

Human Resource Dept.

Post Office Box 548

Green Cove Springs, FL 324043

Web Site: [www.claysheriff.com](http://www.claysheriff.com)

Apply: apply@claysheriff.com

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clay County Sheriff’s Office**

**EMPLOYMENT**

**APPLICATION**

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| **Equal Opportunity Employer** |

The Clay County Sheriff’s Office is an Equal Opportunity Employer and a Drug Free Workplace. We consider applicants for all position without regard to race, color, national origin, gender, age, disability, marital status, religion, or any other legally protected status.

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| **General Instructions** |

* Age requirements:18+ years for civilian position; 19+ years for detention position; 21+ years for law enforcement position
* Incomplete applications will not be considered
* Application must be legible and signed or it will not be considered
* In accordance with Florida Statute 119, all information is subject to the public records law, unless determined exempt or confidential by statute.

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| **Position Applying For** | | | | | | | |
| \_\_\_\_\_Law Enforcement Officer**\*** \_\_\_\_\_Communications  \_\_\_\_\_Detention Officer**\*** \_\_\_\_\_ Technology (computers)  \_\_\_\_\_LEO Reserve (unpaid) \_\_\_\_\_ Logistics (facilities & vehicles)  \_\_\_\_\_Public Service Aide \_\_\_\_\_ Accounting  \_\_\_\_\_Crossing Guard \_\_\_\_\_ General office/clerical  Other? Please explain: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***\*Must be Florida certified*.** | | | | | | | |
| **Applicant Information** | | | | | | | |
| Last Name | | | First Name | | | Middle Name | |
| Street Address/Mailing Address | | | | | | | |
| City/County/State/Zip | | | | | | | |
| Telephone | | | | Cellular | E-Mail | | |
| Are you a U.S. citizen or authorized to work in the United States? | | | | | | Yes | No |
| Have you ever worked for or applied for a position with the Clay County Sheriff’s Office?  If yes, what position and when? | | | | | | Yes | No |
| Do you have any relatives working for the Clay County Sheriff’s Office?  If yes, name and relationship | | | | | | Yes | No |
| Have you ever been convicted of a felony or misdemeanor  If yes, please explain | | | | | | Yes | No |
| Are you registered for Selective Service?  If yes, please provide your Selective Service number. | | | | | | Yes | No |
| Have you ever been a respondent in an injunction for protection, domestic violence injunction, or a restraining order? If yes, please explain and list the name of the agency and the date.  Explain here: | | | | | | Yes | No |
| Have you ever been a plaintiff or defendant in a civil court action? If yes, please explain and list the name of the agency and the date:  Explain here: | | | | | | Yes | No |
| Are you currently involved in any pending litigation? If so, please list the case number and county.  Information here: | | | | | | Yes | No |
| Do you now have or have you ever had social media accounts under your name or any fictitious name? If yes, please provide all the information.  Information here: | | | | | | Yes | No |
| If employed, may we contact your current employer? | | | | | | Yes | No |
| **Education (from high school to highest level)** | | | | | | | |
| School Name | | | Address/City/State/Zip/County | | | Diploma/Degree | |
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| **Other Skills/Training** | | | | | | | |
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| **Employment History (from most recent – past 10 years)** | | | | | | | |
| ***Employer No. 1*** | | | | Job Title | Dates Employed | | |
| Address/City/State/Zip | | | | | | | |
| Contact Person | | | | Telephone No. | E-Mail Address | | |
| ***Employer No. 2*** | | | | Job Title | Dates Employed | | |
| Address/City/State/Zip | | | | | | | |
| Contact Person | | | | Telephone No. | E-Mail Address | | |
| ***Employer No. 3*** | | | | Job Title | Dates Employed | | |
| Address/City/State/Zip | | | | | | | |
| Contact Person | | | | Telephone No. | E-Mail Address | | |
| ***Employer No. 4*** | | | | Job Title | Dates Employed | | |
| Address/City/State/Zip | | | | | | | |
| Contact Person | | | | Telephone No. | E-Mail Address | | |
| ***Employer No. 5*** | | | | Job Title | Dates Employed | | |
| Address/City/State/Zip | | | | | | | |
| Contact Person | | | | Telephone No. | E-Mail Address | | |
| **Residency –List present address then previous addresses for the past 7 years** | | | | | | | |
| Dates  Month/Year | | Address/City/State/Zip/County | | | | | |
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If applicable, please indicate who referred you at the Clay County Sheriff’s Office and your relationship to his/her.

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**MUST BE SIGNED AND DATE TO BE CONSIDERED.**

I certify that all answers given on this employment application are true and complete to the best of my knowledge and that any misrepresentation or omission are sufficient causes for immediate termination of employment by the employer without incurring any liability or obligation. I also give my permission for the sheriff’s office to conduct a thorough background screening on me. I hereby acknowledge that I have read and understand this statement.

Signature of the Applicant Date

**A RESUME MUST BE SUBMITTED WITH THE APPLICATION TO BE CONSIDERED.**

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| **New Employee Self-Identification Form – You Are Not Required to Provide this Information** |

Federal laws and regulations require us to report on our workforce by race, gender, and veteran status and to offer the opportunity for self-identification as to disabilities. Please assist us by completing this form. Data which you provide shall be kept strictly confidential, except that: 1) supervisors and managers may be informed regarding restrictions on the work or duties of disabled individuals and/or disabled veterans, 2) first aid and safety personnel may be informed, to the extent appropriate, if the condition might require emergency treatment, and 3) governmental officials reviewing the organization’s compliance status shall be informed.

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Initial:

**Gender:** **Please place a check next to the appropriate category.**

\_\_\_ MALE \_\_\_ FEMALE

**Race/Ethnicity: Please check one.**

\_\_\_ Hispanic or Latino \_\_\_ White (Not Hispanic or Latino)

\_\_\_ Black or African American (Not Hispanic or Latino) \_\_\_ Asian (Not Hispanic or Latino)

\_\_\_ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

\_\_\_ American Indian or Alaska Native (Not Hispanic or Latino) \_\_\_ Two or More Races (Not Hispanic or Latino)

**Veteran Status: Check all that apply.**

\_\_\_ I am a disabled veteran.\*

\_\_\_ I am a recently separated veteran. Date of discharge (MM/DD/YY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ I served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

\_\_\_ I participated in a United States military operation for which an Armed Forces Service Medal was awarded, while serving on active duty in the Armed Forces, pursuant to Executive Order No. 12985 (61 Fed. Reg. 1209).

**Disability**

\_\_\_ I am an individual with a disability.\*

**SELF-IDENTIFICATION FORM DEFINITIONS**

1. \*The term "Disabled Veteran" means:

A. A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to

compensation) under laws administered by the Department of Veterans Affairs for a disability, or

B. A person who was discharged or released from active duty because of a service-connected disability.

2. The term "Recently Separated Veteran" applies to any veteran during the three-year period beginning on the date of discharge or release from active duty.

3. \*An “individual with a disability” means any person who: 1) has a physical or mental impairment which substantially limits one or more of such person’s major life activities, 2) has a record of such impairment, 3) is regarded as having such impairment

EMPLOYMENT APPLICATION INSTRUCTIONS

**\*A RESUME MUST ACCOMPANY THE APPLICATION FOR YOU TO BE CONSIDERED\***

**General:**

1. Must be typed or printed legibly in black ink.
2. Incomplete applications will not be considered. If question does not apply, note N/A.
3. Please attach copies of the following documents if you are applying for a sworn law enforcement officer or a certified detention officer position.

* Police Standards Certificate
* 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 ***MUS***T provide an equivalency of training. (CJSTC 76 + CJSTC 76A Forms)
* Basic Recruit Examination scores, if certification date is after June 30, 1993

**Applications Disqualifiers – Civilian Applicants**

* If the position will involve driving a Clay County Sheriff’s Office vehicle, three moving violations within the past 24 months, any driver license suspension/revocation within the last three years, and/or any convictions for a DUI within the last three years.
* Prior to the date of the application, any illegal drug use in the last three years.
* Any sale or delivery of an illegal drug/controlled substance as an adult (18 years of age).
* Any discharge other than honorable or uncharacterized from the military.

**Application Disqualifiers - Sworn Applicants**

* ***Domestic Violence*** – any convictions
* ***Driving*** – three (3) moving violations in the past 24 months, or any suspension/revocation in the last five (5) years

Suspensions for financial responsibility and failure to pay will be evaluated on a case-by-case basis.

* ***DUI Convictions*** - has pled guilty or nolo contendere or been found guilty of the criminal offense of DUI within the last five (5) years while employed as a law enforcement officer, corrections officer, or military policeman
* ***Military*** – any discharge other than honorable, general under honorable conditions, and uncharacterized
* ***Perjury or False Statements*** – not have been convicted of any felony or of a misdemeanor that involves perjury or a false statement
* ***Perjury or False Statements*** – not have pled guilty or nolo contendere after July 1, 1981, to any felony or of a misdemeanor that involves perjury or a false statement, whether or not adjudication was withheld or sentence suspended.
* ***Tattoos*** – not permitted above the collarbone (i.e., neck, face, or behind the ear) or below the wrist (i.e, hands and fingers); visible tattoos determined to be inappropriate or offensive must be covered while at work
* ***Unlawful Drug Activity*** – any illegal drug use three (3) years prior to the date of the application or any sale or delivery of an illegal drug/controlled substances as an adult (18+ years old).

**Items that may be required in Conjunction with Pre-Offer of Employment**

* Birth certificate
* Social security card
* Driver’s license
* Diploma and sealed transcripts from highest level of education
* Documentation supporting legal name change (if applicable)
* Drug Screening – 7 panel
* Fingerprinting
* Form DD214 for all periods served in the military
* Physical assessment
* Polygraph assessment
* Vocational assessment