

Sheriff

DAVID B. SHOAR

OFFICE
904/824-8304



ST. JOHNS COUNTY SHERIFF'S OFFICE

4015 LEWIS SPEEDWAY, SAINT AUGUSTINE, FLORIDA 32084
904/810-6779 (FAX) - 904/829-6495 (TDD)

WWW.SJSO.ORG

EMPLOYMENT APPLICATIONS WILL NOT BE ACCEPTED UNLESS ACCOMPANIED BY APPROVED T.A.B.E. TEST RESULTS.

(Exception: sworn applicants who are in the academy or have graduated from the academy within the last 12 months)

The T.A.B.E. test (Test of Adult Basic Education) is a basic skills test, which consists of Math, Language, Reading and Spelling. The required scores for the St. Johns County Sheriff's Office are Math 10.0, Language 10.0, and Reading 10.0.

To sign up for the T.A.B.E. test, you may register in person at FCTI or call FCTI at (904) 824-4401. FCTI requires pre-registration (24hrs notice). Picture ID and a registration fee is required. Test results are given out immediately following the test.

****Please note: If you have taken this test at another facility other than First Coast Technical Institute, your scores will not be accepted unless you meet the following criteria:**

- 1. Results must be on letterhead from the school**
- 2. Test results must be within the last 2 years**
- 3. Minimum required scores must be met**
- 4. Must be Level "A" test**

Recruitment

Sheriff

DAVID B. SHOAR

OFFICE
904/824-8304



ST. JOHNS COUNTY SHERIFF'S OFFICE

4015 LEWIS SPEEDWAY, SAINT AUGUSTINE, FLORIDA 32084
904/810-6779 (FAX) - 904/829-6495 (TDD)

WWW.SJSO.ORG

Application Disqualifiers

(You are subject to be asked questions about these disqualifiers during a polygraph)

Driving

- 3 Moving violations within the past 24 months, or 5 in the past five years.
- Any Driver's license suspensions in the last 5 years (Suspensions for financial responsibility and failure to pay will be evaluated on a case by case basis.)

Drug Use Disqualifiers

- Any illegal drug use or possession in the last **24 months prior to the date of application.**

Date - 24 months prior _____

- Ever sold drugs illegally or acted as a middle-person in a drug transaction. (If occurred prior to 18 yrs of age, evaluated on a case by case basis)
- Any repeated experimentation of illegal drugs, other than marijuana, within the past five years.

*****Failure to disclose illegal drug use as requested in the initial application will result in disqualification for a minimum period of one year.***

Criminal Convictions/Arrests

- Have been convicted of **ANY** felony or of a misdemeanor involving perjury or a false statement. Any person who, after July 1, 1981, pleads guilty or Nolo Contendere to or is found guilty of **ANY** felony or of a misdemeanor involving perjury or false statement, regardless of suspension of sentence or withholding adjudication will not have their application processed (F.S. 943.13 (4)).
- Convicted of or pled Nolo Contendere to any charges involving moral turpitude (F.S. 48.021 (2) 5)
- Any convictions for DUI within the last 5 years or any DUI convictions while employed as a law enforcement officer (including military police).
- Any domestic violence convictions or pleas pursuant to 18 U.S.C. §922 (g)(9).
- Incarcerated in the St Johns County Jail within the past 10 years.

Military

- Any discharge other than honorable, uncharacterized, or general with honorable conditions from any of the Armed Forces of the United States.

*****PROVIDING ANY FALSE INFORMATION ON THIS APPLICATION IS AN AUTOMATIC DISQUALIFIER*****

I have read and understand the information above.

Signature _____ Date _____

SJSO Personnel Initials _____

Sheriff

DAVID B. SHOAR

OFFICE
904/824-8304



ST. JOHNS COUNTY SHERIFF'S OFFICE

4015 LEWIS SPEEDWAY, SAINT AUGUSTINE, FLORIDA 32084
904/810-6779 (FAX) - 904/829-6495 (TDD)

WWW.SJSO.ORG

Date: _____

Name of Applicant: _____

INTERNET INFORMATION:

1. Do you now have, or have you ever had, an account with MySpace.com, Facebook, Blog, or any other similar website under your name or any fictitious name? Yes No

If yes, list web address(es) and names used:

Applicant Signature

Date

Sheriff

DAVID B. SHOAR

OFFICE
904/824-8304



ST. JOHNS COUNTY SHERIFF'S OFFICE

4015 LEWIS SPEEDWAY, SAINT AUGUSTINE, FLORIDA 32084
904/810-6779 (FAX) - 904/829-6495 (TDD)

WWW.SJSO.ORG

**WARNING! WARNING!
WARNING!**

ANY FALSE OR UNDISCLOSED INFORMATION IN
“ANY” PART OF THE APPLICATION “PROCESS”
WILL RESULT IN AUTOMATIC TERMINATION OF
YOUR APPLICATION PROCESS FOR ONE YEAR.
THIS INCLUDES BUT “NOT LIMITED” TO THE
FOLLOWING:

DRUG USE
ARREST HISTORY
DRIVING RECORD
WORK HISTORY
PLACE OF RESIDENCE
MILITARY
ETC...

Signature

Date

Sheriff

DAVID B. SHOAR

OFFICE
904/824-8304



ST. JOHNS COUNTY SHERIFF'S OFFICE

4015 LEWIS SPEEDWAY, SAINT AUGUSTINE, FLORIDA 32084
904/810-6779 (FAX) - 904/829-6495 (TDD)

WWW.SJSO.ORG

NOTICE TO ALL APPLICANTS

This application is the first impression the St. Johns County Sheriff's Office has of you as a potential employee. The application packet provides us with necessary information about your past employment and achievement. It also gives us information about your abilities to follow instructions and your diligence in completing an assigned task, as well as how neat and thorough you are.

1. List ALL periods of employment and unemployment. Use additional sheets if necessary.
2. List complete mailing addresses for residences, employers, and personal references, including zip codes. **DO NOT ASSUME** that the investigator will attempt to determine street numbers, correct street spellings, apartment numbers, telephone numbers or zip codes.
3. When completing the residence portion of the questionnaire, be sure that you provide every address where you have lived for the past 10 years, in order from your present address backwards. If necessary, call the appropriate person to find out the exact address and the time period during which you resided at that address.
4. Your application must be completed by YOU, not a friend.
5. **ANY FALSIFICATION IN THIS APPLICATION WILL SUBJECT THE APPLICANT TO DISQUALIFICATION.**
6. Effective 03 August 2005, the St. Johns County Sheriff's Office will accept applications submitted by relatives of full-time employees for entry level positions provided the full-time employee is not a member of the Executive Staff (Captain and above).

IMPORTANT

ALL APPLICANTS, PLEASE NOTE:

Applicants will be notified of their progress through the application process.

Your application will not be accepted or processed unless it is completed in full and all required papers are attached.

NOTE: All applications must be prepared in ink or type written, no pencil applications will be accepted.

I. BASIC REQUIREMENTS FOR APPOINTMENT

Be a United States Citizen

Be 19 years of age or older for all sworn positions

Be 18 years of age or older for all civilian positions

Possess a valid Florida state drivers license.

Be a high school graduate or have a GED equivalency diploma. (In lieu of a high school diploma or GED, transcript verification of successful completion of at least 30 semester hours or 45 quarter hours of college work, or an associate or higher degree from an accredited institution pursuant to Section 943.22(1), F.S., or licensed by the Florida Board of Independent Colleges and Universities is acceptable).

If time served in the military, must have an honorable, uncharacterized, or general with honorable conditions Military Discharge.

Successfully complete a thorough background investigation.

Pass a medical examination including a drug screen. (The medical examination is at the applicant's expense)

Submit to a polygraph examination.

Satisfactory completion of the typing test scoring 25 wpm accurate typing. (for Clerical and Telecommunications positions only)

Satisfactory completion of a T.A.B.E. (Basic Skills) test. (Exception: Sworn applicants who are presently in the academy, have graduated from the academy within the last 12 months or have successfully passed the Basic Ability Test (B.A.T.) within the last 12 months).

Residency requirements: Employees who reside outside of St. Johns County and are assigned an agency vehicle may live no more than ten (10) miles from the St. Johns County line. It is not an option to decline a take home car in lieu of the ten (10) mile restriction.

Sworn Law Enforcement and Corrections applicants must successfully complete a physical ability test.

Sworn Law Enforcement and Corrections must satisfactorily complete a Minnesota Multiphasic Personality Inventory (MMPI) psychological test, a PIA test, and an interview.

Submit fingerprints - Fingerprinting hours for applicants are 8:00 A.M. to 4:00 P.M., Monday through Friday. This will be done at the Bailiff's Office, Room 135, at the St Johns County Judicial and Administrative Center located at 4010 Lewis Speedway.

BE OF GOOD MORAL CHARACTER

The Criminal Justice Standards and Training commission (CJSTC) defines failure to maintain good moral character as:

- (1) The unlawful use of any controlled substance
- (2) The perpetration by an officer of an act that would constitute any felony offense, whether criminally prosecuted or not.
- (3) The perpetration by an officer of an act that would constitute any misdemeanor or criminal offenses whether criminally prosecuted or not. Any principal, accessory, attempt, solicitation, or conspiracy which, had the crime been committed or completed, would have been a felony offense; or the perpetration of an act in any jurisdiction other than the State of Florida, which, if committed in the State of Florida, would constitute any offense listed in this rule section.
- (4) Excessive use of force.
- (5) Misuse of official position.
- (6) Having an unprofessional relationship with an inmate, detainee, probationer or parolee, or community controllee. An unprofessional relationship is defined as:
 - a. Having written or oral communication with an inmate, detainee, probationer or parolee, or community controllee that is intended to facilitate conduct prohibited; or
 - b. Engaging in physical contact not required in the performance of official duties.
- (7) Sexual harassment, including unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.
- (8) Engaging in sex while on duty or at any time the officer is acting under the color of authority as a Commission-certified criminal justice officer.
- (9) False statements during the employment application process.
- (10) Conduct that subverts or attempts to subvert the State Officer Certification Examination process.
- (11) Conduct that subverts or attempts to subvert the Basic Abilities Test process.
- (12) Conduct that subverts or attempts to subvert the examination process for Commission-approved training at a Commission-certified training school or an employing agency promotional examination process.
- (13) Any overt, conspicuous, or public act of a sexual or simulated sexual nature which is likely to be observed by others.
- (14) Making a false statement(s) of fact, under oath, as to misconduct related to an agency duty with the intent to mislead or deceive.
- (15) Intentional abuse of a Temporary Employment Authorization.
- (16) Testing positive for controlled substances by a urine or blood test.

II. BENEFITS - Full Time Employees

Annual leave credits earned as shown below by pay period:

With	0-60	months of service	7.7 hours
With	61-120	months of service	8.7 hours
With	121-180	months of service	9.7 hours
With	181-240	months of service	10.7 hours
With	241-over	months of service	11.7 hours

Sick leave will be earned at the rate of four (4) hours per pay period regardless of time in service

Paid Florida Retirement System, 100% vested after 6 years (may apply to certain part time positions)

Uniforms furnished for those positions requiring them (also applies to part time positions)

Paid health/life insurance for the employee for full time positions

Educational incentives are available upon an appointment/commission with an official college transcript which meets qualification criteria.

Mandatory direct deposit

III. BASIC ANNUAL SALARY INFORMATION AS OF 01 OCTOBER 2008

Law Enforcement Deputy and Corrections Deputy	\$35,000
Telecommunications Operator	\$29,999
Booking Specialist	\$29,999
Corrections Control Operator	\$28,943
Non Enforceable Judicial Process Server	\$27,578
Specialist	\$26,105

PART TIME HOURLY RATES AS OF 01 OCTOBER 2008

Public Service Assistant	\$13.00/hour
School Crossing Guard	\$12.55/hour
Corrections Transport Assistant	\$13.00/hour

When submitting your completed application, you must include originals of the following documents:

1. Test of Adult Basic Education (T.A.B.E.) skills test scores. (Exception: Sworn applicants who are presently in the academy, have graduated from the academy within the last 12 months or have successfully passed the Basic Ability Test (B.A.T.) within the last 12 months)
2. Birth certificate (Must bring a certified copy for verification). (In lieu of a birth certificate, SJSO will accept: court documentation that attests to birth; current and valid US passport that indicates US citizenship and birth date; report of birth abroad of a citizen of the United States issued by a US consular officer; or, certificate of Naturalization from the US Department of Immigration and Naturalization)
3. Proof of name changes, if applicable. Legal documentation required
4. Social Security card
5. High School diploma or GED. (Must bring an original or certified copy for verification). (In lieu of a high school diploma or GED, transcript verification of successful completion of at least 30 semester hours or 45 quarter hours of college work, or an associate or higher degree from an accredited institution pursuant to Section 943.22(1), F.S., or licensed by the Florida Board of Independent Colleges and Universities is acceptable).
6. Drivers license
7. Marriage license and/or Divorce Decree (If applicable)
8. Military Records DD 214 member 4 and discharge certificates (If applicable)
9. Naturalization papers, if applicable (Actual naturalization papers must be presented at the time of application.)
10. Completed Fingerprints (Fingerprint hours for applicants are 8:00A.M. until 4:00P.M., Monday through Friday. This will be done at the Bailiffs Office, Room 135, at the St. Johns County Judicial and Administrative Center located at 4010 Lewis Speedway)

Any other documentation that may reflect special job qualifications should be submitted with the required documents listed above. (Training certificates, State exam score, college degrees, etc.)

Applications will not be processed until all items are completed and all required documents have been received.

V. RETURN OF APPLICATION

In addition to completing a regular application for appointment with the St Johns County Sheriff's Office, applicants must complete all other documents contained in the application package.

The St. Johns County Sheriff's Office requires that the applicant fill out the application and all documents contained therein personally, using only pen or typewriter. After you have properly completed your application, it should be submitted to:

St. Johns County Sheriff's Office
Attention: Recruitment
4015 Lewis Speedway
St. Augustine, FL 32084

Please contact the Recruitment Branch to set an appointment to submit your application for available positions Monday through Friday, between the hours of 9:00 A.M. and 4:00 P.M., excluding holidays.

PHASE I

- Application Received
- Criminal History
- Drivers License
- Local Records Check
- FDLE ATMS Check (Sworn)
- Employment References
- Personal References
- Neighborhood Letters
- Credit Report (Sworn)
- Typing Test (Clerical/Communications/Booking Specialist)
- Selective Service

PHASE II

- Field/Neighborhood Investigation (Sworn)
- Human Resources Manager Review

PHASE III

- Oral Review Board (to include Division Director)
- Conditional Offer

PHASE IV

- Drug Screen
- Physical Exam/EKG (paid for by applicant)
- Psychological Evaluation (Sworn)
- Polygraph Exam
- Physical Ability Test (Sworn)

PHASE V

- Sheriff Interview

The selection process with the St. Johns County Sheriff's Office is a very detailed and lengthy process. Upon receipt of all required information, the selection process will begin and be completed in approximately four months.

VII. REAPPLICATION AND RETESTING

1. Applicants who are not appointed/commissioned to probationary status or who fail a phase or phases of the selection process are not necessarily excluded from future consideration.
 - a. Active applications shall be maintained by the Recruitment Branch for a period of one (1) year from date of acceptance of application.
 - b. After one (1) year the application shall be deemed inactive .
2. Applicants not employed and whose file has been placed in an inactive status may re-apply after one year from date of being placed inactive.

VII. POLYGRAPH

All applicants applying for positions with the St. Johns County Sheriff's Office may be required to take a polygraph examination. It is extremely thorough and one to three hours is usually required.

The primary questions that will be asked cover the following areas:

1. Illegal drug usage and sale.
2. Driving record
3. Pending legal action
4. Arrest history
5. Committing or participating in any undetected crimes
6. Medical and psychological condition
7. Falsified application
8. Alcoholic beverages
9. Thefts of money and/or merchandise
10. Shoplifting
11. Debts
12. Illegal sex acts

If you are applying for a law enforcement position or have prior law enforcement experience additional questions relating to your career will also be asked:

1. Theft from a crime scene
2. As a deputy sheriff, theft of anything
3. Falsified any portion of a general offense report
4. Lie to convict someone
5. Place evidence to make an arrest
6. Falsified information to justify any arrest
7. Confiscated drugs for personal use
8. Use of unnecessary physical force
9. Accept money or gifts in exchange for favors
10. As a deputy sheriff, commit any crime
11. Take payoff from criminal element
12. Any activity which would bring discredit to your office

The St. Johns County Sheriff's Office is a law enforcement agency and as such is interested in individuals who obey the law. We also realize that there are times in all our lives when we may have done something wrong. Please be truthful! We will review each polygraph individually. The fact that someone has done something wrong is not necessarily a disqualification.

****Please note:** If you have the medical condition(s) of epilepsy, diabetes, or heart disease, you must get a signed waiver from your physician prior to being administered the polygraph examination. Also, if you have any other health issues you are concerned about, please call the Human Resource Section. You must have a minimum of five (5) hours of sleep prior to the polygraph. Additionally, if you have had ANY medication changes (starting a new one, ending an old one, change in dosage, etc.) within 14 days of your appointment, you cannot be examined. Applicants who are using over-the-counter Creatine products (muscle building) or weight reducing products, must discontinue use 14 days prior to the polygraph to avoid rescheduling. These products tend to cause increased metabolism which produces false readings.

For Sworn positions (Law Enforcement and Corrections Deputy) you are required to successfully complete a certified Florida training academy and pass the state exam.

Revised 07/07

SHERIFF'S OFFICE

LAW ENFORCEMENT EMPLOYMENT APPLICATION FORM

The 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.

- 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).

COUNTY DATE:

POSITION APPLYING FOR:

- Deputy Sheriff Law Enforcement Related Non-Certified Positions (Other positions use other application form) Correctional Officer Law Enforcement Academy Sponsorship or Internship

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 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 training program.

PERSONAL HISTORY

1. Full Name:

Last Name 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).)

Table with 4 columns: Name, Circumstance, Dates From Mo./Yr., Dates To Mo./Yr.

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

5. Indicate any foreign languages you can Speak:

Read:

Write:

Fluent	Good	Fair

6. Indicate any law enforcement education/training:

7. Did you receive a certificate for this training? Yes No Certificate Number: _____

8. Has your law enforcement certificate ever been suspended, revoked, relinquished or subject to discipline or investigation by the CJST? Yes No If yes, explain.

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

10. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

11. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms, computers):

12. Have you had any training/education with K-9's? Yes No If yes, provide details:

13. Would you be willing to be transferred to a K-9 unit, if necessary? Yes No
(I understand that there may be a lesser rate of pay for non-duty time devoted to the care and maintenance of the animal.)

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 for a period, set forth dates of unemployment.

Name & Address of Employer	Dates Worked Mo./Yr.		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	From	To				
Name _____ Address _____ City, State, Zip _____ Area Code & Phone No. _____				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Name _____ Address _____ City, State, Zip _____ Area Code & Phone No. _____				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Name _____ Address _____ City, State, Zip _____ Area Code & Phone No. _____				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Name _____ Address _____ City, State, Zip _____ Area Code & Phone No. _____				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Name _____ Address _____ City, State, Zip _____ Area Code & Phone No. _____				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		

Employment History Continuation Form

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 for a period, 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						
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.

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 name of agency and date of application or service.

5. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? Yes No If yes, please provide name and address of business, corporation or organization and describe your relationship or position.

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 service 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					

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.)

Date	Place & Department	Charge	Court & Place	Disposition
Relative's Name	Place & Department	Charge	Court & Place	Disposition

Provide details for each response to question #1, #2, or #3:

4. Have you or your spouse ever been a plaintiff or defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) Yes No If you answered yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition.

5. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? Yes No
6. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No If yes to questions #5 or #6, please provide details.

DRIVING HISTORY

1. Are you a licensed Florida automobile operator or chauffeur? Yes No License No.: _____

Date of Expiration: _____ 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, meetings, 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 of a foreign country? Yes No If yes, please specify countries and dates.

8. **VETERANS' 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 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.
- 2. 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.
- 3. 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, 1995 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 or training.
- 4. The unmarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed using veteran's preference since October 1, 1987? Yes No

If "yes," please give name of employer: _____

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, 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.

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 judgment 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.
-
-
-

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 described 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.
-

PERSONAL REFERENCES & ACQUAINTANCES

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

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

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

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

2. Social Acquaintances: Give three (3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

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

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

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

CONFIDENTIAL EMPLOYEE HISTORY

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

1. Applicant's Current Address:

Address

City County State Zip Code

()

Telephone Number E-Mail

2. Applicant's Social Security Number: _____ - _____ - _____

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

Name

Address

City County State Zip Code

4. Children's Names and Ages:

Name	Date of Birth	Address (if different than applicants)

5. Former Spouse(s) Name and Address:

Name

Address

City County State Zip Code

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 an emergency:

Name _____

Address _____ City _____ State _____ Zip Code _____

(_____)
Home Phone _____ Business Phone _____

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

Name _____

Address _____ City _____ State _____ Zip Code _____

(_____)
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) whether the medical information, if disclosed, would identify the applicant.

1. Do you currently use any narcotic or controlled substance, such as cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, 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?
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, provide details, including drug, date, and circumstances.

5. Do you claim to be a rehabilitated alcohol, narcotics or drug user of any of the controlled substances as set forth above?
 Yes No If yes, provide details.

I understand that the "Applicants Certification" applies in all respects to the responses provided in this "Confidential Employee History" and "Drug History."

Signature of the applicant 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, provide your version or explain fully any such incident.

Signature of the applicant as usually written

Date

Witnessed by:



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)



CJSTC 58

Incorporated by Reference in Rule 11B-27.0022(2)(b), F.A.C.

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:

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION:

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy 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.

Applicant's Signature Date

Applicant's Address

AFFIDAVIT

STATE OF COUNTY OF

Before me personally appeared who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this day of, 20. My Commission expires on, 20. Personally Known - or -

Produced Identification Notary Public:

Type of identification produced:

Sheriff

DAVID B. SHOAR

OFFICE
904/824-8304



ST. JOHNS COUNTY SHERIFF'S OFFICE

4015 LEWIS SPEEDWAY, SAINT AUGUSTINE, FLORIDA 32084
904/810-6779 (FAX) - 904/829-6495 (TDD)
WWW.SJSO.ORG

AFFIDAVIT

I, _____, am currently an applicant for employment with the St. Johns County Sheriff's Office. In the event that I receive a commission/appointment, I will be willing to submit to random drug testing, during my period of commission/appointment while on or off duty, as a condition of retention. I further understand that the testing will be at the discretion of the Sheriff or his authorized designee.

In the event that the test results should reveal positive for any illegal substance, or should I refuse to submit to the procedure upon demand, I understand that personnel action will be taken and it could result in my being terminated from this agency.

(Applicant)

(Date)

(Witness, SJSO Personnel Only)

(Date)

Sheriff

DAVID B. SHOAR

OFFICE
904/824-8304



ST. JOHNS COUNTY SHERIFF'S OFFICE

4015 LEWIS SPEEDWAY, SAINT AUGUSTINE, FLORIDA 32084
904/810-6779 (FAX) - 904/829-6495 (TDD)
WWW.SJSO.ORG

NAME OF APPLICANT _____
(PLEASE PRINT)

Do you now use, or have you ever in your life abused, used, tried, experimented with, or in any way had any contact with any drug regulated by Chapter 893, F.S., which is also known as the Florida Comprehensive Drug Abuse Prevention and Control Act, and which was not specifically prescribed for your personal use by a licensed physician? ____NO ____YES

The drugs referred to in the law include, but are not limited to: Marijuana, Heroin, Morphine, Cocaine, Quaaludes, PCP, Amphetamines, Barbiturates, "Uppers," "Downers," etc.

This question relates to the Florida Comprehensive Drug Abuse Prevention and Control Act. Generally, this law states, "it is illegal to use, manufacture, deliver, distribute, grow, possess, or sell drugs." The only exclusions are those drugs prescribed by a physician.

If the answer to the above question is "yes," you must indicate the type of drugs used, the actual date of first and last use, frequency of use, etc. Use the bottom of this page to explain.

This sheet is an integral part of the application and must be completed before an application will be accepted by the St. Johns County Sheriff's Office. Answering "no" to this question when you have knowingly used, abused, tried experimented with, or in any way have had contact with any drugs will constitute false information on this application.

Signature of Applicant

Date

Sheriff

DAVID B. SHOAR

OFFICE
904/824-8304



ST. JOHNS COUNTY SHERIFF'S OFFICE

4015 LEWIS SPEEDWAY, SAINT AUGUSTINE, FLORIDA 32084
904/810-6779 (FAX) - 904/829-6495 (TDD)

WWW.SJSO.ORG

NOTICE UNDER THE FEDERAL FAIR CREDIT REPORTING ACT

I understand that as part of the pre-employment process, the St. Johns County Sheriff's Office will conduct a Credit History Report that will include information as to my character, general reputation, personal characteristics, and mode of living.

I also understand that upon my request, I will be provided with a complete disclosure of the nature and scope of this investigation. I further understand that if I am denied employment because of information gained from the Credit History Report, I will be notified automatically and be provided with the name and address of the Credit Bureau making the report.

Signature _____ Date _____

ANTI-NEPOTISM STATEMENT

Florida Statute 112.3135 (1) (C) defines a relative as "an individual who is related. . . as father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, or half sister."

I, _____, do not have a relative, as defined above, presently working full-time for the St. Johns County Sheriff's Office as a member of Executive Staff (rank of Captain and above).

Signature _____ Date _____

Sheriff

DAVID B. SHOAR

OFFICE
904/824-8304



ST. JOHNS COUNTY SHERIFF'S OFFICE

4015 LEWIS SPEEDWAY, SAINT AUGUSTINE, FLORIDA 32084
904/810-6779 (FAX) - 904/829-6495 (TDD)

WWW.SJSO.ORG

PUBLIC RECORD

Applications for employment with a Government Agency are, except for "Personal Information," a matter of public record and are not subject to confidentiality.

Examination questions and answers are not public record; but the applicant has the right to review his/her application and any completed exams that he/she has taken.

The St. Johns County Sheriff's Office determination of the qualifications of an applicant for employment is final. NO employees of the Sheriff's Office are required to render an opinion or explanation beyond what is contained in the public record.

REQUIRED TRAINING FOR CERTIFIED POSITIONS

For certified positions (Law Enforcement and Corrections Deputy) you are required to successfully complete a certified training academy and pass the state exam. These positions, including those of corrections, require training in the use of firearms. Course requirements include cleaning, loading, and shooting qualification at a firing range for both handgun and shotgun.

I have read and understand both sections above.

Applicant's Signature _____ Date _____

COURT APPEARANCE

I understand that as an employee of the St. Johns County Sheriff's Office, I may be required to testify in court.

Signature _____ Date _____

Organization Involvement Questionnaire

1. Are you now, or have you ever been a member of any organization, association, movement, group or combination of persons which has adopted the policy of advocating or approving the commission of acts of force, intimidation, violence or other illegal acts to deny persons their rights under the Constitution of the United States? If yes, list the name(s) of organizations(s) dates, extent of association, affiliation, contribution, etc. YES NO (circle one)

2. In reference to the organizations mentioned in the question above, have you ever been affiliated or associated with any such organization or willfully contributed to any such organization? If yes, list organization name(s) dates, extent of association, affiliation, contributions, etc. YES NO (circle one)

3. Do you currently bear any scar, insignia, tattoo or other permanent bodily marking? If yes, please describe. YES NO(circle one)

Honesty Affidavit

St. Johns County Sheriff's Office is seeking applicants who demonstrate certain characteristics. Honesty is the most important characteristic that you must demonstrate. It is extremely important that you are completely honest in your answers.

The importance of honesty from time of application, completion of all documents and questionnaire as well as during all interviews cannot be overemphasized. Failure to respond to any question accurately and completely, whether orally or in writing, will result in disqualification. Many applicants have been disqualified for dishonesty.

While filling out documents, please take your time and be thorough and specific in all your answers. If you have any doubt in your mind concerning a particular question, or if you are unsure whether to include certain information, the answer is "yes: include it."

You may think that something you have done will disqualify you from further consideration. It may or may not. What will certainly disqualify you is lying or distorting the truth. For example, an arrest (either when you were a juvenile or as an adult) may or may not disqualify you from further consideration. Or, you may have been fired from a job that, by itself, may or may not disqualify you. However, lying about it will disqualify you from further consideration. The use of drugs, including marijuana, may or may not disqualify you. However, lying about it will disqualify you from further consideration.

I have read and understand the above

Signature

Date

Sheriff

DAVID B. SHOAR

OFFICE
904/824-8304



ST. JOHNS COUNTY SHERIFF'S OFFICE

4015 LEWIS SPEEDWAY, SAINT AUGUSTINE, FLORIDA 32084
904/810-6779 (FAX) - 904/829-6495 (TDD)

WWW.SJSO.ORG

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 below 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.)

Date	Place & Department		Charge	Court & Place	Disposition
Date	Relative's Name	Place & Department	Charge	Court & Place	Disposition

Provide details for each response to question #1, #2, or #3:

I have read and understand the questions above and certify that the information I provided is correct.

Signature _____

Date _____

Florida Retirement System (FRS) - Certification Form

This form is not an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with an enrollment form.

Name _____ SSN _____

Agency Name _____

Previous or Current FRS Employer _____

PLEASE COMPLETE SECTION I, II, III, OR IV

I. I have **never** been a member of a State of Florida administered retirement plan.

STOP HERE

SIGNATURE

DATE

II. I was or currently am a member of the following State of Florida administered retirement plan (also complete Section III or IV)¹

- FRS Pension Plan (incl. DROP) FRS Investment Plan State University System Optional Retirement Program (SUSORP)
 State Community College Optional Retirement Program (SCCORP) Senior Management Service Optional Annuity Program (SMSOAP)
 Other

III. I am **not retired** from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7th through 12 months after I retired or after my DROP termination date, I **must repay** all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. **My employer may also be liable for repaying any unauthorized benefits I received.**

SIGNATURE

DATE

IV. I am **retired** from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCORP, SMSOAP, or other plan was _____.

If I am initially reemployed by an FRS-covered employer on or after July 1, 2010, I will not be permitted to participate in a State of Florida administered retirement plan to earn an additional retirement benefit.

I understand that as a Pension Plan retiree:

- If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**,³ and I must reapply for retirement in order to receive future benefits.
- If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended⁴ and any unauthorized benefits received must be repaid.³ **My employer may also be liable for repaying any unauthorized benefits I received.**

I understand that as an Investment Plan, SUSORP, SCCORP, or SMSOAP retiree:

- If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired, I **must repay**³ any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.⁴

SIGNATURE

DATE

Retiree Definition

You are considered retired if:

- You have received any benefits under the FRS Pension Plan (including DROP), or
- You have taken any distribution (including a roll-over) from the FRS Investment Plan, or alternative retirement programs offered by state universities (SUSORP), state community colleges (SCCORP), state government for senior managers (SMSOAP), or local governments for senior managers.

¹If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2nd Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

²Positions include OPS, temporary, seasonal, substitute teachers, part-time, full-time, regularly established, etc.

³Florida law requires a return of all unauthorized Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to unauthorized SUSORP, SCCORP, or other state-administered plan distributions – contact that plan's administrator for details.

⁴There are no reemployment exemptions/exceptions for Pension Plan members whose effective date of retirement or DROP termination date is on or after July 1, 2010 or Investment Plan, SUSORP, SCCORP, or SMSOAP members who retire on or after July 1, 2010.

SJSO EMPLOYEE REFERRAL FORM

The St Johns County Sheriff's Office rewards all full-time employees for their recruitment efforts. If you were recruited by an existing employee, please list their name below. This will allow us to track your progress and reward them accordingly.

PLEASE NOTE, THIS FORM MUST BE TURNED IN
AT THE SAME TIME AS THE APPLICATION.

APPLICANT'S NAME _____ DATE _____

SIGNATURE OF APPLICANT _____

REFERRED BY _____

Voluntary Information

THIS FORM IS TO BE COMPLETED BY APPLICANT - COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, or marital status, the presence of a non-job-related medical condition, disability or any other legally protected status.

Date ____ / ____ / ____

POSITIONS (S) APPLIED FOR _____

REFERRAL SOURCE

ADVERTISEMENT EMPLOYEE RELATIVE WALK-IN SCHOOL GOVERNMENT EMPLOYMENT AGENCY

PRIVATE EMPLOYMENT AGENCY OTHER _____

NAME OF SOURCE (IF APPLICABLE) _____

APPLICANT'S NAME _____ () -
LAST FIRST MIDDLE AREA CODE PHONE

ADDRESS _____
STREET CITY STATE ZIP CODE

As an employer with an Equal Opportunity Plan, we comply with governmental regulations, set forth by the US Equal Employment Opportunity Commission.

In an effort to comply with government recordkeeping, reporting and other legal requirements, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE

VIETNAM ERA VETERAN DISABLED VETERAN DISABLED INDIVIDUAL (NON-VETERAN)

PLEASE SELECT THE APPROPRIATE INFORMATION FOR EACH CATEGORY:

1. Sex: MALE FEMALE
2. Ethnicity: HISPANIC/LATINO NON HISPANIC/LATINO

IF NON HISPANIC/LATINO, COMPLETE #3

3. Race: AMERICAN INDIAN OR ALASKA NATIVE
 ASIAN
 BLACK
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 WHITE
 2 OR MORE RACES

NOT FOR INTERVIEW PURPOSES - TO BE FILED SEPARATELY FROM APPLICATION