone

Work Phone

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 |
|------|---------------|------------------|----------------|
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4. Date and Place of Birth:

_____ Date of Birth City County State Country if not United States

5. Are you a United States Citizen? Yes No

If you are naturalized please provide: _____
 Date 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 No. _____

EDUCATION / TRAINING

9.

| High School Name/Address | Dates Attended Mo./Yr. | | Years Completed | Did You Graduate? | Type of Diploma |
|--------------------------|------------------------|----|-----------------|-------------------|-----------------|
| | From | To | | | |
| | | | | | |
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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 To | | | | |
| Name | | | Full Time ___ Part Time | | |
| Address | | | | | |
| City, State, Zip | | | | | |
| Area Code & Phone Number | | | | | |
| Name | | | _ _ Full Time ___ Part Time | | |
| Address | | | | | |
| City, State, Zip | | | | | |
| Area Code & Phone Number | | | | | |
| Name | | | ___ Full Time ___ Part Time | | |
| Address | | | | | |
| City, State, Zip | | | | | |
| Area Code & Phone Number | | | | | |
| Name | | | ___ Full Time ___ 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:

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.

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 |
|------|----------------------|--------|---------------|-------------|
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| Date | Place and Department | Charge | Court & Place | Disposition |
|------|----------------------|--------|---------------|-------------|
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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 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:

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:

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: _____

37. Date and type of discharge:

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:

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

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 |
|--------|---------|--------|
| | | |
| | | |
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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 |
|----------|---------|
| | |
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| | |

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 beverages? Yes No If yes, in what quantities _____

56. Any illegal use of a controlled substance (indicate type and last date used)
- _____ Marijuana _____ (DATE)
 _____ Cocaine _____ (DATE)
 _____ Opiates _____ (DATE)
- Other _____ (DATE)
 _____ NONE