

BREVARD COUNTY SHERIFF'S OFFICE

Background Investigation Application

INSTRUCTIONS

DO NOT leave any areas blank. Résumés may **NOT SUBSTITUTE** for any information requested on this application.

Position you are applying for: Deputy Sheriff Corrections Deputy Public Service Aide Civilian

PERSONAL INFORMATION

- - Social Security Number <small>YOUR SOCIAL SECURITY NUMBER IS REQUESTED FOR THE SOLE PURPOSE OF EMPLOYMENT BACKGROUND INVESTIGATIONS AND ADMINISTERING EMPLOYMENT BENEFITS.</small>	_____ Date of Birth (MM/DD/YYYY)	_____ Place of Birth (City, State)
--	-------------------------------------	---------------------------------------

_____ Last Name	_____ First Name	_____ Middle Name
--------------------	---------------------	----------------------

_____ Home Phone	_____ Work Phone	_____ Extension	_____ Cell Phone/Other	_____ E-mail address
---------------------	---------------------	--------------------	---------------------------	-------------------------

_____ Residence Address	_____ Apt Number	_____ Apt Complex Name
----------------------------	---------------------	---------------------------

_____ City	_____ County	_____ State	_____ Zip
---------------	-----------------	----------------	--------------

Mailing Address

_____ City	_____ County	_____ State	_____ Zip
---------------	-----------------	----------------	--------------

List names, ages, and occupation of individuals residing at your home of residence

LAST	FIRST	AGE	OCCUPATION

Do you wish to claim Veterans' Preference under Florida Statute Chapter 295? YES NO

U.S. Citizen? YES NO

Have you EVER applied for employment or been employed with the Brevard County Sheriff's Office? YES NO

If YES, please supply dates and position title: _____

Have you ever used any other name? YES NO If YES, please list those names here:

_____ Last Name	_____ First Name	_____ Middle Name
--------------------	---------------------	----------------------

_____ Last Name	_____ First Name	_____ Middle Name
--------------------	---------------------	----------------------

_____ Last Name	_____ First Name	_____ Middle Name
--------------------	---------------------	----------------------

EDUCATION/TRAINING

Are you a high school graduate? YES NO GED

_____ Date of Graduation

_____ High School Name

_____ City

_____ State

Colleges/Universities Attended

Check here if not applicable

College/University	_____	City	_____	State	_____
To (mm/yy)	_____	Total Credit Hours _____			
From (mm/yy)	_____	Field of Study			
Type of Degree Earned	_____				
Date of Degree (mm/yy)	_____				
College/University	_____	City	_____	State	_____
To (mm/yy)	_____	Total Credit Hours _____			
From (mm/yy)	_____	Field of Study			
Type of Degree Earned	_____				
Date of Degree (mm/yy)	_____				
College/University	_____	City	_____	State	_____
To (mm/yy)	_____	Total Credit Hours _____			
From (mm/yy)	_____	Field of Study			
Type of Degree Earned	_____				
Date of Degree (mm/yy)	_____				

Academy, Business, Trade or Other Schools Attended

Check here if not applicable

Academy/School Name	_____	City	_____	State	_____
To (mm/yy)	_____	Total Class Hours _____			
From (mm/yy)	_____	Field of Study			
Type of Certificate Earned	_____				
Date of Graduation (mm/yy)	_____				
Academy/School Name	_____	City	_____	State	_____
To (mm/yy)	_____	Total Class Hours _____			
From (mm/yy)	_____	Field of Study			
Type of Certificate Earned	_____				
Date of Graduation (mm/yy)	_____				

Current Professional Licenses or Certifications

Check here if not applicable

Type of License/Certification	_____	State	_____
Date Issued (mm/yy)	_____	Issuing Agency	
Expiration (mm/yy)	_____		
Type of License/Certification	_____	State	_____
Date Issued (mm/yy)	_____	Issuing Agency	
Expiration (mm/yy)	_____		

Other Languages Spoken

Check here if not applicable

List Other Languages Spoken	_____
-----------------------------	-------

EMPLOYMENT HISTORY

You must complete the Employment History section of this application. List your most recent employer first. Include voluntary unpaid work experience as well as military service, if any, and any period of unemployment. If you held more than one position with the same employer, list each position separately. Also, list any business which you own, are a partner, or corporate officer in the work history section. **YOU MUST ACCOUNT FOR ALL PERIODS OF EMPLOYMENT AND UNEMPLOYMENT.**

May we contact your present employer? YES NO

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Yearly Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	
Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Yearly Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	
Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Yearly Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	

EMPLOYMENT HISTORY (Continued)

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Yearly Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	
Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Yearly Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	
Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Yearly Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	

EMPLOYMENT HISTORY (Continued)

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Yearly Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	
Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Yearly Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	
Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Yearly Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	

EMPLOYMENT HISTORY (Continued)

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Yearly Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	
Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Yearly Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	
Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Yearly Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	

EMPLOYMENT HISTORY (Continued)

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Yearly Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	
Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Yearly Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	
Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Yearly Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	

EMPLOYMENT HISTORY (Continued)

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Yearly Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	
Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Yearly Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	
Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Yearly Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	

EMPLOYMENT HISTORY (Continued)

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Yearly Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	
Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Yearly Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	
Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Yearly Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	

CONTROLLED SUBSTANCES

Drug testing is required for this position. All applicants must complete a drug questionnaire when applying for a position. This is part of the application process and must be completed before the application will be reviewed. Failure to complete this section will result in disqualification of your application. Prior drug usage is not necessarily a disqualifier; however, failure to disclose prior usage will result in disqualification. Applicants who are found, through investigation or personal admission, to have experimented with illegal drugs, except those medically prescribed, will not be considered for employment with the Brevard County Sheriff's Office.

Do you NOW, or have you EVER tried, purchased or sold any illegal drugs or controlled substances ("Tried" includes smoking; inhaling; swallowing; placing/rubbing on gums, lips, or tongue; injecting; or ingesting by any other means as a juvenile or as an adult.) YES NO

If you answered YES, list details below.

Name of Drug or Controlled Substance	Tried	Purchased	Sold	First Time (mm/yy)	Last Time (mm/yy)
Marijuana/"Pot"	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Cocaine/"Crack"	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Steroids	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Ecstasy	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Methamphetamine/"Meth"	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
LSD/"Acid"	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Heroin	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Synthetic Drug (Bath Salts, K2)	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Other: Name Drug _____	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		

CRIMINAL HISTORY

CHARGES When applying for a position with a law enforcement agency, Florida law requires that **ALL** arrests and charges be disclosed, regardless of the disposition. These include, but are not limited to 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 which have been sealed, if any.)

Have you **EVER** committed or been involved in any undetected crime of any type? YES NO

Have you **EVER** been arrested by **ANY** law enforcement agency for **ANY** reason? This includes arrests or detentions [held for questioning] as a juvenile or for violations which were not prosecuted or where some type of pre-trial intervention was offered, and includes all arrests regardless of your plea. YES NO

Have you **EVER** been convicted of, or have you **EVER** been found to have committed any civil or criminal law violation? YES NO

Have you **EVER** had a criminal charge or record sealed, expunged or purged? YES NO

IF YES, LIST ALL CRIMINAL AND CIVIL LAW VIOLATIONS. INCLUDE DISPOSITIONS (Copies of all court dispositions must be submitted with application.) Be sure to include charges from all states, regardless of the outcome or timeframe. **Attach additional pages if necessary.**

Charge		Date (mm/yy)
Arresting Agency		
Disposition or Outcome		Date (mm/yy)
Charge		Date (mm/yy)
Arresting Agency		
Disposition or Outcome		Date (mm/yy)

ADDITIONAL PERSONAL INFORMATION

1. Have you ever been a member of any group or organization which advocates violence, racism, or illegal activities? YES NO
2. Have you ever transported an illegal substance? If yes, explain below. YES NO
3. Are any members of your family or relatives (by blood or marriage) employed by Brevard County Sheriff's Office? If yes, indicate below their name(s), position and relationship YES NO
4. Do you have any visible body ornamentation? This includes tattoos, brands, intentional body/tongue piercing (not including the normal piercing of the earlobe for earrings) or mutilation and dental ornamentation. If yes, describe in detail below. YES NO

Space for detailed answers. Indicate item number to which answers apply.

Item No	

APPLICANT CHECKLIST

Please note that you will have to provide the documents listed below at conditional offer of employment.

- | | |
|--|--|
| <input type="checkbox"/> Valid Florida Driver's License
<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Birth Certificate issued by State Vital Records (not hospital)
<input type="checkbox"/> High School Diploma or GED
<input type="checkbox"/> College degree; college transcripts if no degree (if applicable)
<input type="checkbox"/> Proof of legal name change | <input type="checkbox"/> DD214/military discharge character of service and re-enlistment code
<input type="checkbox"/> Court Disposition Papers (if applicable)
<input type="checkbox"/> Certificate of Completion from Training Academy (if applicable)
<input type="checkbox"/> State of Florida Certificate of Compliance (if applicable)
<input type="checkbox"/> F.D.L.E. Examination Results (if applicable)
<input type="checkbox"/> Criminal Justice Basic Abilities Test Results (if applicable) |
|--|--|

APPLICANT CHECKLIST

The Brevard County Sheriff's Office is authorized to verify any or all of the information contained on the application form. A false answer to any question(s) in this application may be grounds for non-selection or for termination after you begin work. All statements are subject to investigation, including a check of your training and experience statements. All information you give will be considered in reviewing your application. Your application may be subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes.

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement, misrepresentation or falsification of facts shall cause forfeiture of all rights to employment with the Brevard County Sheriff's Office. If accepted for employment I agree to abide by and comply with all rules, regulations, and policies and procedures of the Brevard County Sheriff's Office. I understand and agree that I am free to terminate my employment at any time. I further understand and agree that my employer has the right to terminate my employment during my initial probationary period with or without cause. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the rules, regulations, policies and procedures of the Brevard County Sheriff's Office.

Signature

Date