Sheriff Morris A. Young
GADSDEN COUNTY SHERIFF'S OFFICE
339 E. Jefferson St., Quincy, FL 32351
www.gadsdensheriff.com

Dear Applicant (Guardian):

Thank you for your interest in the Chris Hixon, Coach Aaron Feis, and Coach Scott Beigel Guardian Program with the Gadsden County Sheriff's Office. As an applicant, it is your responsibility to complete this application in its entirety and ensure that it is properly signed and notarized before you return it. Faxed copies of your application will not be accepted. If there is a question that does not apply to you, place an N/A in the space provided. **You must be 21years old to participate in this program.**

In addition to the application, you must provide the documentation listed below before your paperwork is processed through Human Resources. This list is to be returned with your application.

- Completed and notarized application _____
- Copy of birth certificate _____
- Documents indicating any name change from birth name _____
- Copy of current driver's license _____
- Copy of Social Security card _____
- Copy of high school diploma or GED _____
- Copy of college degree with transcript and resume (if applicable) _____
- Copy of Conceal Weapons Permit _____
- Copy of Military Discharge - DD214 (if applicable) _____
- I have read and understand page two of this attachment _____

(Initial)

Our agency conducts a level 2 and security background investigation. Under Florida Statute 435.04 we must ensure that no persons who applies is subject to the provisions of this section **have been arrested for and are awaiting final disposition of, have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged** for, any felony offenses. This includes your juvenile record as well. **If this applies to you please do not apply.**

Falsification of your application will automatically disqualify you.

If your application is incomplete it will not be considered or processed for an interview. **It is your responsibility to check off each item on the above list and initial each page of this document to ensure your packet is complete.**

I appreciate your interest in the Gadsden County Sheriff's Office and if you have any questions on this process, please contact our, Human Resources Director at 850-875-8848 or email recruitme@sheriff.gadsdencountyfl.gov.

Sincerely,

Morris A. Young

Sheriff Gadsden County

STATEMENT OF PURPOSE FOR COLLECTION OF SOCIAL SECURITY NUMBER

Social security numbers were originally intended solely for the administration of the Social Security System, but have become widely used for a variety of other purposes, including identity verification. Unfortunately, they have been used as a tool to perpetuate fraud and identity theft.

The Gadsden 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.

The Sheriff's Office collects social security numbers under certain circumstances, including, but not limited to, the following:

1. Employment applications.
2. Arrested individuals.
3. Individuals who are Booked into the jail.
4. Individuals required by law to register with the Sheriff's Office and required to provide social security numbers as identification.
5. Citizen contacts during a consensual field interview.
6. Traffic stops and the deputy needs to verify the identity of the driver and any other individuals present in the vehicle.
7. Traffic citations are issued.

Social security numbers will be used for identity verification and even though providing the social security number is optional, its use is imperative for the Sheriff's Office to fulfill its lawful duties and responsibilities as prescribed by law.

I acknowledge that the Gadsden County Sheriff's Office has provided me with a copy of this written statement.

_____ _____

Printed Name Signature

Date: _____

GADSDEN COUNTY SHERIFF'S OFFICE

CHRIS HIXON, COACH AARON FEIS, & COACH SCOTT BEIGEL GUARDIAN PROGRAM APPLICATION FORM

The Gadsden County 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. [CFA 8.03]

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

1. A certified copy of birth certificate
2. Copy of Drivers license and Social Security Card
3. A certified copy of high school diploma/G.E.D/degree
4. A copy of military discharge(s) DD-214 Form.

If the additional documents are not received this will delay the processing of your application.

DATE: _____ PHONE: _____ EMAIL: _____

☐ New Guardian Applicant ☐ Re-Certifying Guardian Applicant

INSTRUCTIONS

Application must be typewritten 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 sheets of the same size as this application, and number answers to correspond with questions.

If information obtained on your application is falsified you will not be considered for employment.

PERSONAL INFORMATION

1. Full Name: _____
   Last First Middle Abbv.
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	Date 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 ☐ Single

EDUCATION / TRAINING

1.

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

2.

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

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

Major: _____ Minor: _____

3.

Military, Trade, Vocational, Business or Other School Name / Address	Dates Attended Mo. / Yr. From	Dates Attended Mo. / Yr. To	Credit Hours Earned	Area of Study	Did You Graduate?	Type of Diploma / Certificate

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

5. Indicate any foreign languages you can:

	Fluent	Good	Fair
Speak:			
Read:			
Write:			

6. Indicate any law enforcement education / training:

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:

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

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):

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)

12. Have you had any training / education ? ☐ Yes ☐ No If yes, provide details:

RESIDENCES

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

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

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, 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 Address City, State, Zip Area Code & Phone No.				☐ Full ☐ Part-Time		
Name Address City, State, Zip Area Code & Phone No.				☐ Full ☐ Part-Time		
Name Address City, State, Zip Area Code & Phone No.				☐ Full ☐ Part-Time		
Name Address City, State, Zip Area Code & Phone No.				☐ Full ☐ Part-Time		
Name Address City, State, Zip Area Code & Phone No.				☐ Full ☐ Part-Time		

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.

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 agency name and date of application or service:

5. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as current or former employer? ☐ Yes ☐ No

   If yes, please provide name and address of business, corporation or organization and describe your relationship or position.

ARREST HISTORY / COURT DATA

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 a ticket or been charged with a traffic violation (exclude parking tickets)? ☐ Yes ☐ No

If yes to question #1 or #2, 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, expunged record and records of your arrest(s) which have been sealed, if any.)

APPLICANT ARREST INFORMATION				
Date	Place & Department	Charge	Court & Place	Disposition

APPLICANT ARREST INFORMATION (cont.)				
Name	Place & Department	Charge	Court & Place	Disposition

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

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.

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.

DRIVING HISTORY

1. Are you a licensed Florida automobile operator or chauffeur? ☐ Yes ☐ No

   License Number: _____ Expiration Date: _____ 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 attend drills, meeting or camps:

   _____

PERSONAL REFERENCES & ACQUAINTANCES

1. **Personal References:** Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) 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:
	City, State & Zip:
(Last First Middle)	Home Phone:
Years Acq. / Occupation	Business Address:
	City, State & Zip:
	Business Phone:
Complete Name:	Home Address:
	City, State & Zip:
(Last First Middle)	Home Phone:
Years Acq. / Occupation	Business Address:
	City, State & Zip
	Business Phone
Complete Name:	Home Address:
	City, State & Zip:
(Last First Middle)	Home Phone:
Years Acq. / Occupation	Business Address:
	City, State & Zip:
	Business Phone:

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.

Complete Name:	Home Address:
	City, State & Zip:
(Last First Middle)	Home Phone:
Years Acq. / Occupation	Business Address:
	City, State & Zip:
	Business Phone:
Complete Name:	Home Address:
	City, State & Zip:
(Last First Middle)	Home Phone:
Years Acq. / Occupation	Business Address:
	City, State & Zip:
	Business Phone:
Complete Name:	Home Address:
	City, State & Zip:
(Last First Middle)	Home Phone:
Years Acq. / Occupation	Business Address:
	City, State & Zip:
	Business Phone:

4. Do you now or have you within the last year, abused, or illegally obtained, possessed or sold any prescription drug? ☐ 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: _____

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:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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 Date

APPLICANT'S CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a complete background investigation per Florida Statute 435.04. 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 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 understand and agree that any employment or appointment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, that the Sheriff has the absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

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 an investigation will be conducted on all of the information listed on this application.

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself which might tend to reflect unfavorably on your reputation, morals, character or ability? ☐ Yes ☐ No

If yes, please provide your version or explain fully any such incident.

Signature of the applicant _____ Date _____

FDLE
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: Gadsden County Sheriff's Office

ADDRESS: 339 E Jefferson St. Quincy, Florida 32351

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:

Gadsden County Sheriff's Office, 339 E. Jefferson St., Quincy, Fl 32351 Attn.: Human Resources

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 _____