



***Nassau County Sheriff's Office***

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**Sheriff Bill Leeper**

# **Law Enforcement/ Corrections**

# **Employment Application Package**

**The Nassau County Sheriff's Office is an  
Equal Opportunity Employer and a  
Drug Free Workplace**

77151 Citizens Circle, Yulee, FL 32097  
*Human Resources*

[HUMANRESOURCES@NASSAUSO.COM](mailto:HUMANRESOURCES@NASSAUSO.COM)

[www.nassauso.com](http://www.nassauso.com)

# **EMPLOYMENT INFORMATION**

## **PLEASE READ BEFORE PROCEEDING**

### **REQUIREMENTS**

- Must be 19 years or older
- Be a high school graduate or equivalent
- Must possess effective oral and written English communications skills
- Must be a U.S. citizen or permanent resident alien who has applied for citizenship
- Must possess a valid driver's license
- Must have been discharged from the Armed Forces with an **Honorable Discharge**. (If an applicant receives a **General discharge under honorable conditions**, the discharge and re-enlistment code will be investigated before continuing the hiring process.)
- Must be certified by the State of Florida in Law Enforcement or Corrections; or be able to obtain Florida State certification.
- Uncertified Law Enforcement and Corrections Officer applicants must have received a **PASSING** score on the Criminal Justice Basic Abilities Test (CJBAT) within the last 4 years
- Certificate (if certified) must be in good standing with the Florida Department of Law Enforcement (FDLE)
- Must have a good moral character
- Must be willing and able to work shifts, holidays and weekends
- No visible tattoos above the collarbone (neck, face or behind the ear) or below the wrist (hands, fingers, etc.)

### **APPLICATION DISQUALIFIERS**

**You are subject to be asked questions about the following during the polygraph.**

#### **Drug Use Disqualifiers**

- Use of any illegal / controlled cannabinoid substance such as marijuana, hashish, etc. within the **last two (2) years** from the date of the application will disqualify an applicant. Applicants who have a pattern of illegal drug use to include **marijuana** as defined in FSS 893.03 will be disqualified.
- Use of any narcotic or controlled substance, such as synthetic marijuana, PCP, methaqualone, cocaine, steroids, LSD, heroin, a designer drug, illegal non-prescription steroids, or any drug similar in nature in the **last five (5) years** will disqualify an applicant.
- Any use of a prescription drug within the **last two (2) years** that was not prescribed for an applicant will be evaluated by an **administrative** staff review. The review will consist of who the drug was obtained from, the frequency of use, the type of drug and its intended purpose.

### Criminal Arrests and Convictions

- Conviction of any felony or misdemeanor involving perjury or a false statement **ever**.
- Any felony driving conviction **ever**.
- Convictions involving moral character, perjury, or false statements as outlined in the Florida Statutes **ever**.
- Any convictions for DUI within the **last five (5) years** or **any DUI convictions while employed as a law enforcement officer, including military police**.
- The sale of illegal drugs or drug trafficking **ever**.
- Any domestic violence convictions or pleas pursuant to Florida State Statute Chapter 741 within the **last five (5) years from date of conviction**.
- Any arrest for vice activity - **ever**.

### 5 Year Driving History Disqualifiers (from the final day of case disposition)

- Leaving the scene of accident (criminal).
- Driver's license suspension for points
- Driver's license suspension for refusal to submit to chemical breath test
- **Four (4)** moving traffic violations
- **Two (2)** moving violations resulting from at-fault traffic crash incidents
- Driver's license suspension resulting from delinquent child support
- Driver's license suspension for worthless checks
- Habitual traffic offender
- Fleeing and attempting to elude police with arrest and conviction
- Willful wanton reckless driving

### Possible Disqualifiers with Administrative Review

- The background and criminal activities of relatives and/or close associates of the applicant may be a basis for disqualification of the applicant if it appears that such relationships may affect the applicant's abilities to perform the duties of a law enforcement officer. (Staff Review)
- An applicant's work history or work ethics which demonstrate job instability, an unwillingness to work shifts, weekends, holidays or overtime emergencies; a work history pattern which reflects excessive tardiness, absenteeism, or an unwillingness to get along with co-workers or supervisors
- An applicant must be in good physical condition and capable of performing the functions of a Law Enforcement or Corrections Officer (Job descriptions available upon request)
- Applicants with U.S. Military experience must have been discharged from the Armed Forces with an **Honorable Discharge**. If an applicant receives a General discharge under honorable conditions, the discharge and re-enlistment code will be investigated and may be a disqualification.
- **Nondisclosure of arrest history on application (JUVENILE OR ADULT)**
- **The NCSO reserves the right to review any disqualifiers from any applicant.**



## SHERIFF'S OFFICE HIRING PROCESS

The time for processing an applicant greatly varies and is determined by the current need for employees. Any false or undisclosed information in any part of the application process will result in automatic suspension of your application.

If you have not been contacted within twelve months of submitting an application, it will be necessary for you to reapply.

### **Employment with the Nassau County Sheriff's Office is an At-Will basis.**

1. Submit a completed job application along with the **Application Tracking Information Sheet** and all required documents (see below) to the Human Resources Department. The Nassau County Sheriff's Office located at 77151 Citizens Circle, Yulee, FL 32097 Monday through Friday 8 am to 5 pm excluding Holidays.

Required documents (copies):

_____ Driver's license	_____ Social Security Card*
_____ High School Diploma / GED	_____ College Degree (if applicable)
_____ Birth Certificate	_____ DD214 (if applicable)
_____ FDLE State Certification (if applicable)	_____ CJBAT Test Results** (Uncertified applicants Only)

\*The Nassau County Sheriff's Office collects social security numbers for various purposes. All social security numbers collected by the Sheriff's Office are confidential and exempt from Florida's public records act. Pursuant to section 119.071(5) (a), Florida Statutes, a public agency in Florida may request a social security number from an individual only when it is specifically authorized by law to do so, or when the collection is imperative for the performance of that agency's duties and responsibilities as prescribed by law. These numbers may be disclosed to another law enforcement agency or governmental entity if disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities.

\*\*Applicants for Law Enforcement or Correctional Officer positions that are NOT State Certified must take the Criminal Justice Basic Abilities Test at their own expense and submit a PASSING score sheet with the application. See [www.nassauso.com/human-resources/](http://www.nassauso.com/human-resources/) for information on where to take the test.

### **Incomplete applications will NOT be considered.**

2. If applicants have met the basic qualifications and a vacancy exists, the application process is as follows:
  - Chosen by the Sheriff or designee to begin processing
  - Reference letters will be mailed to listed references
  - Extensive background investigation conducted
  - Polygraph Examination (refusal of polygraph will result in withdrawal of application)
  - Oral Board interview conducted
  - Drug Screen, Physical Exam, Psychological Exam and Fingerprints
  - Completed processed package submitted to Sheriff for review
  - Applicant notified of Sheriff's decision

## **PAY AND BENEFITS**

### **Pay Schedule:**

All employees are paid on a bi-weekly basis – 26 paychecks per year.

### **FDLE – Training and Education Incentive Pay:**

Salary incentive funding available depending on education approved by FDLE.

### **Paid Holidays:**

Members working approved holidays will be compensated at their hourly rate for all time worked on an approved holiday in addition to their regular pay.

### **Overtime:**

Members working approved overtime will be compensated at a rate of one and a half times their regular hourly rate in additional pay or have compensatory leave time placed on the books at one and a half times the time that they worked.

### **Paid Time Off:**

Paid time off (PTO) leave is earned at a rate of sixteen (16) hours monthly.

### **Insurance:**

A variety of medical insurance plans are offered for employee and family coverages. Dental, Vision, Term Life and other insurance options are also available at a group rate to the employee.

### **Retirement:**

The Nassau County Sheriff's Office enrolls all employees in the Florida Retirement System (FRS). The employee contributes three (3) percent of their gross pay to the plan. The employee will select participation in either the pension plan or investment plan during initial enrollment period set by the FRS.

If you have questions regarding any of the information listed above, please contact the Nassau County Sheriff's Office Human Resources Department at 904-548-4012 or [HUMANRESOURCES@NASSAUSO.COM](mailto:HUMANRESOURCES@NASSAUSO.COM).

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and a Drug Free Workplace.*

# NASSAU COUNTY SHERIFF'S OFFICE

## APPLICATION TRACKING INFORMATION SHEET

**This information is obtained for background investigation purposes only**

Date \_\_\_\_\_

Please PRINT legibly in Blue or Black ink only

Select Law Enforcement \_\_\_\_\_

Corrections \_\_\_\_\_

Bailiff \_\_\_\_\_

Reserve Law Enforcement \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address:

Circle All Diplomas and Degrees Held: GED HS AA AS BA BS M PhD

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

Relatives that work at the NCSO: \_\_\_\_\_

Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_ Currently in Military: Yes \_\_\_\_\_ No \_\_\_\_\_

Date Certification Training Began (if applicable): \_\_\_\_\_

Training Center Attended \_\_\_\_\_

Hours Completed \_\_\_\_\_ Passed State Exam: Yes \_\_\_\_\_ No \_\_\_\_\_

Date Certification Attained \_\_\_\_\_

Currently employed as a Law Enforcement / Correctional Officer: Yes \_\_\_\_\_ No \_\_\_\_\_

Date Last Employed as a Police or Correctional Officer \_\_\_\_\_

Referred by \_\_\_\_\_

Additional Information / Comments: Please attach a separate page

Revised 06/2021

NASSAU COUNTY SHERIFF'S OFFICE

# LAW ENFORCEMENT/CORRECTIONS EMPLOYMENT APPLICATION FORM

The Sheriff's Office is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

**NOTICE:** The following additional documents must be attached to this application:

1. A certified copy of birth certificate.
2. A certified copy of high school diploma or Florida Police Standards approved G.E.D
3. A copy of military discharge(s).

**NASSAU** \_\_\_\_\_

COUNTY

DATE: \_\_\_\_\_

POSITION APPLYING FOR:

- Deputy Sheriff  
 Correctional Officer

- Court Bailiff - Certified  
Reserve Deputy

## INSTRUCTIONS

Application must be **typewritten by computer keyboard or printed legibly in ink**. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach the sheets of the same size to this application, and number answers to correspond with questions.

I understand that the submission of this application for sponsorship to a law enforcement academy does not constitute an application for employment or appointment with the sponsor-law enforcement agency. Moreover, I understand this law enforcement agency is under no obligation to sponsor me as a candidate for any law enforcement training program.

## PERSONAL HISTORY

1. Full Name:

Last Name

First

Middle

Abb.

2. Other: List all other names you have used including circumstances and time periods you used them. (For example: maiden name, former name(s), alias(es), or nickname(s).)

Name	Circumstance	Dates From Mo./Yr.	Dates To Mo./Yr.



## BACKGROUND INFORMATION

**THIS INFORMATION IS REQUIRED TO CONDUCT BACKGROUND INVESTIGATION ONLY!**

1. Date and Place of Birth:

|
|
|
|
|

Date of Birth
City
County
State
Country (if not the United States)

2. Are you a United States citizen?     Yes     No

If naturalized, please provide:

Date
Place

Court
Naturalization No.

3. Marital Status:     Married     Divorced     Separated     Widowed     Never Married

4. Do you have or have you ever applied for a passport?     Yes     No    Passport No. \_\_\_\_\_

5. Height: \_\_\_\_\_    Weight: \_\_\_\_\_

## EDUCATION/TRAINING

1.	High School Name/Address	Dates Attended Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
		From	To			

2.	*College/University Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
		From	To	Qtr.	Sem.		

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

Major \_\_\_\_\_    Minor \_\_\_\_\_

3. Other Schools (Trade, Vocational, Business or Military):

Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificat
	From	To				



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

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5. Indicate any foreign languages you can

Speak:

Read:

Write:

Fluent	Good	Fair

6. Indicate any law enforcement education/training:

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7. Did you receive a certificate for this training?  Yes  No Certificate Number \_\_\_\_\_

8. Has your law enforcement certificate ever been suspended, revoked, relinquished or subject to discipline or investigation by the CJST?  Yes  No If yes, explain.

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

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10. 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)

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11. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms, computers.)

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

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13. Would you be willing to be transferred to a K-9 unit, if necessary?  Yes  No  
 (I understand that there is a lesser rate of pay for non-duty time devoted to the care and maintenance of the animal.)

### EMPLOYMENT HISTORY

1. List chronologically **ALL** employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	Dates Worked Mo./Yr.		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	From	To				
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						

2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held?  Yes  No

3. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?  Yes  No If yes to question #2 or #3, please provide details.

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4. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer?  Yes  No If yes, please provide name of agency and date of application or service.

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5. 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.

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**RESIDENCES**

1. Actual places of residence for past 10 years – list chronologically all addresses, including residences while at school and in the U.S. military. For college on campus residences, give dormitory name, city and state. If residences while in the military cannot be shown as street address, indicate a complete military unit designation and location by city and state. If post office box, give location of post office. If Rented, provide Property Owner/Manager information.

Dates Mo./Yr.		Apt. No.	Street Address	City	County	State
From	To					



## ARREST & COURT DATA

Pursuant to Section 943.0585(6), Florida Statutes, a candidate for employment with a criminal justice agency may NOT lawfully deny or fail to acknowledge the arrests covered by an expunged record.

1. Have you ever been arrested, charged or received a notice or summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged?  Yes  No
2. Have you ever received or been charged with a traffic violation resulting from a traffic crash (exclude parking tickets)?  Yes  No
3. To your knowledge, has any member of your immediate family ever been arrested for other than traffic violations?  Yes  No If yes to question #1, #2 or #3, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (Include your juvenile record and records of your arrest(s) which have been sealed, if any.)

Date	Place & Department	Charge	Court & Place	Disposition
Relative's Name	Place & Department	Charge	Court & Place	Disposition

Provide details for each response to question #1, #2, or #3:

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4. Have you or your spouse ever been a plaintiff or defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.)  Yes  No If you answered yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition.

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5. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation?  Yes  No

6. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)?  Yes  No If yes to questions #5 or #6, please provide details.

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## DRIVING HISTORY

1. Are you a licensed Florida automobile operator or chauffeur?  Yes  No License No.: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

2. 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 dates license(s) was/were held.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. 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 revoked.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever had automobile insurance refused, withdrawn, or revoked?  Yes  No If yes, please provide complete details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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 currently attend drills, meetings, or camps:

\_\_\_\_\_  
\_\_\_\_\_

6. 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: \_\_\_\_\_

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 veteran with a service-connected disability who was honorably discharged and who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense.

2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.

3. A veteran of any war as defined in section 1.01(14), Florida Statutes, who has served at least one (1) day during a war time period.

4. The unmarried widow or widower of a veteran who died of a service-connected disability.

**NOTE:** Under Florida law, preference in appointment shall be given first to those persons included in #1 and #2 above, and second to those persons included in #3 and #4 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, FL 33778-1630.

### BUSINESS INTERESTS & LICENSES

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing with the sale or distribution of alcoholic beverages?  Yes  No

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

3. Was license ever cancelled, relinquished, suspended or revoked?  Yes  No

If yes to question #1, #2 or #3, 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

1. Do you have any sources of income other than your salary or the salary of your spouse?  Yes  No  
Specify each with an estimated annual amount.

2. 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	Amount	Loan or Account Number

3. Have you, 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, or been subject to a tax lien?  Yes  No If yes to any of these questions, please provide details.

## ORGANIZATION MEMBERSHIP

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

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

2. 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
3. Have you ever made a financial or other material contribution to any organization of the type described in question #2 above?  Yes  No If yes to question #2 or #3, answer questions #4 and #5 also.
4. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?  Yes  No
5. Did you intend to promote any unlawful aims of the organization?  Yes  No If yes to question #2, #3, #4, or #5, explain including name of organization and location.

## PERSONAL REFERENCES & ACQUAINTANCES

1. Personal References: Give three (3) references (not relatives) 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: _____
<small>(Last, First, Middle)</small>		City, _____
Yrs. Acq.	Occupation	State & Zip: _____
		Home/Cell Phone: _____
		Email Address: _____
Complete Name		Home Address: _____
<small>(Last, First, Middle)</small>		City, _____
Yrs. Acq.	Occupation	State & Zip: _____
		Home/Cell Phone _____
		Email Address: _____
Complete Name		Home Address: _____
<small>(Last, First, Middle)</small>		City, _____
Yrs. Acq.	Occupation	State & Zip: _____
		Home/Cell Phone: _____
		Email Address: _____

2. Social Acquaintances: Give three (3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years. **NO RELATIVES**

Complete Name		Home Address: _____
<small>(Last, First, Middle)</small>		City, _____
Yrs. Acq.	Occupation	State & Zip: _____
		Home/Cell Phone: _____
		Email Address: _____
Complete Name		Home Address: _____
<small>(Last, First, Middle)</small>		City, _____
Yrs. Acq.	Occupation	State & Zip: _____
		Home/Cell Phone: _____
		Email Address: _____
Complete Name		Home Address: _____
<small>(Last, First, Middle)</small>		City, _____
Yrs. Acq.	Occupation	State & Zip: _____
		Home/Cell Phone: _____
		Email Address: _____

## EMPLOYEE HISTORY

**THE INFORMATION CONTAINED HEREIN MAY BE CONFIDENTIAL  
AND NOT AVAILABLE FOR PUBLIC INSPECTION.**

**1. Applicant's Current Address:**

Address			
City	County	State	Zip Code
(      )	E-Mail		
Telephone Number			

**2. Applicant's Social Security Number:** \_\_\_\_\_

**3. Spouse's Name and Address (if different):**

Name			
Address			
City	County	State	Zip Code

**4. Children's Names and Ages:**

Name	Date of Birth	Address (if different than applicants)

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

Name			
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



8. Please provide name and address of next of kin or other person to be contacted in case of an emergency:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_

Business Phone \_\_\_\_\_

**DRUG HISTORY**

The information contained herein **MAY BE** a confidential medical record under the Americans with Disabilities Act if the applicant is a rehabilitated drug or alcohol abuser or under section 119.071(4)(b) whether the medical information, if disclosed, would identify the applicant. Applicants are reminded to be truthful as you will be polygraphed referenced to drug use.

1. Do you currently use any narcotic or controlled substance, such as cannabinoids, marijuana, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature, or have you used such a narcotic or controlled substance within the last year?  Yes  No
  
2. Have you ever illegally experimented with or used any narcotic or controlled substance such as, but not limited to: cannabinoids, marijuana, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature?  Yes  No If yes, please complete the following:
  - a. Drug: \_\_\_\_\_
  - b. How taken: \_\_\_\_\_
  - c. Last time illegally experimented with or used: \_\_\_\_\_
  
3. Do you now or have you ever illegally obtained, possessed, supplied, or sold any narcotic or controlled substance such as, *but not limited to:* cannabinoids, marijuana, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature?  Yes  No If yes, please complete the following:
  - a. Drug: \_\_\_\_\_
  - b. Circumstances: \_\_\_\_\_
  - c. Number of times illegally obtained/possessed/supplied/sold: \_\_\_\_\_
  - d. First time illegally obtained/possessed/supplied/sold: \_\_\_\_\_
  - e. Last time illegally obtained/possessed/supplied/sold: \_\_\_\_\_

4. Do you currently or have you within the last two (2) years, abused or illegally obtained, possessed or sold any prescription drug?  Yes  No If yes, provide details, including drug, date, and circumstances.

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5. Do you claim to be a rehabilitated alcohol, narcotics or drug user of any of the controlled substances as set forth above?  Yes  No If yes, provide details.

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I understand that the "Applicants Certification" applies in all respects to the responses provided in this "Confidential Employee History" and "Drug History."

\_\_\_\_\_  
Signature of the applicant as usually written

\_\_\_\_\_  
Date

Witnessed by:

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## 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 polygraph examination concerning the veracity of my responses to the information requested on this application or which is discovered as a result 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 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 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 Sheriff's Office.

I further authorize the Sheriff's Office or agent of the 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 further agree to execute any authorization as may be required by the Health Insurance Portability Accountability Act of 1996 (HIPAA) for health care providers to release the necessary medical information to process my application for employment.

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 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 Sheriff's Office.

I agree to conform to the rules, regulations and orders of the Sheriff's Office and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me.

I understand a complete and thorough background investigation will be conducted on all phases of 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 reflect unfavorably on your reputation, morals, character or ability?  Yes  No If yes, provide your comments below and explain fully any such incident.

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\_\_\_\_\_  
Signature of the applicant as usually written

\_\_\_\_\_  
Date

Witnessed by:

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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 58**

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: NASSAU COUNTY SHERIFF'S OFFICE

ADDRESS: 77151 CITIZENS CIRCLE, YULEE, FL 32097

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:

NASSAU COUNTY SHERIFF'S OFFICE 77151 CITIZENS CIRCLE, YULEE, FL 32097

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 \_\_\_\_\_ COUNTY OF \_\_\_\_\_

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 \_\_\_\_\_





Florida Department of Law Enforcement

AFFIDAVIT OF APPLICANT

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



CJSTC 68

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: \_\_\_\_\_ Last First MI

Employing agency: NASSAU 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... 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... shall not be eligible for employment... Have been fingerprinted... Have passed a physical examination... Be of good moral character... Have not received a dishonorable discharge...

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

1. I completed my employment application... 2. I provided documentation of proof of my qualifications... 3. I meet the qualifications as specified above... 4. I had a criminal record sealed or expunged... 5. I am under investigation by a local, state, or federal agency... 6. I separated or resigned from a previous criminal justice employment... 7. I am currently serving in good standing in the U.S. Military... 8. I previously served in the U.S. Military... 9. I received a dishonorable discharge from my previous U.S. Military service... 10. I am currently certified as a Florida criminal justice officer... 11. I authorize the employing agency listed above to apply for my certification...

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.

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.

12. Applicant's Signature 13. Date Signed

14. OATH

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

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

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

# Nassau County Sheriff's Office

## APPLICANT NOTIFICATION AND ACKNOWLEDGEMENT

*This form shall be completed and signed by every applicant for background screening purposes. It is recommended that a copy of the signed acknowledgement be securely retained in the applicant's personnel file for the duration of their employment with the agency.*

I hereby authorize the Nassau County Sheriff's Office to process a set of my fingerprints for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me to determine eligibility for employment or licensure.

I understand the following:

- My fingerprints will be retained at the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI) for the purpose of providing notice of any subsequent modifications to my criminal history record.
- A copy of any national criminal history record that may pertain to me can be obtained directly from the FBI.
- I am entitled to challenge the accuracy and completeness of any information contained in any such criminal history record pursuant to F.S. 943.056 and Title 28, CFR, Section 16.30-34.
- I am entitled, within a reasonable amount of time, to a determination as to the validity of my challenge before a final decision is made regarding my status as an employee, volunteer, contractor, or subcontractor if it is the sole factor precluding my employment or unescorted access to the secure facility.

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

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

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

Date of Birth: \_\_\_\_\_