



**WALTON COUNTY SHERIFF'S OFFICE**  
**752 TRIPLE G ROAD**  
**DEFUNIAK SPRINGS, FL 32435**  
 Human Resources: (850) 892-8186 Fax: (888)228-3640  
 Website: www.waltonso.org



**APPLICATION FOR EMPLOYMENT**

Veterans' Preference:  
 N/A  Yes  No

**THIS BOX HR USE ONLY**

(Veterans' Preference Stamp Below If Applicable)

Category # \_\_\_\_\_

**APPLICATION AND JOB EXPECTATIONS**

This page serves to provide applicants a clear understanding of employment expectations in order to be considered for employment with the Walton County Sheriff's Office. Satisfaction of any or all of these expectations or qualifications does NOT constitute an offer of employment.

**DISQUALIFICATIONS**

- ▶ Applicants who have been convicted of a felony will be disqualified.
- ▶ Applicants who have been convicted of a misdemeanor involving perjury or false statement will be disqualified. Any person who, after July 1, 1981, pleads guilty or nolo contendere, or is found guilty of a felony or a misdemeanor involving perjury or false statement shall not be eligible for employment or appointment as an officer notwithstanding suspension of sentence or withholding of adjudication.
- ▶ Commission of a detected serious crime, as determined by the agency as an adult, which constitutes a felony, or a misdemeanor involving moral turpitude, or repeated misdemeanor offenses, or a crime involving violence will disqualify the applicant
- ▶ Commission of an undetected serious crime, as determined by the agency, as an adult, which constitutes as a felony, domestic violence, a misdemeanor involving moral turpitude , or repeated misdemeanor offenses that occurred within 3 years prior to the submission of the application may disqualify the applicant. Any undetected crimes occurring beyond the 3-year period will be subject to further review.
- ▶ A conviction of a crime of domestic violence will disqualify the applicant.
- ▶ The application of an applicant who is currently under an injunction for domestic violence will be placed on inactive status until the outcome of the injunction is finalized.
- ▶ Applicants under court ordered probation will not be considered until the terms of the probation are over.
- ▶ If the applicant is the subject of a criminal investigation or has the criminal charges pending the application will be temporarily suspended until disposition of all such investigations or actions is complete.
- ▶ Current membership and/or participation in an organization which has a stated purpose, the over throw of any local, state, or federal government, or which has a stated purpose, violation of any laws or advocates or approves acts of force or violence to deny other persons their rights under the Constitution of the United States may be a basis for disqualification.
- ▶ The background and criminal activities of relatives and/or associates of the applicant may be a basis for disqualification of the applicant if it appears if it appears that such relationships may affect the applicant's ability to perform the duties of a Deputy Sheriff.
- ▶ Applicants who have a pattern of illegal use of any class of controlled substance, including marijuana, as defined in Section 893.03, Florida Statutes (Schedules I through V), may be rejected. (This includes prescription drugs not prescribed to you for your use, anabolic steroids, and designer type drugs.) The suitability of an applicant who has illegally used a controlled substance, including marijuana will be evaluated on the basis of circumstances of involvement, use, length of use, and quantity of use. For example:
  - At the date of application, any use of a controlled substance, as defined under Chapter 893, Florida Statute, within the last (3) years for for marijuana and five (5) years for all other drugs.
  - Any illegal use of a controlled substance after the age of twenty-two (22). Illegal use of a controlled substance prior to the age of twenty-two (22) will be considered youthful indiscretion. Youthful indiscretion is defined as ten times or less.
  - Any illegal sale of a controlled substance to others, to include the sale of a prescription drug to another person.
  - The use of any controlled substance while a law enforcement position, corrections position, military position, or any public official capacity as defined by Chapter 112, Florida Statutes.
  - Any illegal use of a prescription drug not prescribed for the applicant will be evaluated based upon how the drug was obtained, the number and frequency of use, and intended purpose, type of drug, and from whom the drug was obtained. Knowingly abusing prescription medications over an extended period of time (more than 30 days.)
- ▶ Applicants with military experience should have been discharged from the Armed Forces with an honorable discharge. Applicants who have received a discharge from any of the Armed Forces of the United States for unsuitability, unfitness, or other misconduct reasons under honorable conditions may be evaluated for job related behavior and may be disqualified where the discharge indicates factors that may adversely affect job performance or credibility.
- ▶ Applicants must possess a valid driver license that is not under suspension, cancellation, or revocation, or is not about to be suspended, cancelled, or revoked.

- ▶ Applicants with military experience should have been discharged from the Armed Forces with an honorable discharge. Applicants who have received a discharge from any of the Armed Forces of the United States for unsuitability, unfitness, or other misconduct reasons under honorable conditions may be evaluated for job related behavior and may be disqualified where the discharge indicates factors that may adversely affect job performance or credibility.
- ▶ Applicants must possess a valid driver license that is not under suspension, cancellation, or revocation, or is not about to be suspended, cancelled, or revoked.
- ▶ Applicants will be required to submit the original certified driver license record from the State's Division of Motor Vehicles for each state in which they were issued driver licenses. Applicants must have an overall good driving record. For example, an unacceptable driving record is, but not limited to:
  - Three or more moving violations in the three (3) years immediately preceding appointment that accumulate three (3) or more points per violation under the Points System in the Florida Driver's Handbook.
  - Any two (2) convictions of reckless driving, regardless of whether suspension or revocation is involved, in the three (3) years immediately preceding appointment.
  - A suspension or revocation of the driver's license in the three (3) years immediately preceding appointment. (Suspensions for failure to carry insurance on one's vehicle, failure to pay child support, and under age tobacco use may be excluded.)
  - A suspension for refusing to take a test to show if driving while under the influence of alcohol or drugs, or any revocation of the driver's license for DUI, in the four (4) years immediately preceding appointment.
- ▶ An applicant whose work history or whose expressed views reflect job instability, unwillingness to perform shift work, or work weekends, holidays, or overtime emergencies.
- ▶ An applicant whose work history reflects excessive tardiness and absenteeism, incompatibility with coworkers and supervisors, carelessness, insubordination, inability to follow instructions may be a basis for disqualification.
- ▶ Other factors relating to work history, compliance and with law and similar job-related areas may be considered in evaluating the applicant's fitness for employment.
- ▶ Each applicant must be of good moral character as determined by an in-depth investigation into his/her background. An applicant will be disqualified if he/she refuses to sign Personal Inquiry Waiver, Agreement to Contact Current Employer, Notice of Disclosure of Consumer Report, and Notice of Conditions of Employment forms.
- ▶ An applicant who has used a different name for the purpose of defrauding, misleading, evading debts or other improper purpose will be disqualified.
- ▶ An applicant must be able to read, write, and speak the English language.
- ▶ Credit history and financial condition of the applicant will be reviewed. Credit history will not be a sole basis for disqualification, except that an applicant may be denied employment if he/she is indebted to the extent that the salary as a law enforcement officer, as supplemental by other monies that are or could be earned by the applicant and spouse with reasonable diligence, will manifestly be insufficient to pay his/her debts as they fall due. Failure to pay just debts may disqualify an applicant.
- ▶ Disciplinary action in prior employment, the military or educational institutions for behavior that would be either a criminal act or other violation of Agency conduct or disciplinary standards will be a basis for evaluation.
- ▶ An applicant may be evaluated on a present or future physical condition. An applicant will be rejected if the Agency's evaluating physician certifies that there is a reasonable probability that a specific physical condition would prevent the applicant from performing the essential functions of a member, and no reasonable accommodation is possible.
- ▶ An applicant's temporary condition or disability, such as broken bones, pregnancy, and skin diseases, may result in the delay of the applicant's processing until such time as the temporary condition or disability no longer exists.
- ▶ Any doubt as to the applicant's ability to participate in the selection process or to perform the essential functions of a member shall be resolved by examination and certification by a physician approved by the Agency.
- ▶ Applicants will be disqualified if they refuse to submit to a polygraph examination.
- ▶ **Applicants must answer truthfully and fully all questions asked of them.** Any misrepresentation or omission of any material fact on the application, during the background investigation, or in any phase of the selection process shall disqualify the applicant. If an investigation discloses a willful misrepresentation, omission, or falsification, the applicant will be rejected and the applicant may be permanently disqualified from applying in the future for any position with the Walton County Sheriff's Office.

If at any time during the application process one or more of the above factors becomes applicable to an applicant, such as the applicant is arrested, taken into custody, detained for investigation, charged with a crime by any police agency or state/federal attorney's office or declares bankruptcy, the applicant must immediately notify the Human Resource Manager, the officer conducting the applicant's background investigation, or the recruitment/selection representative.

The applicant is responsible for providing complete information and any or all reports, records, or other documentation related to any factor discovered that requires further review or evaluation. The applicant will be temporarily suspended until all requested information is received.

## QUALIFICATIONS

All of the following qualifications as indicated by F.D.L.E. and WCSO must be met in order to apply for a **certified sworn position only**:

- Be a citizen of the United States;
- Be of good moral character;
- Must have completed a basic training program for Law Enforcement or Corrections approved by the CJSTC (Florida certification);
- Must produce a copy of the state of Florida certification for Law Enforcement or Corrections examination results showing a passing score.

**Full-Time Deputy Sheriff - All of the following (in addition to the sworn requirements):**

- ▶ High School Diploma/GED
- ▶ Must be 21 years of age
- ▶ Honorable discharge for military service

**Reserve Deputy Sheriff** - must meet the requirements outlined for a certified sworn position only.

**Detention Deputy** - High School Diploma or GED and certified sworn position only requirements. Must be 19 years of age.

**Civilian Positions** - Minimum education High School Diploma or GED; Application must meet minimum qualifications outlined in the job posting and/or job description.

**EQUAL OPPORTUNITY EMPLOYER**

The Walton County Sheriff's Office is an Equal Opportunity Employer. No person will be subject to discrimination on the grounds of race, color, national origin, sex, age, disability, marital status, religion, political affiliation or sexual orientation.

**INSTRUCTIONS**

Application must be typewritten or 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 label answers to correspond with questions. **Please email application and required documentation to hr@waltonso.org.**

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

**SPECIAL NOTE**

- ▶ Certified Birth Certificate
- ▶ Social Security Card
- ▶ Driver's License
- ▶ High School Diploma/GED
- ▶ College Transcript and/or College Diploma
- ▶ Pertinent Certifications or Licenses
- ▶ Military DD214/FL National Guard NGB Form 22
- ▶ Additional Documentation for Proof of Veterans' Preference
- ▶ Resume
- ▶ Background Investigation Waiver
- ▶ Applicant Certification

APPLICATIONS WHICH ARE NOT COMPLETE AND LEGIBLE WILL NOT BE PROCESSED.

PLEASE NOTE THAT YOUR SIGNATURE IS REQUIRED ON PAGE 9 AND PAGE 10 ON THE RELEASE OF INFORMATION FORM.

APPLICATIONS MUST BE UPDATED IN PERSON, BY FAX OR BY E-MAIL - CORRECTIONS WILL NOT BE ACCEPTED BY PHONE.

IF THERE IS NOT SUFFICIENT SPACE TO ANSWER ANY QUESTION, ATTACH ADDITIONAL PAGES AS NEEDED.

FORM CJSTC 58 "AUTHORIZATION FOR RELEASE OF INFORMATION" MUST BE NOTARIZED.

**COMMUNICATION WITH APPLICANTS**

**FORMAL COMMUNICATION WITH ALL APPLICANTS WILL BE VIA E-MAIL THROUGHOUT THE SELECTION PROCESS. THIS REQUIRES A CURRENT E-MAIL ADDRESS BELOW AND NO EXCEPTIONS WILL BE MADE. IT IS THE RESPONSIBILITY OF THE APPLICANT TO CHECK THE E-MAIL ACCOUNT PROVIDED FOR NOTIFICATIONS AND ALERT THE WALTON COUNTY SHERIFF'S OFFICE IF THE E-MAIL ADDRESS PROVIDED BELOW CHANGES.**

**POSITION (S) APPLYING FOR**

Position(s) Applying For: \_\_\_\_\_

**CONTACT INFORMATION**

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

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

Phone \_\_\_\_\_  
Home Number Work Number Cell Number

E-Mail Address: \_\_\_\_\_ **(REQUIRED)**

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

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

**EDUCATIONAL BACKGROUND**

List all schools attended beginning with the most recent including: high school, trade, vocational, business, military, and colleges/universities. Attach additional paper if needed.

School/College Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Area of Study (Major): \_\_\_\_\_ Degree Type: \_\_\_\_\_ Total Credit: \_\_\_\_\_

School/College Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Area of Study (Major): \_\_\_\_\_ Degree Type: \_\_\_\_\_ Total Credit: \_\_\_\_\_

School/College Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Area of Study (Major): \_\_\_\_\_ Degree Type: \_\_\_\_\_ Total Credit: \_\_\_\_\_

Indicate any foreign languages you can speak, read, or write: \_\_\_\_\_

**MILITARY DATA**

Have you ever served on active or reserve 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: \_\_\_\_\_

**SEE PAGE 10  
FOR VETERANS' PREFERENCE INFORMATION**

**CURRENT AND PRIOR RESIDENCES**

List chronologically, addresses of all actual places of residence for the past 10 years: Attach additional paper if needed.

From (Month/Year)	To (Month/Year)	Street Address	Apt. #	City	State	Zip Code

**PERSONAL AND NEIGHBORHOOD REFERENCES**

**ALL INFORMATION IS REQUIRED IN ORDER TO PROCESS THE APPLICATION**  
*If this portion is incomplete the application will be returned.*

**Personal References:** Give three (3) references (NOT relatives, former or present employers, fellow employees, or a neighbor that you are listing in the next section "Neighborhood References") 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 for **at least five (5) years**. If retired, give former occupation.

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: _____

**Neighborhood References:** List **two (2)** of your **CURRENT** neighbors, regardless of whether or not you are acquainted with them. These references cannot live at the same address and cannot have been listed as personal references above. This section must be completed - no exceptions.

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

**EMPLOYMENT HISTORY**

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 of time or attended school while not employed, document those dates with "Unemployed" or "School." Attach additional paper if needed. Please note that your "Reason for Leaving" must match the employer's reference if verified.

**CURRENT EMPLOYER**

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: (Street, City, State, Zip): \_\_\_\_\_  
 Title/Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Dates Worked (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_ Status:  Full-Time  Part-Time  
 Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Do you have any objections to your current employer being contacted?**  Yes  No  
 If yes, why? \_\_\_\_\_

**PREVIOUS EMPLOYERS**

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: (Street, City, State, Zip): \_\_\_\_\_  
 Title/Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Dates Worked (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_ Status:  Full-Time  Part-Time  
 Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: (Street, City, State, Zip): \_\_\_\_\_  
Title/Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Dates Worked (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_ Status:  Full-Time  Part-Time  
Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: (Street, City, State, Zip): \_\_\_\_\_  
Title/Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Dates Worked (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_ Status:  Full-Time  Part-Time  
Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: (Street, City, State, Zip): \_\_\_\_\_  
Title/Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Dates Worked (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_ Status:  Full-Time  Part-Time  
Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**EMPLOYMENT HISTORY QUESTIONNAIRE**

**Please answer all questions below honestly. Any omission or incorrect information may be grounds for disqualification. Any "Yes" responses below should have details provided including but not limited to dates, reasons, violations, charges and final disposition or current status. Please attach additional paper as needed to provide details.**

Have you ever been dismissed, asked to resign, been demoted, been allowed to resign in lieu of termination or had ANY disciplinary action taken against you from any employment or position you have held?  Yes  No  
If yes, please provide details (attach additional paper if needed): \_\_\_\_\_

Are you currently under criminal investigation or indictment?  Yes  No  
If yes, please provide details (attach additional paper if needed): \_\_\_\_\_

Are you currently under an internal investigation?  Yes  No  
If yes, please provide details (attach additional paper if needed): \_\_\_\_\_

Have you ever separated/left/resigned or retired from a business or agency while under criminal or internal investigation or while under threat of criminal or internal investigation?  Yes  No  
If yes, please provide details (attach additional paper if needed): \_\_\_\_\_

Have you ever submitted an employment application at any law enforcement agency including Walton County Sheriff's Office?  
 Yes  No  
If yes, please provide details (attach additional paper if needed): \_\_\_\_\_

Have you ever applied to a law enforcement agency for which you were not hired?  Yes  No

If yes, please provide which agency(ies) and why (attach additional paper if needed): \_\_\_\_\_

Have you ever performed paid or unpaid services for a law enforcement agency not already listed on this application?  Yes  No

If yes, please provide details (attach additional paper if needed): \_\_\_\_\_

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 details (attach additional paper if needed): \_\_\_\_\_

### SPECIAL LICENSE/SKILLS

Indicate any type of current special license such as pilot, radio operator, etc.:

License Type	Licensing Authority	Where Issued	Expiration Date

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.: \_\_\_\_\_

### TRAINING/TESTING ACCOMMODATIONS

Are you now able to participate in defensive tactics, firearms, physical training, operation of motor vehicle, or otherwise perform the duties set forth in the job task analysis related to the position for which you applied?  Yes  No

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

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

If yes, explain what accommodation(s) you would need to perform the above: \_\_\_\_\_

(Attach additional paper if needed)

### CLUBS, SOCIETIES, AND ORGANIZATIONS

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	Position and Activity

Have you ever held membership in, associated with, or any other connection to any organization that exposes or supports discrimination based upon race, color, national origin, sex, age, disability, religion, political affiliation, sexual orientation, marital status or is known to have been involved in criminal activity and/or a violation of any state laws and/or the laws of the United States?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you currently have any of the following social networking accounts (check all that apply):

Facebook  Twitter  My Space  Other; Specify: \_\_\_\_\_

How did you find out about this job (check all that apply):

Linked-In  Agency Website  Agency Member  Job Fair  Academy Visit  Facebook

Basic Academy College  Law Enforcement Associated Website  Other; Specify: \_\_\_\_\_

**SHERIFF'S OFFICE FAMILY AFFILIATIONS**

Do you have any relatives employed with the Sheriff's Office?  Yes  No

If yes, please list their name(s) below: Relatives include: **Blood relationships**-father, mother, son, daughter, brother, sister, grandfather, grandmother, grandson, granddaughter, uncle, aunt, first cousin, niece, or nephew; **Married relationships**-husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law; **Adoptive relationships**-father, mother, son, daughter, sister, or any ward of any employee living within the same household; **Step relationships**-stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister.

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

**CRIMINAL HISTORY**

**INCOMPLETE, INACCURATE OR FALSE INFORMATION WILL DISQUALIFY YOU FROM EMPLOYMENT. CRIMINAL RECORDS SEALED UNDER FLORIDA STATUTES MAY BE AVAILABLE FOR INSPECTION BY A CRIMINAL JUSTICE AGENCY FOR THE PURPOSE OF EMPLOYMENT.**

Have you ever been **arrested or charged** with any criminal violations regardless of the final disposition, including notice to appear and juvenile charges?  Yes  No

Have you ever had a criminal record or arrest record sealed or expunged?  Yes  No

If yes to either of the above, list all such matters including juvenile records and records which have been sealed, pardoned or expunged. **For each entry below, a copy of the court document must be attached to your application indicating the final disposition.** Attach additional paper if needed.

Date	Location	Charge	Final Disposition

Have you or your spouse ever been a plaintiff or defendant in a civil court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.)  Yes  No

If yes, please provide details (i.e. date, place, or department, charge, court location, and disposition) \_\_\_\_\_  
\_\_\_\_\_

**DRIVING HISTORY**

Do you possess a current operator or chauffeur Florida Driver's License?  Yes  No

License Number: \_\_\_\_\_ Restrictions: \_\_\_\_\_ Expires Date: \_\_\_\_\_

Have you ever held an operator or chauffeur driver's license in another state?  Yes  No



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

State	Name Used	Approximate Dates Held

Have you ever received any traffic citations/tickets (e.g. speeding, careless driving, seat belt)?  Yes  No

Has your Driver's License ever been suspended or revoked?  Yes  No

Have you ever received a DUI?  Yes  No      Dates of DUI \_\_\_\_\_

Have you had more than four traffic tickets in the last 36 months (3 years)?  Yes  No

A current driving history will be generated and reviewed for disqualifications in all positions. Excessive citations may affect the hiring decision for positions in which driving is an essential function of the job.

**DRUG USE**

Have you ever used drugs outside the parameters listed on page 1 of this application?  Yes  No    If yes, explain:

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**APPLICANT'S CERTIFICATION**

I understand that my appointment or employment will be contingent upon the results of a complete background investigation and polygraph. 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 a 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 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 and 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 to state or federal law. I further agree to executive 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 compensation 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 in part, for my accrued compensation time.

I authorize any of the persons or organizations referenced in the application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Sheriff's Office and I released 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 that an investigation will be conducted on all of the information listed on this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS PAGE MUST BE COMPLETED BY EVERY APPLICANT**  
*Employer, remove this page prior to the beginning of the selection process.*

YOUR NAME: \_\_\_\_\_ POSITION TITLE FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

(All Applicants must read, complete, sign and date this page)

**VETERANS' PREFERENCE INFORMATION:** For the purpose of appointments, retention, reinstatement and reemployment, Veterans' Preference ensures that veterans and eligible spouses of veterans are given consideration at each step of the selection process. However, preference does not guarantee that a veteran or the eligible spouse of a veteran will be the candidate selected to fill the position. Completion of the Veterans' Preference section below is made on a voluntary basis and kept confidential with the Americans with Disabilities Act. Listed below are the five Veterans' Preference categories.

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. Department of Veterans' Affairs and the Department of Defense, *or*
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained or interned in the line of duty by a foreign power, *or*
3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, *or*
4. The unmarried widow or widower of a veteran who died of a service-connected disability, *or*
5. A veteran who has served in a qualifying campaign or expedition for which a campaign badge or expeditionary medal has been authorized; including any Armed Forces Expeditionary Medal or Global War on Terrorism Expeditionary Medal.

The receipt of a campaign medal is not required, only service during a wartime period. **Veterans' Preference is only available to Florida residents.**

Please provide supporting documentation to the Walton County Sheriff's Human Resource Office by the closing date of the position you are applying for. In addition to the DD214, applicants claiming categories 1, 2, or 4 above must furnish supporting documentation in accordance with the provision of Rule 55A-7.013, F.A.C. Under Florida law, preference in appointment shall be given first to those persons in categories 1 and 2 and then to those in categories 3, 4 and 5.

If a qualified applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, 9500 Bay Pines Blvd., Room 214, St. Petersburg, FL 33708. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency.

**VETERANS' PREFERENCE CLAIM:**

Veterans' Preference does not apply to me  or I do not wish to claim Veterans' Preference  (Volunteers, Interns, or Applicants without Military Service)

I am eligible for Veterans' Preference and wish to claim the following category # above  (Indicate 1-5 from above)

ARE YOU A RESIDENT OF THE STATE OF FLORIDA?  Yes  No

**BACKGROUND INFORMATION:** The following information is intended to be used for background purposes only and will not be used as part of the selection process. **This information is required.**

Full Name: \_\_\_\_\_ Maiden/Alias: \_\_\_\_\_

City and State of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Race/Sex: \_\_\_\_\_

If currently or previously married, Spouse Full Name: \_\_\_\_\_

**EEO SURVEY** Although the following information is not mandatory, it is requested to aid the WCSO in its commitment to Equal Employee Opportunity, Affirmative Action and to meet federal reporting requirements. Refusal to answer will not result in adverse treatment of any applicant. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, 2009 Apalachee Parkway, Tallahassee, Florida 32301.

**I do not wish to complete this section**

RACE/ETHNICITY (Please identify both Race and Ethnicity)

**Race (CHECK ONLY ONE):**

- White
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Asian
- 2 or more race

**Ethnicity (CHECK ONLY ONE):**

- Hispanic or Latino
- Not Hispanic or Latino

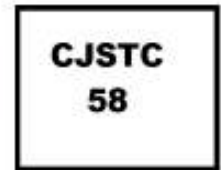
I certify that the above information is true and honest to the best of my knowledge. I acknowledge that I must provide a DD214 and any other requested documents to receive Veterans' Preference by closing date of any position in which I submit an application. If I am applying for categories 2 or 4, I attest that I am either currently married to the veteran in question or have not remarried if applying as a widower.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



**AUTHORITY FOR RELEASE  
OF INFORMATION  
(Background Investigation Waiver)**  
Incorporated by Reference in Rule 11B-27.0022(2)(a), 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: \_\_\_\_\_

AGENCY REQUESTING BACKGROUND INVESTIGATION: Walton County Sheriff's Office

ADDRESS: 752 Triple G Road, DeFuniak Springs, FL 32435

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 117.051(13)(a), Florida Statutes

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_

day of \_\_\_\_\_, year \_\_\_\_\_. By \_\_\_\_\_

Signature of Notary Public - State of Florida \_\_\_\_\_

Print, Type, or Stamp Commissioned name of Notary Public \_\_\_\_\_

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_