



Sheriff Bill Prummell
7474 Utilities Road
Punta Gorda, FL 33982
(941) 639-2101

Charlotte County Sheriffs Office

Integrity, Professionalism, Trust

CHARLOTTE COUNTY SHERIFF'S OFFICE APPLICANT TRACKING FORM

Self-Identify

The Charlotte County Sheriff's Office is obligated to report demographic information about our job applicants and employees to the U.S. Department of Labor (DOL) and/or the Equal Employment Opportunity Commission (EEOC). To assist us with this process, we are asking you to provide information to us directly in order to report the most accurate information possible and assist us in the continuous improvement of our selection process.

Please place a check in the appropriate boxes below:

Check One:

- Female
- Male

Check One:

- Hispanic or Latino
- Not Hispanic or Latino

Check One:

(Only if Not Hispanic or Latino)

- American Indian / Alaska Native
- Asian
- Black / African American
- Native Hawaiian / Pacific Islander
- White
- Two or More Races

Definitions:

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam

Black or African American (Not Hispanic or Latino) - A person having origins in any of the peoples racial groups of Africa

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, Middle East, or North Africa

Two or More Races (Not Hispanic or Latino) - Persons who identify with two or more race/ethnic categories named above

Referral - Where did you learn about this vacancy?

Check appropriate box and fill out necessary information where applicable:

- CCSO Website
- Referred by CCSO member: _____
- Walk-in
- Zip-Recruiter Website
- Other external Website
- Criminal Justice Academy: _____
- Employment Agency: _____
- Professional Publication / Website / Magazine: _____
- Job Fair at: _____
- Other: _____

* COMPLETION OF THIS DOCUMENT IS VOLUNTARY *



Charlotte County Sheriff's Office

Employment Application

Human Resource Division
7474 Utilities Rd.
Punta Gorda, FL 33982

Main Phone: (941) 639-2101
Fax: (941) 575-5231
Job Line: (941) 575-5277
Website: www.ccsso.org

EQUAL OPPORTUNITY EMPLOYER

The Sheriff's Office is an Equal Employment Opportunity Employer AND a Drug Free Workplace. 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.

GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION

- Type or print in black ink. All information provided will be a public record and will be released upon request, unless exempt or confidential.
- **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.
- Specify the position for which you are applying. (Note: A separate application must be submitted for each vacancy. Photocopies are acceptable.)
- Submit application to the Human Resource Division, via fax: (941) 205-5692 or Email: HumanResources@ccso.org, no later than 5:00 PM (EST) on the announced deadline date.
- **Law Enforcement / Corrections are you at least 21 years of age?** Yes No
- **Civilian Applicants are you at least 18 years old?** Yes No

WHAT POSITION ARE YOU APPLYING FOR? (CIVILIAN)

- Internship / Volunteer Clerical Corrections Clerical / Secretarial
 Communications School Crossing Guard Other

WHAT POSITION ARE YOU APPLYING FOR? – (CERTIFIED DEPUTY POSITIONS)

- Corrections Law Enforcement Reserves
 Sponsorship

If you are not Florida Certified, state where you hold your Certification.

HOW DO WE CONTACT YOU?

Last Name		First Name		Middle Name	
Residence Address			Mailing Address		
City		County		State	Zip
Telephone	Mobile		Email Address		

EDUCATION**HIGH SCHOOL**

Name/Address	Dates Attended		Years Completed	Did you graduate?	Type of Diploma
	From	To			

COLLEGE/ UNIVERSITY

Name / Address	Dates Attended		Credit Hours Earned		Did You graduate?	Type of Degree
	From	To	Quarter	Semester		

Major

Minor

OTHER SCHOOLS (Trade, Vocational, Business, Police Academies or Military)

Name / Address	Dates Attended		Credit Hours Earned	Area of Study	Did you graduate?	Type of Degree or Certificate
	From	To				

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

Indicate any law enforcement education / training you have had other than indicated above:

Did you receive a certificate for this training?

Yes No

If yes, certificate number: _____

Has your law enforcement certificate ever been suspended, revoked or subject to discipline or investigation by the CJSTC?

Yes No

If yes, please explain:

Indicate any foreign languages you can:

Speak:

Read:

Write:

SKILLS

Indicate any special skills you possess and equipment you can use which may be related to the position for which you are applying (e.g., breathalyzer, speed detection equipment, and firearms):

Describe any computer skills and list all software used:

Approximate number words per minute: _____

EMPLOYMENT

List chronologically all employment for last **10 years** including current employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

If you worked in any Law Enforcement / Corrections capacity please list all Employment if previous to the 10 year cutoff above.

Name of Employer

Address

City/State/Zip

Phone Number

Your Job Title

Supervisor's Name

From

To

Salary

Full Time Part Time

Reason for Leaving

Between these Jobs (if applicable)

Unemployed In School

From (MM/YY) _____ To (MM/YY) _____

Name of Employer

Address

City/State/Zip

Phone Number

Your Job Title

Supervisor's Name

From

To

Salary

Full Time Part Time

Reason for Leaving

Between these Jobs (if applicable)

Unemployed In School

From (MM/YY) _____ To (MM/YY) _____

Name of Employer

Address

City/State/Zip

Phone Number

Your Job Title

Supervisor's Name

From

To

Salary

Full Time Part Time

Reason for Leaving

Between these Jobs (if applicable)

Unemployed In School

From (MM/YY) _____ To (MM/YY) _____

EMPLOYMENT (continued)

Name of Employer					
Address		City/State/Zip		Phone Number	
Your Job Title			Supervisor's Name		
From	To	Salary	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	
Reason for Leaving					
Between these Jobs (if applicable)		<input type="checkbox"/> Unemployed	<input type="checkbox"/> In School	From (MM/YY) _____ To (MM/YY) _____	
Name of Employer					
Address		City/State/Zip		Phone Number	
Your Job Title			Supervisor's Name		
From	To	Salary	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	
Reason for Leaving					
Between these Jobs (if applicable)		<input type="checkbox"/> Unemployed	<input type="checkbox"/> In School	From (MM/YY) _____ To (MM/YY) _____	
Name of Employer					
Address		City/State/Zip		Phone Number	
Your Job Title			Supervisor's Name		
From	To	Salary	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	
Reason for Leaving					
Between these Jobs (if applicable)		<input type="checkbox"/> Unemployed	<input type="checkbox"/> In School	From (MM/YY) _____ To (MM/YY) _____	
Name of Employer					
Address		City/State/Zip		Phone Number	
Your Job Title			Supervisor's Name		
From	To	Salary	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	
Reason for Leaving					
Between these Jobs (if applicable)		<input type="checkbox"/> Unemployed	<input type="checkbox"/> In School	From (MM/YY) _____ To (MM/YY) _____	

Attach additional sheets if necessary, using the same format as on the application.

APPLICATION	
Have you ever applied with us before? <input type="checkbox"/> Yes Year ____ <input type="checkbox"/> No	Are you a former CCSO Employee? <input type="checkbox"/> Yes Year ____ <input type="checkbox"/> No
List other agencies you've applied to if any:	
1. If yes, to question above were you ever denied employment at any of these agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever resigned, or left a job by mutual agreement, during probationary period, following allegations of misconduct or unsatisfactory job performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever had any disciplinary action taken against you from any employment or position you have held? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever performed paid or unpaid services for a government agency not listed as an employer? If yes, please provide agency and date of service:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever collected retirement benefits from the State of Florida Retirement System? If yes, what date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you now able to perform the duties set forth in the job description or task analysis related to the position for which you have applied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. On what date are you available for work?	Date: _____
8. Are you available to work?	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
9. Are you available to work rotating shifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you available to work Night Shift?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you available to work Holiday's?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you available to work Weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Please complete the questions below. If yes, please give date, age and brief explanation.</u>	
1. Have you used any Tobacco products including but not limited to: Cigarettes, electronic cigarettes, cigars, bidi cigarette, clove cigarette, chewing tobacco, and spit tobacco dip, snuff in any form, smokeless tobacco products and pipe smoking within the last 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever supplied, sold, transferred, or carried any illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever purchased, obtained, used or sold any prescription drugs other than what has been prescribed to you by your doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever used Marijuana in your lifetime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever grown, harvested, manufactured, packed, stored, possessed, or reproduced any controlled substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever used any of the following drugs: Cocaine, Crack Cocaine, LSD, Heroin, Crystal Meth, Hashish, Illegal anabolic steroids?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever used any of the following "designer drugs": Bath salts, Bubbles, Bounce, Energy 1, Ivory wave, K2, Roofies, Spice, and Ecstasy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever reported to work while under the influence of illegal drugs or alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever driven a motor vehicle while under the influence of drugs or alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 of whether the record was sealed, expunged, dismissed, nolle prosequere . Etc. Yes No
- 2. Have you ever been convicted of a felony? Yes No
- 3. 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
- 4. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No
- 5. Have you ever been involved with or accused of any incident involving a moral conduct offense, false statements, perjury, or domestic violence? Details: Yes No
- 6. If **yes** to the questions above, 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 charges and charges which have been sealed, if any.) Add additional sheets if needed.

Place & Department	Charge	Court & Place	Date of Charge	Disposition

Please give details below:

- 7. To your knowledge, has any member of your family ever been arrested for any other offense than traffic violations? Yes No
- 8. Do you currently live with a Convicted Felon? Yes No

If yes please list below:

Relatives Name

Relationship

Place & Department

Charge & date

Court & Place

Disposition

Relatives Name

Relationship

Place & Department

Charge & date

Court & Place

Disposition

DRIVER'S LICENSE HISTORY

1. Do you have valid Florida driver's license? Expiration Date: If no, please list state where you are licensed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Please list other states that you held a driver's license. List names used and approximate dates.	
3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? If yes, please provide complete details including reason.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever received a ticket or been charged with a traffic violation other than a parking citation? If yes, please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever had automobile insurance refused, withdrawn, or revoked? If yes, please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

MILITARY HISTORY

1. Are you registered for Selective Service; if yes, what is your Selective Service Number? Yes No

Web site: www.sss.gov/registration/check-a-registration/verification-form

2. Have you ever served in the Armed Forces of the United States?
 If yes: which Branch of Service and what was your highest rank? _____
 Duty Dates: From (MM/YY) _____ To (MM/YY) _____
 Date and type of discharge: _____ Yes No

3. Have you ever attempted to enlist in the Armed Forces and not been accepted? Yes No

4. Are you now or have you ever been a member of the Reserve Unit or the National Guard?
 If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps. Yes No

5. Was any type of disciplinary action ever taken against you in the Service? If yes, please specify countries and dates. Yes No

Date	Place	Nature of Offense	Action Taken

6. Have you ever served in the Armed Forces of a foreign country? If yes, please specify countries and dates. Yes No

VETERANS PREFERENCE

Check the appropriate block if you are claiming veterans' 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 Department of Defense.

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

A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was 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.

The un-remarried widow or widower of a veteran who died of a service-connected disability. NOTE: Under Florida law, preference in appointment shall be given first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL 33731.

1. Have you claimed and been employed using veterans' preference since October 1, 1987? If yes, please give name of employer. Yes No

ORGANIZATION MEMBERSHIP

List all clubs and societies of which you are or have been a member.

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

1. 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

2. Have you ever made a financial or other material contribution to any organization of the type described in question #1 above? Yes No

If yes to either question above, answer questions below.

3. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? Yes No

4. Did you intend to promote any unlawful aims of the organization? Yes No

If yes to questions immediately above, please explain, including name of organization and location.

BUSINESS INTEREST AND LICENSES

1. Do you or have you ever owned any stock or interest in any firm, Partnership or corporation dealing wholly 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

If yes to question immediately above, please provide details including the type of license or certificate, the agency that issued the license, effective date of license and license number.

CREDIT DATA

Please list any sources of income other than your salary or the salary of your spouse?

\$	
\$	
\$	

Please list all debt individually or jointly over \$500. Be sure to include student loans and credit card accounts. Also, list any debt where payment is past due, regardless of amount.

Creditor	Address	Amount

Have you, your spouse, or a company owned by you filed for bankruptcy? Yes No

If yes, do you have proof of discharge? Yes No

Had a legal judgment rendered against you for a debt? Yes No

Are you delinquent on any court ordered payments? Yes No

If yes to any question above, please provide details.

POLYGRAPH EXAMINATION

Prior to final approval for hiring, you will be required to undergo a polygraph examination regarding your background and aspects of your character. The following, is a list of subject areas from which polygraph questions will be drawn:

Financial Status, Physical Condition, Work History, Honesty, Drugs, Narcotics, Marijuana, Loyalty of the United States, Use of Alcohol, Driving Record, Arrests and Convictions, Gambling, Blackmail, Friends, Relatives and Associates.

APPLICANT'S CERTIFICATION

I understand that, in submitting this application for employment or appointment, I agree to abide by the following terms and conditions:

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 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 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 and attach your version or explain fully any such incident.

Any property or equipment issued or loaned to me by the Charlotte County Sheriff's Office shall be maintained in good repair at all times. I will report any discrepancies to my supervisor immediately. I may be required to reimburse the Charlotte County Sheriff's Office for any property or equipment that is damaged or lost through my own negligence or misconduct. If funds from the damage or loss of such property are due and owing at the termination of my employment, I agree that said funds may be deducted from my final paycheck.

I acknowledge that all property belonging to the Charlotte County Sheriff's Office, or utilized by me in the course and scope of my employment, is subject to search or inspection at any time without notice. I also agree to, and fully realize that, I have no expectation of privacy, whether subjective or objective, in the use of such property.

I acknowledge that, in accordance with Florida Statute 943.16, if I should voluntarily leave the Charlotte County Sheriff's Office within one (1) year of entering or completing (whichever is later) an approved Criminal Justice Standards Training Program, the tuition and any related educational costs paid by the agency will be deducted from my final paycheck.

Applicant Signature _____

Date _____

State of Florida

County of Charlotte

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____ 20____, by _____, who is personally known to me or who has produced _____ as identification.

Signature of Acknowledger (Notary) Name of Acknowledger
Typed, printed or stamped.

Title or Rank

Serial Number (seal)



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:

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 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

DRUG USE QUESTIONNAIRE

Other than your own prescriptions, have you ever used or experimented with any of the following substances, drugs, or narcotics?	Yes	No	Date Last Used		List how many times used
Substance			Month	Year	
Designer Drugs: Synthetic Marijuana, K2, Spice, Potpourri, Bath Salts, Bounce, Energy-1, Ivory Wave					
Marijuana					
Cocaine Powder					
Anabolic Steroids					
Heroin (other opiates)					
Crack Cocaine					
Ecstasy (MDMA), Molly					
Methamphetamines					
LSD					
Amphetamines					
PCP (Angel Dust)					
Barbiturates					
Hashish					
Quaaludes					
Fraudulent use of Prescriptions: not limited to, opioids, anti-depressants, pain relievers					
Rohypnol (Roofies)					
Inhalants					
GHB					
Ketamine					
Psilocybin (mushrooms)					
Salvia					
Mescaline (Peyote)					

Name: _____

Date: _____

PERSONAL REFERENCES & ACQUAINTANCES

Personal References: Give three (3) references (not relatives) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete Name		Years Acquainted	
Home Phone		Cell Phone	
Home Address			
City		State	Zip
Business Address			
City		State	Zip
Complete Name		Years Acquainted	
Home Phone		Cell Phone	
Home Address			
City		State	Zip
Business Address			
City		State	Zip
Complete Name		Years Acquainted	
Home Phone		Cell Phone	
Home Address			
City		State	Zip
Business Address			
City		State	Zip

CONFIDENTIAL EMPLOYEE HISTORY

THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL AND WILL NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION.

Applicant's Current Address	
City State Zip	
Telephone Number	
Applicants Social Security Number	
Spouse's Name	
Spouse's Address (if different)	
City, State, Zip	

Children's Names	Address (if different)	DOB

Former Spouse(s) Name	Address	Date of Marriage