

AFTER COMPLETION RETURN TO:
 GULF COUNTY BOARD OF COUNTY COMMISSIONERS
 HUMAN RESOURCES, RM 309
 1000 CECIL G COSTIN SR., BLVD.
 PORT ST JOE, FL 32456



APPLICATION FOR EMPLOYMENT CORRECTIONAL OFFICER JOB EXPECTATIONS

This page serves to provide applicants a clear understanding of employment expectations and qualifications in order to be considered for employment with the Gulf County Jail. Satisfaction of any or all of these expectations of qualifications does **not** constitute an offer of employment.

Qualifications

All of the following qualifications must be met in order to apply for a sworn position as indicated by FDLE:

- Be at least 19 years of age
- Be a citizen of the United States
- Be of good morale character
- Must have completed a basic training program for corrections approved by the Criminal Justice Standards & Training Commission (Florida Certification)
- Passed the State of Florida certification exam for corrections with a copy of the exam results.

Disqualifications

Any of the following items will be grounds for disqualification for employment:

- Falsification or untruthfulness of the information obtained during the selection process, both written & oral
- Dishonorable discharge from the Armed Forces of the United States
- Any felony conviction
- Any misdemeanor conviction, including pleads of nolo contendere, involving perjury or false statement
- Any misdemeanor conviction within the last 5 years or during employment as an officer including a plead of nolo condendere, involving
 - ❖ Domestic Violence or Battery
 - ❖ Abuse of a child, elderly person, or disabled person
 - ❖ DUI
- Failure to successfully complete the hiring screening process, including background check
- Any drug history deemed by the BOCC to not be in the best interest of the agency
- Any other factor deemed by the BOCC not to be in the best interest of the agency.

Background Information

The following information is intended to be used for background purposes only and will not be used as apart of the selection process.

Full Name _____ Maiden/Alias _____
 City & State of Birth _____ Marital Status _____
 Date of Birth _____ Social Security # _____ Race _____

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APPLICATION FOR EMPLOYMENT CORRECTIONAL OFFICER

INSTRUCTIONS

Although we welcome your resume as an addendum, your resume will not substitute for completion of the application. Applications must be printed legibly in black or blue ink. All questions must be answered; if a question is not applicable, so state by indicating N/A (not applicable). 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.

Applications which are not COMPLETE AND LEGIBLE will not be processed.

Copies of the following documents must be attached to the application before it will be processed:

1. Certified Birth Certificate
2. Social Security Card
3. Driver's License
4. Military DD214 Form / FL National Guard NGB Form 22
5. High School / GED Diploma, College Transcript, College Diploma
6. State Scores and Certification or Medical Licenses

CONTACT INFORMATION

Name _____
Last First Middle (Maiden)

Present Address _____
Street City State Zip

Phone(_____) (_____) (_____) _____
Home Work Cell

Are you a United States citizen? Yes No If naturalized please provide:

Date Place Court Naturalization Number

EDUCATIONAL BACKGROUND

1. List all high schools, trade, vocational, business or military schools and colleges you have attended beginning with the most recent.

School/College Name	From	To	Total Credit Hours	Area of Study (Major)	Degree Earned

2. Indicate any foreign languages you can speak, read, and write: _____
- _____

CRIMINAL HISTORY

1. Have you ever entered a plea of nolo contendere or guilty to, or been convicted of, a misdemeanor or felony crime regardless whether adjudication was withheld or imposed? Yes No
2. If yes, list all such matters including juvenile records and records of your arrests which have been sealed or expunged, if any.

Date	Location	Charge	Final Disposition

DRIVING HISTORY

1. Are you a licensed Florida automobile driver or chauffeur? Yes No
2. License Number _____
 Expiration _____ Restrictions _____
3. Have you ever held an operator or chauffeur license in another state?
 Yes No

4. If yes, please provide state(s), name used and approximate dates license(s) was/were held: _____

5. Have you ever received any traffic and/or moving violations? Yes No
 If yes, please give the details of the above citations below:

Date	Citation/Violation	Final Disposition

PRIOR RESIDENCES

1. List chronologically, address of all actual places of residence for the past 10 years.

From (mo/year)	To (mo/year)	Street Address	City	State	Zip

MILITARY DATA

1. Have you ever served on active duty in the Armed Forces of the United States?

Yes No (Active Duty Reserve Unit National Guard)

Branch of Service _____ Highest Rank _____

Serial # _____

Duty Dates _____ / _____
From To From To

Type of Discharge _____

2. Veteran's Preference: Check the appropriate box if you are claiming veteran's preference. Documentation substantiating your claim must be furnished at the time of application.

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

- The spouse of a veteran who cannot qualify for employment because of total or permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
- A veteran of any war who had served on active duty for 181 consecutive days or more, or who had served 180 consecutive days or more since January 31, 1955 and who has honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
- The unmarried widow or widower of a veteran who died of a service-connected disability.

REFERENCES

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, or ministers, who have known you well for the past five (5) years. If retired, give former occupation.

All information is required.

Name: Address: City, State, Zip:	Home Phone # () Work Phone # ()	Years Known	Occupation: Employer:
Name: Address: City, State, Zip:	Home Phone # () Work Phone # ()	Years Known	Occupation: Employer:
Name: Address: City, State, Zip:	Home Phone # () Work Phone # ()	Years Known	Occupation: Employer:

2. Neighborhood References: **List three (3) of your current neighbors**, regardless of whether or not are acquainted with them. This should include neighbors on each side, across from, and behind you.

Name:	Home Phone # ()	Years Known
Address:	Work Phone # ()	
City, State, Zip:		
Name:	Home Phone # ()	Years Known
Address:	Work Phone # ()	
City, State, Zip:		
Name:	Home Phone # ()	Years Known
Address:	Work Phone # ()	
City, State, Zip:		

EMPLOYMENT HISTORY

1. List chronologically ALL employment beginning with present employer, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, document those dates with "unemployed". Use additional sheet if necessary.

Name, address & phone number of employer	Dates Worked (Mo / Yr)	Title	Status	Supervisor
Name:	From:		<input type="checkbox"/> part-time	
	To:		<input type="checkbox"/> full-time	
Address:	Salary	Reason For Leaving		
	City, State, Zip:			

✦ Do you have any objections to your current employer being contacted?

Yes No

If yes, why? _____

Name, address & phone number of employer	Dates Worked (Mo / Yr)	Title	Status	Supervisor
Name: Address: City, State, Zip:	From:		<input type="checkbox"/> part-time	
	To:		<input type="checkbox"/> full-time	
	Salary	Reason For Leaving		
Name, address & phone number of employer	Dates Worked (Mo / Yr)	Title	Status	Supervisor
	From:		<input type="checkbox"/> part-time	
	To:		<input type="checkbox"/> full-time	
	Salary	Reason For Leaving		
Name, address & phone number of employer	Dates Worked (Mo / Yr)	Title	Status	Supervisor
	From:		<input type="checkbox"/> part-time	
	To:		<input type="checkbox"/> full-time	
	Salary	Reason For Leaving		

2. Have you ever been dismissed, asked to resign, or had any disciplinary action taken against you from any employment or position you have held?

Yes No

If yes, please provide details: _____

3. 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 the name of agency and date of application or service:

4. 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 employee? Yes No

If yes, please provide details: _____

SPECIAL SKILLS

1. Indicate any type of special license such as a pilot, radio operator, etc.: showing licensing authority, where the license was first issued, and date the current license expires: _____

2. Indicate any special skills you possess and equipment you are familiar with related to law enforcement such as two-way radio communications, breathalyzer, speed detection devices, multi-lingual skills, etc.: _____

3. Are you now able to participate in defensive tactics, firearms, physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description related to the position for which you are applying?

Yes No

If no, would you be able to perform tasks with an accommodation?

Yes No

If a test or examination is required for this position, would you need any accommodations? Yes No

4. Explain what accommodations you would need to perform the above: _____

5. List all professional clubs, societies, or organizations of which you are or have been a member.

Name of Club or Society	City and State	Former or Present Member	Position and Activity Description

6. Have you ever held memberships in, association with, obtained, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of similar nature? Yes No

If yes, please complete the following:

a. Drug: _____

b. Circumstances: _____

c. Number of times possessed/sold/supplied: _____

d. First time possessed/sold/supplied: _____

e. Last time possessed/sold/supplied: _____

7. Do you have any relatives employed with the Gulf County Jail?

Yes No

If yes, please list their name(s) below:

(Relatives include: (1) Blood relationships- father, mother, son, daughter, brother sister, grandfather, grandmother, grandson, granddaughter, uncle, aunt, first cousin, niece, or nephew; (2) Marital relationships- husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law; (3) Adoptive relationships- father, mother, son, daughter, brother, sister, or any ward on any employee living within the same household; (4) Step relationships- stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, half-sister.)

Name	Relationship

Applicant's Certification

I understand that my appointment or employment will be contingent upon the successful completion of the hiring screening process including 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 Gulf County Jail. I understand and agree that I have read the "Job Expectations" page detailing qualifications for the job in which I am applying and certify that I meet all listed requirements. 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 that I will be fingerprinted. I understand that this employment application shall become property of the Gulf County Jail and that it and the information received in response to the background examination are public records.

I 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 test during the term of my employment or appointment with the Gulf County Jail. I understand that the use of illegal drugs or alcohol is not permitted during work or duty time, whether paid or unpaid, and in 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 my medical examination that I will 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 Gulf County Jail.

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 Gulf County Board of County Commissioners 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 Gulf County Jail and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Gulf County Jail.

I agree to the rules, regulations, and orders of the Gulf County Board of County Commissioners and acknowledge that these rules, regulations, and order may be changed, interpreted, withdrawn, or added by the Gulf County Board of County Commissioners, at its discretion, at any time, and without prior notice to me.

Signature of Applicant

Date

Witnessed By

Personal Inquiry Waiver

Authorization for Release of Information

To: Concerned Person or
Authorized Representation of
and Organization, Institution,
or Repository of Records

Applicant's Name _____

Date of Birth _____

Social Security Number _____

I respectfully request and authorize you to furnish the Gulf County Jail any and all information you may have concerning my work record, school record, military record, reputation, and financial and credit status. Please include any and all reports including all information of a confidential or privileged nature, and photostats of the same, if requested. This information is to be used to assist in determining my qualifications and fitness for the position I am seeking with the Gulf County Jail.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested above.

Applicants Signature Date

Address

City State Zip

State _____

County _____

The forgoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who produced _____ (type of identification) as identification and who did (did not) take an oath.

Signature of Notary Public

Name of Notary Public

Serial Number (if any)

(seal)

SUPPLEMENTAL APPLICATION
CORRECTIONAL OFFICER

**Correctional Officer Supplement Application &
Willingness Questionnaire**

Instructions :

To assist the Gulf County Jail in conducting a background investigation and assessing your qualifications to be employed as a Correctional Officer, please complete the attached forms.

Answer all questions accurately and completely. If a question does not apply to you, write N/A (not applicable). If the space provided is not sufficient, please attach a sheet the same size as this application and number your answers to correspond with the questions. Omission of facts or false information will be grounds for rejection of employment or dismissal.

Have you received monthly benefits under the Florida Retirement System (FRS) or taken any distribution under the FRS Investment Plan or optional non-FRS plans (e.g. CCORP, SUSORP, or SMSOAP).

_____Yes _____No

If yes, you must complete the FRS New Employee Certification Form.

List all names you have used (including maiden, married & nicknames):

Do you have a business or personal relationship with anyone presently incarcerated or under the supervision of the Florida Department of Corrections system? If yes, give name, relationship, and place of employment.

Has your certification ever been suspended, revoked, terminated or expired? If yes, please explain.

Have you ever had any disciplinary action taken against you while employed as a Correctional Officer, Probation & Parole Officer, or Law Enforcement Officer? If yes, please explain

Are you or have you ever knowingly been under investigation by any local, state, federal agency, or entity for any wrongdoing either administrative, civil, or criminal? If yes, please explain.

Are you willing to:

Yes No

- Work rotating shifts
- Work day shift (7am-7pm)
- Work night shift (7pm-7am)
- Be present and on time for work
- Work weekends and/or holidays
- Work overtime
- Work a double shift
- Work on you off duty days when necessary
- Report to duty during a natural disaster such as a hurricane, flood, or other emergency
- Return to the institution at any hour in an emergency situation
- Take a TB test annually
- Notify you servicing personnel office of dual employment with another state agency(ies)
- Carry a firearm
- Participate in physical and firearms training
- Be exposed to chemical agents such as pepper spray and tear gas
- Participate in defensive tactics training
- Maintain qualification in firearms
- Maintain qualification in CPR and First Aid

- ___ ___ Maintain all training requirements
- ___ ___ Participate in additional training
- ___ ___ Work whatever post assigned whether inside or outside
- ___ ___ Work an outside post during extreme weather conditions, day/night
- ___ ___ Work with violent inmates, homosexual inmates, sex offenders, drug offenders, or inmates with HIV/AIDS
- ___ ___ Supervise male or female inmates
- ___ ___ Walk through a large group of male or female inmates alone to count them
- ___ ___ Be locked in a housing unit with male or female inmates
- ___ ___ Supervise a group of male or female inmates on work detail
- ___ ___ Shoot an inmate attempting to escape
- ___ ___ Body search a male or female inmate
- ___ ___ Perform a drug test on inmates
- ___ ___ Search inmate's personal property
- ___ ___ Break up a fight, using physical force if necessary
- ___ ___ Take a certain amount of verbal abuse from inmates
- ___ ___ Be of assistance to your fellow officers in an emergency
- ___ ___ Take short trips, overnight travel, or for a few days at a time and if appropriate, travel on a commercial airline
- ___ ___ Transport inmates statewide
- ___ ___ Sit alone for long periods of time and remain alert
- ___ ___ Stand on your feet for long periods of time
- ___ ___ Write an incident report in clear and concise language
- ___ ___ Follow supervisor's lawful orders
- ___ ___ Make decisions and stand by the results
- ___ ___ Show respect to authority and rank
- ___ ___ Read and become familiar with institutional operating procedures, directives, procedures and rules and post orders
- ___ ___ Enforce and comply with rules and regulations governing inmates
- ___ ___ Obtain a valid driver license if you do not already have one

___ ___ Maintain a valid drive license

___ ___ Keep information confidential and understand that if you do not, you will be subject to discipline, up to and including termination

Please explain any "No" answers

Section 943.17, Florida Statutes, mandates the Criminal Justice Standards and Training Commission to administer and examination to basic recruit training graduates and candidates seeking an exemption from a Commission-approved Basic Recruit Program. The certification examination provides the Commission with assurance that each person employed or appointed as a sworn officer in this State possesses the minimum knowledge required to perform competently.

The Officer Certification Examination will be administered upon completion of a Commission-approved Basic Training Recruit Program or an approved Certification Examination Preparation Training Course based upon an approved training exemption for out-of-state candidates.

Are you willing to:

Yes No

___ ___ Pay the Florida Department of Law Enforcement (FDLE) exam fee (if I am not currently a certified Correctional Officer) and take the first available exam upon completion of required training?

___ ___ Pay an additional FDLE exam fee if I fail the first exam and again take the exam on the first available exam date? I understand failure to do this shall result in termination of my employment with the department. I also understand that if I fail the FDLE exam three (3) times, I will be terminated from employment with the department.

Certification of Applicant

(Please Read Carefully)

I hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the foregoing statements and answers to the questions on the Supplemental Application and Willingness Questionnaire. I am aware that should an investigation disclose such misrepresentation, omissions, or falsifications, my application will be rejected and I will be disqualified from employment with the Gulf County Jail, or if after my acceptance for employment, subsequent investigation should disclose misrepresentations, omissions, or falsifications, it will be just cause for my immediate dismissal.

I hereby agree to the release of any and all information (excluding records deemed confidential under ADA) pertaining to me by any person to whom this authorization may be presented, in consideration of the fact that all such obtained information shall used only in relation to my application for employment with the Gulf County Jail. I understand that if I am employed by the Gulf County Jail, any documents obtained pursuant to this release will be placed in my personnel file and will become public record pursuant to Chapter 119, Florida Statutes.

A photocopy of hereof shall be as valid as the original.

Printed Name

Signature

Date