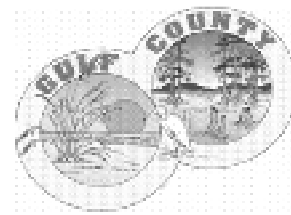


AFTER COMPLETION RETURN TO:  
 GULF COUNTY BOARD OF COUNTY COMMISSIONERS  
 HUMAN RESOURCES, RM 309  
 1000 CECIL G COSTIN SR., BLVD.  
 PORT ST JOE, FL 32456



## APPLICATION FOR EMPLOYMENT CORRECTIONAL OFFICER JOB EXPECTATIONS

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

### Qualifications

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

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

### Disqualifications

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

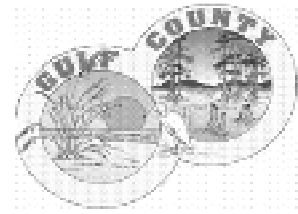
- Falsification or untruthfulness of the information obtained during the selection process, both written & oral
- Dishonorable discharge from the Armed Forces of the United States
- Any felony conviction
- Any misdemeanor conviction, including pleas of nolo contendere, involving perjury or false statement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

### Background Information

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

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

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## APPLICATION FOR EMPLOYMENT CORRECTIONAL OFFICER

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### INSTRUCTIONS

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Although we welcome your resume as an addendum, your resume will not substitute for completion of the application. Applications must be printed legibly in black or blue ink. All questions must be answered; if a question is not applicable, so state by indicating N/A (not applicable). If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

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

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

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

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### CONTACT INFORMATION

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Name \_\_\_\_\_  
Last First Middle (Maiden)

Present Address \_\_\_\_\_  
Street City State Zip

Phone(\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Home Work Cell

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

\_\_\_\_\_  
Date Place Court Naturalization Number

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## EDUCATIONAL BACKGROUND

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

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

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

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## CRIMINAL HISTORY

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

Date	Location	Charge	Final Disposition

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## DRIVING HISTORY

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

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

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

Date	Citation/Violation	Final Disposition

**PRIOR RESIDENCES**

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

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

**MILITARY DATA**

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

Yes  No ( Active Duty  Reserve Unit  National Guard)

Branch of Service \_\_\_\_\_ Highest Rank \_\_\_\_\_

Serial # \_\_\_\_\_

Duty Dates \_\_\_\_\_ / \_\_\_\_\_  
From To From To

Type of Discharge \_\_\_\_\_

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

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

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

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## REFERENCES

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

**All information is required.**

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

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

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

### EMPLOYMENT HISTORY

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

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

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

Yes    No

If yes, why? \_\_\_\_\_

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

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

Yes    No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

3. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer?  Yes    No

If yes, please provide the name of agency and date of application or service:

\_\_\_\_\_

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

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

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### **SPECIAL SKILLS**

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

\_\_\_\_\_

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

\_\_\_\_\_



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

Yes  No

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

Yes  No

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

If yes, please complete the following:

a. Drug: \_\_\_\_\_

b. Circumstances: \_\_\_\_\_

c. Number of times possessed/sold/supplied: \_\_\_\_\_

d. First time possessed/sold/supplied: \_\_\_\_\_

e. Last time possessed/sold/supplied: \_\_\_\_\_

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

Yes  No

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

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

_____	_____
Name	Relationship
_____	_____
Name	Relationship

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## Applicant's Certification

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I understand that my appointment or employment will be contingent upon the successful completion of the hiring screening process including the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Gulf County Jail. I understand and agree that I have read the "Job Expectations" page detailing qualifications for the job in which I am applying and certify that I meet all listed requirements. I agree to the conditions and certify that all statements made by me on this application are true, correct, and complete, to the best of my knowledge. I further fully understand that I will be fingerprinted. I understand that this employment application shall become property of the Gulf County Jail and that it and the information received in response to the background examination are public records.

I understand and agree that my employment or appointment will be contingent upon the results of a complete drug test and that I may be required to take drug test during the term of my employment or appointment with the Gulf County Jail. I understand that the use of illegal drugs or alcohol is not permitted during work or duty time, whether paid or unpaid, and in areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment or appointment may be contingent upon the results of my medical examination that I will be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the Gulf County Jail.

I understand and agree that any employment or appointment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, that the Gulf County Board of County Commissioners has the absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Gulf County Jail and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Gulf County Jail.

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

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Signature of Applicant

Date

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Witnessed By

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## Personal Inquiry Waiver

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### *Authorization for Release of Information*

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

Applicant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

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

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

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

State \_\_\_\_\_

County \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Name of Notary Public

\_\_\_\_\_  
Serial Number (if any)

(seal)

SUPPLEMENTAL APPLICATION  
CORRECTIONAL OFFICER

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**Correctional Officer Supplement Application &  
Willingness Questionnaire**

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**Instructions :**

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

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

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

\_\_\_\_\_Yes    \_\_\_\_\_No

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

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

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

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

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

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

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**Are you willing to:**

**Yes   No**

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

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

\_\_\_ \_\_\_ Maintain a valid drive license

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

Please explain any "No" answers

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

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

**Are you willing to:**

**Yes   No**

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

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

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## Certification of Applicant

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(Please Read Carefully)

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

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date