

# COLUMBIA COUNTY SHERIFF'S OFFICE



## SWORN APPLICATION

REVISION:1.27.25



## COLUMBIA COUNTY SHERIFF'S OFFICE

4917 US Hwy. 90 East Lake City, Florida 32055-6288  
www.columbiasheriff.org



Dear Applicant:

Thank you for your interest in the Columbia 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.

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 Basic Recruit Academy Certification (if sworn position) \_\_\_\_\_
- Copy of State Exam scores (if sworn position) \_\_\_\_\_
- Copy of Military Discharge - DD214 (if applicable) \_\_\_\_\_
- Current photograph (4 X 6 from waist up) must be in business attire \_\_\_\_\_
- I have read and understand page two and three of this attachment \_\_\_\_\_ (Initials)

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 Columbia County Sheriff's Office and if you have any questions on this process, please contact our, Human Resources Director at 386-758-2130.

Sincerely,

Wallace Kitchings, Sheriff  
Columbia County

As a part of our interview process the Sheriff's Office will conduct a background investigation which may include accessing social media sites. In order to assist us in this process, please provide us a list of sites you subscribe to along with your user name:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

The following excerpt is from the current Personnel Appearance Policy regarding Visible Tattoo's. If you have any questions regarding this policy information, please contact the Human Resources Director.

**Tattoos:** The Chief Deputy or designee shall retain the right to evaluate the appropriateness of all visible tattoos as defined by this General Order.

- (1) Visible tattoos will be evaluated by the Chief Deputy or his designee. If the tattoos are not deemed to be obscene, racist, sexist or vulgar, then the member will be granted permission to wear short sleeve uniform shirts. Any members who have any tattoos that are deemed to be obscene, racist, sexist or vulgar will be required to cover it/them. This may be accomplished with either a commercially available tattoo cover up sleeve that matches their skin tone, or a long sleeve "dry fit" type undershirt that matches the color of the uniform of the day. Members will be responsible for purchasing the tattoo cover up or undershirts at their own expense.
- (2) Current members who were hired with existing tattoos are not required to remove or cover those tattoos unless deemed to be in violation of this General Order. Current members with tattoos that are visible while in uniform may not add on to an existing tattoo or add an additional tattoo without the prior approval of the Chief Deputy.
- (3) Examples of prohibited tattoos include, but are not limited to, the following:
  - (a) Tattoos that depict nudity or sexual acts;
  - (b) Tattoos that display obscene, racist, sexist, or vulgar words or illustration;
  - (c) Tattoos that promote, support, or identify gangs, gang activity, or gang affiliation; and,
  - (d) Any tattoo on the head, face, neck, scalp, or hand.
- (4) The Sheriff or his/her designee will make the final decision on any questionable tattoos or body ornamentation.

Effective February 14<sup>th</sup>, 2014 all personnel hired for a sworn position will be required to sign a two (2) year employment agreement. If an employee breaks the agreement, he/she will be subject to the recovery of employment cost in accordance with the agreement.

## 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 Columbia 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.

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

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

\_\_\_\_\_  
Signature

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

# COLUMBIA COUNTY SHERIFF'S OFFICE

## SWORN LAW ENFORCEMENT EMPLOYMENT APPLICATION FORM

The Columbia 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:** 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).

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

POSITION APPLYING FOR:

☐ Deputy Sheriff

☐ Correctional Officer

### 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.

I understand that the submission of this application for sponsorship to a law enforcement or corrections 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 or corrections training program.

### 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 ☐ 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 Diploma
	From	To	Qtr.	Sem.		

\*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.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Diploma / Certificate
	From	To				

4. Describe in any awards, honors, citations, position 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:

	Fluent	Good	Fair
Speak:			
Read:			
Write:			

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.)

### 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				<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 agency name 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 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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#### 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
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.)

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

RELATIVE ARREST INFORMATION				
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 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:

\_\_\_\_\_

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 in a foreign country? ☐ Yes ☐ No

If yes, please provide countries and dates:

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8. **VETERAN'S 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 disabled veteran who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veteran's Affairs, or who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Veterans Affairs and the United States Department of Defense.
- ☐ 2. The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability, and who, because of this disability, cannot qualify for employment, or the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.
- ☐ 3. A wartime veteran as defined in section 1.01(14), Florida Statutes, who has served at least one (1) day during a war time period. Active duty for training may not be allowed for eligibility under this paragraph.
- ☐ 4. The unremarried widow or widower of a veteran who died of a service-connected disability.
- ☐ 5. The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense.
- ☐ 6. A veteran as defined in section 1.01(14), Florida Statutes. Active duty for training may not be allowed for eligibility under this paragraph.
- ☐ 7. A current member of any reserve component of the United States Armed Forces of the Florida National Guard.

**NOTE:** Under Florida law, if a numerically based selection process is used, points shall be added to the earned ratings of persons included in #1-7 above, as set forth in section 295.07, Florida Statutes. If a numerically based selection process is not used, preference in appointment shall be given first to those persons included in #1 and #2 above, and second to those persons included in #3 through #7 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 wholly or partly in 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:

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## 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 judgement 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:

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**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 describe 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:

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

  

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

  

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

  

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

  

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



## 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
Telephone Number		E-Mail	

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

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

Name			
Address			
City	County	State	Zip

4. Children's Name(s) and Ages:

Name	Date of Birth	Address (If different then applicants)

5. Former Spouse(s) Name and Address:

Name			
Address			
City	County	State	Zip

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 emergency:

Name			
Address	City	State	Zip
Home Phone		Business Phone	

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

Name			
Address	City	State	Zip
Home Phone		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)1, Florida Statutes, if the disclosure of the medical information would identify the applicant.**

1. Do you currently use any narcotic or controlled substance, such as cannabinoids, PCP, hallucinogen; methaqualone, hashish, 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, 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, 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 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:

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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:

\_\_\_\_\_

## 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 also understand that I may be required to furnish the Sheriff's Office with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment.

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. 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 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.

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

\_\_\_\_\_  
Date

Witnessed By:

\_\_\_\_\_



Florida Department of  
Law Enforcement

## AFFIDAVIT OF APPLICANT

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



CJSTC  
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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: \_\_\_\_\_

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 for correctional officer or 19 years of age for all others.
- 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. Any person who, after July 1, 1981, pleads guilty or nolo contendere to or is found guilty of a felony or of a misdemeanor involving perjury or a false statement shall not be eligible for employment or appointment as an officer, notwithstanding suspension of a sentence or withholding of adjudication.
- Have been fingerprinted by the employing agency.
- Have passed a physical examination by a licensed medical specialist approved in Rule 11B-27.002(1)(d), F.A.C..
- Be of good moral character.
- Have not received a dishonorable discharge from the U.S. Military.

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. I completed my employment application and it is true and correct, and all other information I furnished in conjunction with my application is true and correct.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. I provided documentation of proof of my qualifications to the above listed employing agency.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. I meet the qualifications as specified above.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. I had a criminal record sealed or expunged.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. I am under investigation by a local, state, or federal agency or entity for criminal, civil, or administrative wrongdoing to the best of my knowledge and belief.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. I separated or resigned from a previous criminal justice employment while under investigation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. I am currently serving in good standing in the U.S. Military.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. I previously served in the U.S. Military.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. I received a dishonorable discharge from my previous U.S. Military service.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. I am currently certified as a Florida criminal justice officer in the following area(s): Please check the appropriate box(es). <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. I authorize the employing agency listed above to apply for my certification. Please check the appropriate box(es). <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation

**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. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify the officer for employment as an officer.

**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. I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.

12. \_\_\_\_\_ 13. \_\_\_\_\_  
Applicant's Signature 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



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  
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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: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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:

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 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 \_\_\_\_\_



## COLUMBIA COUNTY SHERIFF'S OFFICE

4917 US Hwy. 90 East Lake City, Florida 32055-6288  
www.columbiasheriff.org



### NARCOTIC USE ADDENDUM

1. How many times in your life have you used marijuana? (Please include approximate dates and how many times weekly, monthly)

2. When was the last time that you used marijuana?

3. Have you used any of the following?

- ☐ No  
☐ Yes (If yes, include total number of times and the date last used)

_____ Speed	_____ Mescaline
_____ Barbiturates (downers)	_____ Crack
_____ Amphetamines (uppers)	_____ Cocaine
_____ Rush	_____ Heroin
_____ Quaaludes	_____ Ecstasy
_____ LSD	_____ Designer Drugs
_____ Hash	_____ Peyote
_____ Ice or methamphetamine	_____ PCP (Angel Dust)
_____ Mushrooms	_____ Steroids
_____ Another person's prescription	

Any other illegal substance not listed:

4. Have you ever used inhalants, or any other legal substance, to get high? (Paint thinner, aerosol, glue)

- ☐ No  
☐ Yes (If yes, explain details)



5. Have you ever been involved in the purchase of any illegal drug? (Any amount from a joint to a kilo)

- ☐ No
- ☐ Yes (If yes, include type of drug, the amount, the circumstances, and the last time)

6. Have you ever been involved in the sale of illegal drugs, either directly or indirectly?

- ☐ No
- ☐ Yes (If yes, include the type of drug, the amount, the circumstances and the last time)

7. Have you ever benefited from the sale of illegal drugs, including money, free drugs, or sexual favors? (Note if you received any money from a friend or a family member involved in drug sales indirectly, list here and give details.)

- ☐ No
- ☐ Yes (If yes, explain details)

8. Have you ever set up a drug deal?

- ☐ No
- ☐ Yes (If yes, explain details)

9. Have you ever been in the company of people using illegal drugs?

- ☐ No
- ☐ Yes(If yes, explain details and the last time)

10. What is the total amount of money you have spent on illegal drugs in your life?

11. Have you ever stolen money or drugs from a drug dealer?

- ☐ No
- ☐ Yes (If yes, explain details)

12. Have you ever driven a motor vehicle under the influence of illegal drugs?

- ☐ No
- ☐ Yes (If yes, explain details)

13. Have you ever tried to grow or cultivate any illegal drugs? (Include the amount from one seed and up)

- ☐ No
- ☐ Yes(If yes, explain details)

14. Explain, in detail, any other information relating to illegal drug use or involvement that has not been covered, including transportation, manufacturing, etc.