



## Clay County Sheriff's Office

# EMPLOYMENT APPLICATION

Personnel Division  
Post Office Box 548  
Green Cove Springs, FL 32043  
Website: [www.claysheriff.com](http://www.claysheriff.com)  
Apply: [apply@claysheriff.com](mailto:apply@claysheriff.com)

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

### 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.

### 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; resume must be included with the application
- 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.

### Sworn Officer

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 **MUST** provide an equivalency of training. (CJSTC 76 + CJSTC 76A Forms)
- Basic Recruit Examination scores, if certification date is after June 30, 1993

### Disqualifiers for 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, general under honorable conditions, or uncharacterized from the military.

### Disqualifiers for Sworn Applicants

- **Domestic Violence** – any conviction
- **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** – conviction of any felony or of a misdemeanor that involved 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**

- Copy of birth certificate
- Copy of social security card
- Copy of driver's license
- Copy of diploma and sealed transcripts from highest level of education
- Documentation supporting legal name change (if applicable)
- Drug screening – 7 panel
- Fingerprinting
- Copy of Form DD214 for all periods served in the military
- Physical assessment
- Polygraph assessment
- Vocational assessment

<b>Position Applying For</b>			
<input type="checkbox"/> <b>Law Enforcement Officer*</b> <input type="checkbox"/> <b>Detention Officer*</b> <input type="checkbox"/> <b>LEO Reserve (unpaid)*</b> <input type="checkbox"/> Public Service Aide <input type="checkbox"/> Crossing Guard	<input type="checkbox"/> Communications <input type="checkbox"/> Technology (computers) <input type="checkbox"/> Logistics (facilities & vehicles) <input type="checkbox"/> Accounting <input type="checkbox"/> General office/clerical		
Please specify position: _____			
<b>*Must be Florida certified.</b>			
<b>Applicant Information</b>			
Last Name	First Name	Middle Name	
Street Address/Mailing Address			
City/County/State/Zip			
Telephone	Cellular	E-Mail	
Social Security Number		Birthdate (month, date, and year)	
Are you a citizen of the United States or authorized to work here?			Yes
Have you ever worked for or applied for a position with the Clay County Sheriff's Office? If yes, what position and when?			No
			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 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
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 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

## Other Skills/Training

## 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

Reason for Leaving

**Employer No. 2**

Job Title

Dates Employed

Address/City/State/Zip

Contact Person

Telephone No.

E-Mail Address

Reason for Leaving

**Employer No. 3**

Job Title

Dates Employed

Address/City/State/Zip

Contact Person

Telephone No.

E-Mail Address

Reason for Leaving

**Employer No. 4**

Job Title

Dates Employed

Address/City/State/Zip

Contact Person

Telephone No.

E-Mail Address

Reason for Leaving

<b>Employer No. 5</b>	Job Title	Dates Employed
Address/City/State/Zip		
Contact Person	Telephone No.	E-Mail Address
Reason for Leaving		

**Residency – List present address then previous addresses for the past 7 years**

Dates Month/Year		Address/City/State/Zip/County

If applicable, please indicate who referred you at the Clay County Sheriff's Office and your relationship to his/her.

**MUST BE SIGNED AND DATED 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 falsification of this information is grounds for refusal to hire, or if hired, immediate dismissal. 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

## 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.

**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.

**Clay County Sheriff's Office – Release of Information Form**

**TO WHOM IT MAY CONCERN:**

I, \_\_\_\_\_, 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 and/or privileged nature), and copies of same, 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 its 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 specific areas below:

- \_\_\_\_\_ Social Security No.
- \_\_\_\_\_ Driver's License No.
- \_\_\_\_\_ Criminal History
- \_\_\_\_\_ Credit History
- \_\_\_\_\_ Driving History (requires a copy of your driver's license)
- \_\_\_\_\_ Education History
- \_\_\_\_\_ Medical History (including physical, mental and laboratory records)
- \_\_\_\_\_ Military History (requires a copy of your DD214 forms(s))
- \_\_\_\_\_ All the above

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
(Home/Cell) (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**