

APPLICATION INSTRUCTIONS

This application must be either typed or printed in legible form. **Applications which are not legible will be considered unacceptable and given no further consideration.** All required documents must accompany your **completed, notarized** application. Return the application and attachments to the Clay County Sheriff's Office, Post Office Box 548, 901 N. Orange Avenue, Green Cove Springs, FL 32043.

At such time that an opening becomes available in which you are qualified, you may be contacted for a personal interview.

Answer all questions. If they do not apply, place a N/A by the number.

1. Provide NAMES, COMPLETE MAILING ADDRESSES **INCLUDING ZIP CODES**, AND TELEPHONE NUMBERS of former employees, date of employment and your job title.
2. References should be long time friends but not neighbors, supervisors or co-workers.

Please attach copies of the following documents to your completed application.

- Birth Certificate
- Driver's License and Social Security Card
- Florida High School Diploma or State Equivalency (GED) ****If you have an equivalency diploma from ANY state other than, Florida you MUST provide a copy of your transcript.**
- Police Standards Certification, if applying for a Law Enforcement or Corrections Position. ****If you are an out of state officer, Military Police Officer or Federal Officer who has requested exemptions from Florida Basic Recruit Training Programs, you MUST provide an equivalency of training.**
- Basic Recruit Exam scores, if certification date is after June 30, 1993.
- BAT test results, if attended academy after January 1, 2002.
- Form DD214, if you are former military. Also complete "Request Pertaining to Military Records" form (located at end of application.)
- College Degree (sealed transcript must be supplied)
- Documents showing legal changes of name from **birth to present** (example: marriage license, divorce papers, adoption papers, etc.)
- Appropriate "Application Disqualifiers" form – Sworn or Civilian (located at end of application)

Contact Human Resources regarding any change in application such as: residency, phone number of employment (permanent or part-time), name changes, military status, etc.

You are hereby informed that a thorough background investigation, including information as to your character, general reputation, personal characteristics and mode of living will be part of your processing. This information is solely for the purpose of evaluating your qualifications for employment within this agency. The submission of this application carries the understanding that you are authorizing this agency to contact any and all available sources for the purpose of obtaining information as to your qualifications.

The Clay County Sheriff's Office is an Equal Opportunity Employer



CLAY COUNTY SHERIFF'S OFFICE

Sheriff Rick Beseler

POST OFFICE BOX 548

GREEN COVE SPRINGS, FLORIDA 32043-0548

(904) 284-7575 (904) 264-6512 (352) 473-7211

FAX (904) 284-0710

NOTICE TO PERSONS REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS

The Clay County Sheriff's Office collects the Social Security Number of persons who:

- (1) Apply for employment or are employed by this agency;
- (2) Apply to qualify with a firearm pursuant to HR 218, the Nationwide Concealed Carry Act for Retired Law Enforcement Officers;
- (3) Apply to volunteer with this agency; and
- (4) Are arrested by this agency.

Social Security Numbers are collected by the Clay County Sheriff's Office for the following reasons, which are imperative for the performance of duties and responsibilities prescribed by law:

- (1) To verify identity;
- (2) To conduct employment background investigations;
- (3) To properly pay an employee and to credit the withholding of income taxes, social security and medicare taxes, retirement and other items pursuant to State and Federal law; and
- (4) To determine criminal history and to verify warrants, and/or capias.

Integrity * Fairness * Caring * Teamwork

CLAY COUNTY SHERIFF'S OFFICE
CLAY COUNTY, FLORIDA

APPLICATION FOR EMPLOYMENT



HUMAN RESOURCES SECTION
P. O. BOX 548
GREEN COVE SPRINGS, FLORIDA 32043-0548
(904) 213-6040

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

APPLICATION NUMBER: _____

Application for Employment
Clay County Sheriff's Office
Clay County, Florida

PERSONAL DATA

Date: _____

1. Position Sought: _____

2. Social Security: _____ 3. Name: _____

(Last, First, Middle)

4. Residence Address: _____

(Street)

(Mailing Address)

(City, State, Zip Code)

(Area Code and Phone Number)

(Cell Number)

5. Date of Birth: _____ 6. Place of Birth: _____
(Mo.) (Day) (Year) (City and State)

7. U. S. Citizen: Yes No 8. Naturalized? Yes No
(If yes, provide the certificate number of your naturalization papers)

9. Have you any relatives working for the Clay County Sheriff's Office Yes No
If yes, Name: _____ Relationship: _____

10. Have you ever worked for or applied to the Clay County Sheriff's Office before? Yes No
If yes, Please give the year and position applied for: _____

11. Have you ever applied to any other law enforcement agency? Yes No
If yes, list name of agency and date of application: _____

*** If you apply to any other law enforcement agency after having turned in this application, please notify this agency**

12. Are you now on any eligibility lists? Yes No
If yes, list the name(s) of the agency: _____

13. Have you had any law enforcement training by any local, state or federal agency? Yes No
Did you receive a certificate for this training? Yes No If yes, the date? _____
In what state? _____ Type of certificate: _____

ARREST HISTORY / COURT DATA

14. Have you ever been convicted of a felony or misdemeanor? Yes No
If yes, Please explain (Dates, Places, Agency involved)

15. Have you ever been arrested, received a notice or summons to appear, charged, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged?
If yes, Please explain: Yes No

16. Have you ever been detained questioned, interviewed or in anyway been contacted by a law enforcement agency for any reason (including investigative purposes)? (list name of agency and Reason for contact) Yes No
Please explain: _____

17. Have you ever been a respondent in an injunction for protection, domestic violence injunction or a restraining order? Yes No
Please explain: _____

18. Have you ever been a plaintiff or defendant in a court action? Yes No
Please explain: _____

U. S. MILITARY RECORD

19. Draft Status: _____ Reserve Status: _____ National Guard Status: _____
Selective Service Number: _____ (www.sss.gov to verify)

20. Active Service From: _____ To: _____ Branch: _____
Highest Rank: _____ Type of Discharge: _____
Date of Discharge: _____ Military Specialization and Duties: _____

21. I, _____, **have never served in the U. S. Armed Forces.**

Signature

Date

MOTOR VEHICLE OPERATOR RECORD

22. Do you possess a valid Drivers License? Yes No

Drivers License Type: Chauffeurs Operators _____
Number State

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, driver license(s) number and approximate dates license(s) was/were held. _____

Have you ever had a Drivers License Suspended or Revoked? Yes No

If Yes, Explain below: **LIST THE STATE AND DETAILS**

If Yes, was your license ever restored? Yes No

23. Have you ever received a traffic citation (other than parking)? Yes No

If Yes, list below the (1) City, (2) County, (3) State, (4) Name of Agency issuing the citation, (5) Date, (6) Charges and (7) Final Disposition. **COMPLETE INFORMATION MUST BE SUPPLIED.**

INTERNET INFORMATION

Do you now have or have you ever had an account with Myspace.com, Facebook, Blog or any other similar website under your name or any fictitious name? Yes No

If yes, please provide all information

REFERRAL INFORMATION

The Clay County Sheriff's Office rewards all full-time employees for their recruitment efforts. If you were recruited by an existing employee, please list their name below. This will allow us to track your progress and reward them accordingly.

Referred by: _____

PUBLIC RECORD

Applications for employment with a Government Agency are, except for “Personal Information,” a matter of public record and are not subject to confidentiality.

Examination questions and answers are not public record; but the applicant has the right to review his/her application and any completed exams that he/she has taken.

The Clay County Sheriff’s Office determination of the qualifications of an applicant for employment is final. NO employees of the Sheriff’s Office are required to render an opinion or explanation beyond what is contained in the public record.

I understand that misrepresentation is sufficient cause for rejection of employment or dismissal.

Signature _____ Date _____

EMPLOYMENT HISTORY

May we contact your present employer? Yes No

Begin with your most recent employer and list all (back to high school or 25 years, whichever applies) previous employers (INCLUDING TEMPORARY, VOLUNTEER WORK, PART-TIME AND ANY PERIOD OF UNEMPLOYMENT). YOU MUST PROVIDE COMPLETE ADDRESSES AND PHONE NUMBERS.

| | | | | | |
|---------------------------------------|------|---------------------------------|------|---------------------------|-----------|
| 1. Employer: _____ | | Dates of Employment From: _____ | | To: _____ | |
| | | Month | Year | Month | Year |
| Address: _____ | | | | | |
| Street | City | State | Zip | Area Code/Phone Number | |
| Position Held: _____ | | Type of Business: _____ | | | |
| Supervisor: _____ | | | | | |
| Reason for Leaving: _____ | | | | SALARY OR EARNINGS | |
| Description of Duties: _____ _____ | | | | Starting | Per _____ |
| | | | | Ending | Per _____ |

| | | | | | |
|---------------------------------------|------|---------------------------------|------|---------------------------|-----------|
| 2. Employer: _____ | | Dates of Employment From: _____ | | To: _____ | |
| | | Month | Year | Month | Year |
| Address: _____ | | | | | |
| Street | City | State | Zip | Area Code/Phone Number | |
| Position Held: _____ | | Type of Business: _____ | | | |
| Supervisor: _____ | | | | | |
| Reason for Leaving: _____ | | | | SALARY OR EARNINGS | |
| Description of Duties: _____ _____ | | | | Starting | Per _____ |
| | | | | Ending | Per _____ |

| | | | | | |
|---------------------------------------|------|---------------------------------|------|---------------------------|-----------|
| 3. Employer: _____ | | Dates of Employment From: _____ | | To: _____ | |
| | | Month | Year | Month | Year |
| Address: _____ | | | | | |
| Street | City | State | Zip | Area Code/Phone Number | |
| Position Held: _____ | | Type of Business: _____ | | | |
| Supervisor: _____ | | | | | |
| Reason for Leaving: _____ | | | | SALARY OR EARNINGS | |
| Description of Duties: _____ _____ | | | | Starting | Per _____ |
| | | | | Ending | Per _____ |

4. Employer: _____ Dates of Employment From: _____ To: _____
Month Year Month Year

Address: _____
Street City State Zip Area Code/Phone Number

Position Held: _____ Type of Business: _____

Supervisor: _____

| | |
|------------------------------|---------------------------|
| Reason for Leaving: _____ | SALARY OR EARNINGS |
| Description of Duties: _____ | |
| _____ | |
| | Starting _____ Per _____ |
| | Ending _____ Per _____ |

5. Employer: _____ Dates of Employment From: _____ To: _____
Month Year Month Year

Address: _____
Street City State Zip Area Code/Phone Number

Position Held: _____ Type of Business: _____

Supervisor: _____

| | |
|------------------------------|---------------------------|
| Reason for Leaving: _____ | SALARY OR EARNINGS |
| Description of Duties: _____ | |
| _____ | |
| | Starting _____ Per _____ |
| | Ending _____ Per _____ |

6. Employer: _____ Dates of Employment From: _____ To: _____
Month Year Month Year

Address: _____
Street City State Zip Area Code/Phone Number

Position Held: _____ Type of Business: _____

Supervisor: _____

| | |
|------------------------------|---------------------------|
| Reason for Leaving: _____ | SALARY OR EARNINGS |
| Description of Duties: _____ | |
| _____ | |
| | Starting _____ Per _____ |
| | Ending _____ Per _____ |

7. Employer: _____ Dates of Employment From: _____ To: _____
Month Year Month Year

Address: _____
Street City State Zip Area Code/Phone Number

Position Held: _____ Type of Business: _____

Supervisor: _____

| | |
|------------------------------|---------------------------|
| Reason for Leaving: _____ | SALARY OR EARNINGS |
| Description of Duties: _____ | |
| _____ | |
| | Starting _____ Per _____ |
| | Ending _____ Per _____ |

8. Employer: _____ Dates of Employment From: _____ To: _____
Month Year Month Year

Address: _____
Street City State Zip Area Code/Phone Number

Position Held: _____ Type of Business: _____

Supervisor: _____

Reason for Leaving: _____

Description of Duties: _____

| SALARY OR EARNINGS | |
|--------------------|-----------|
| Starting _____ | Per _____ |
| Ending _____ | Per _____ |

9. Employer: _____ Dates of Employment From: _____ To: _____
Month Year Month Year

Address: _____
Street City State Zip Area Code/Phone Number

Position Held: _____ Type of Business: _____

Supervisor: _____

Reason for Leaving: _____

Description of Duties: _____

| SALARY OR EARNINGS | |
|--------------------|-----------|
| Starting _____ | Per _____ |
| Ending _____ | Per _____ |

10. Employer: _____ Dates of Employment From: _____ To: _____
Month Year Month Year

Address: _____
Street City State Zip Area Code/Phone Number

Position Held: _____ Type of Business: _____

Supervisor: _____

Reason for Leaving: _____

Description of Duties: _____

| SALARY OR EARNINGS | |
|--------------------|-----------|
| Starting _____ | Per _____ |
| Ending _____ | Per _____ |

11. Employer: _____ Dates of Employment From: _____ To: _____
Month Year Month Year

Address: _____
Street City State Zip Area Code/Phone Number

Position Held: _____ Type of Business: _____

Supervisor: _____

Reason for Leaving: _____

Description of Duties: _____

| SALARY OR EARNINGS | |
|--------------------|-----------|
| Starting _____ | Per _____ |
| Ending _____ | Per _____ |

EDUCATIONAL RECORD

| HIGH SCHOOL (LAST) | DATES ATTENDED | DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--------------------|-------------------|---|
| NAME | FROM | If NO, do you have a general education diploma (G.E.D.) or a high school equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No State: _____ Year: _____ |
| | MO _____ YR _____ | |
| CITY | TO | |
| STATE | MO _____ YR _____ | |

| COLLEGE | DATES ATTENDED | COURSE OF STUDY _____ |
|---------|-------------------|---|
| NAME | FROM | DEGREE: <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, How many credits did you complete? |
| | MO _____ YR _____ | |
| CITY | TO | |
| STATE | MO _____ YR _____ | |

| COLLEGE (POST GRADUATE) | DATES ATTENDED | COURSE OF STUDY _____ |
|-------------------------|-------------------|---|
| NAME | FROM | DEGREE: <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, How many credits did you complete? |
| | MO _____ YR _____ | |
| CITY | TO | |
| STATE | MO _____ YR _____ | |

| ACADEMY/TRADE/TECHNICAL/ BUSINESS | DATES ATTENDED | COURSE OF STUDY _____ |
|--------------------------------------|-------------------|--|
| NAME | FROM | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe the training you received: |
| | MO _____ YR _____ | |
| CITY | TO | |
| STATE | MO _____ YR _____ | |

| OTHER SIGNIFICANT TRAINING | DATES ATTENDED | COURSE OF STUDY _____ |
|----------------------------|-------------------|-----------------------|
| NAME | FROM | Explain in detail: |
| | MO _____ YR _____ | |
| CITY | TO | |
| STATE | MO _____ YR _____ | |

| HONORS AND AWARDS | PROFESSIONAL SOCIETY AFFILIATION |
|-------------------|----------------------------------|
| | |
| | |

REFERENCES

LIST AT LEAST FOUR (4) REFERENCES, OTHER THAN FAMILY MEMBERS, GIVING COMPLETE INFORMATION ON EACH REFERENCE. REFERENCES SHOULD BE LONG TIME FRIENDS. DO NOT INCLUDE FAMILY MEMBERS, NEIGHBORS, SUPERVISORS OR CO-WORKERS AS

REFERENCES.

1. Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
2. Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
3. Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
4. Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

EXPLANATION AND CONTINUATION SHEET (If Needed)



**AUTHORITY FOR RELEASE
OF INFORMATION
(Background Investigation Waiver)**



**CJSTC
58**

Incorporated by Reference in Rule 11B-27.0022(2)(b), F.A.C.

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: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: _____

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, 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 _____

AFFIDAVIT

STATE OF _____

COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his or 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_____. Personally Known _____ -or -

Produced Identification _____ Notary Public: _____

Type of identification produced:

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

Original – Employing Agency

Revised 11/8/2007

RELEASE OF INFORMATION AUTHORITY

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to furnish the Clay County Sheriff's Office any and all information that you may have, in the areas listed below. Please include all records and reports (including all information of a confidential or privileged nature), and Photostats of same, if requested. This information is being used in conjunction with an official investigation. Consent is granted for the Clay County Sheriff's Office to furnish to third parties, if requested.

I hereby release you, your organization or others (individually and collectively) from any liability or damage which may result from furnishing the information requested by the Clay County Sheriff's Office. I further release the Clay County Sheriff's Office and all it's agents or employees, 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 to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

INITIAL the specified areas below:

- _____ Criminal History
- _____ Credit History
- _____ Education History
- _____ Employment History
- _____ Medical History (including physical, mental and laboratory records)
- _____ Military History
- _____ ALL OF THE ABOVE

PRINTED NAME: _____

SIGNATURE: _____

ADDRESS: _____

TELEPHONE: _____

HOME

WORK

Acknowledged before me this _____ Day of _____, 20 _____, who is personally known to me or who produced _____ as identification and who did (did not) take an oath.

Printed Name of Notary Public

Signature of Notary Public

NOTARY STAMP



CLAY COUNTY SHERIFF'S OFFICE

Sheriff Rick Beseler

POST OFFICE BOX 548

GREEN COVE SPRINGS, FLORIDA 32043-0548

(904) 284-7575 (904) 264-6512 (352) 473-7211

FAX (904) 284-0710

Application Disqualifiers – Sworn Applicants

Driving

- 3 moving violations within the past 24 months.
- Any driver's license suspensions / revocations in the last 5 years. (Suspensions for financial responsibility and failure to pay will be evaluated on a case-by-case basis).

Drug Use

- Any illegal drug use in the last 5 year prior to the date of application.
- Any sale or delivery of any illegal drug / controlled substance, after the age of 17 (up to the 18th birthday).

Criminal Convictions / Arrest

- Have been convicted of ANY felony or of a misdemeanor involving perjury or a false statement. Any person who, after July 1, 1981, pleads guilty or Nolo Contendere to or is found guilty of any felony or of a misdemeanor involving perjury or false statement, regardless of suspension of sentence or withholding adjudication will not have their application processed. (FSS 943.13 (4)).
- Any convictions for DUI within the last 5 years or any DUI convictions while employed as a law enforcement / or corrections officer (including military police).
- Any domestic violence convictions or pleas pursuant to 18 U.S.C. 922 (g) (9).
- Any arrests within the past 5 years.

Military

- Any discharge other than honorable or uncharacterized from any of the Armed Forces of the United States.

Other

- If the applicant has been notified of deficiencies regarding the application and has not complied with request.

Statement of Understanding

I, _____, have read the above-listed disqualifiers as a part of the application process with the Clay County Sheriff's Office. I acknowledge that I am qualified to apply with the Clay County Sheriff's Office. Further, should one of these disqualifiers be disclosed during the background investigation / selection process, I understand that my application process will be terminated immediately.

Signature

Date

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CLAY COUNTY SHERIFF'S OFFICE

Sheriff Rick Beseler

POST OFFICE BOX 548

GREEN COVE SPRINGS, FLORIDA 32043-0548

(904) 284-7575 (904) 264-6512 (352) 473-7211

FAX (904) 284-0710

Application Disqualifiers – Civilian Applicants

Driving

- 3 moving violations within the past 24 months.
- Any driver's license suspensions / revocations in the last 3 years. (Suspensions for financial responsibility and failure to pay will be evaluated on a case-by-case basis).

Drug Use

- Any illegal drug use in the last 3 year prior to the date of application.
- Any sale or delivery of any illegal drug / controlled substance, after the age of 17 (up to the 18th birthday).

Criminal Convictions / Arrest

- Have been convicted of ANY felony or of a misdemeanor involving perjury or a false statement. Any person who, after July 1, 1981, pleads guilty or Nolo Contendere to or is found guilty of any felony or of a misdemeanor involving perjury or false statement, regardless of suspension of sentence or withholding adjudication will not have their application processed. (FSS 943.13 (4)).
- Any convictions for DUI within the last 3 years.
- Any domestic violence convictions or pleas pursuant to 18 U.S.C. 922 (g) (9).
- Any arrests within the past 3 years.

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- Any discharge other than honorable or uncharacterized from any of the Armed Forces of the United States.

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Signature

Date

Integrity * Fairness * Caring * Teamwork

REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

| | | | |
|---|------------------------|------------------|-------------------|
| 1. NAME USED DURING SERVICE (last, first, and middle) | 2. SOCIAL SECURITY NO. | 3. DATE OF BIRTH | 4. PLACE OF BIRTH |
|---|------------------------|------------------|-------------------|

5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.) SERVICE NUMBER

| BRANCH OF SERVICE | DATES OF SERVICE | | CHECK ONE | | DURING THIS PERIOD (If unknown, write "unknown") |
|--------------------|------------------|---------------|-----------|----------|---|
| | DATE ENTERED | DATE RELEASED | OFFICER | ENLISTED | |
| a. ACTIVE SERVICE | | | | | |
| | | | | | |
| b. RESERVE SERVICE | | | | | |
| | | | | | |
| c. NATIONAL GUARD | | | | | |
| | | | | | |

| | |
|---|--|
| 6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES _____ | 7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES |
|---|--|

SECTION II — INFORMATION AND/OR DOCUMENTS REQUESTED

1. **REPORT OF SEPARATION** (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

An **UNDELETED** Report of Separation is requested for the year(s) _____

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

A **DELETED** Report of Separation is requested for the year(s) _____

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

2. **OTHER INFORMATION AND/OR DOCUMENTS REQUESTED** Confirmation of entry and release date(s).
Documents relating to any legal discrepancies, rank reduction, disciplinary problems or reprimands, duty station, temporary assignments/deployments, evaluations, and training.

3. **PURPOSE** (Optional — An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) Background investigation for employment.

SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER IS:**

Military service member or veteran identified in Section I, above Legal guardian (must submit copy of court appointment)

Next of kin of deceased veteran _____ (relation) Other (specify) Clay County Sheriff's Office

2. **SEND INFORMATION/DOCUMENTS TO:**
 (Please print or type. See item 3 on accompanying instructions)

Clay County Sheriff's Office

Name _____

Post Office Box 548

Street _____

Green Cove Springs, Florida 32043

City _____ State _____ Zip Code _____

3. **AUTHORIZATION SIGNATURE REQUIRED** (See item 2 on accompanying instructions) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Signature (Please do not print) _____

(904) 213-6042

Date of this request _____ Daytime phone _____

Email address _____

** This form is available at <http://www.archives.gov/research/order/standard-form-180pdf> on the National Archives and Records Administration (NARA) web site.**