



Clay County Sheriff's Office

EMPLOYMENT

APPLICATION

Personnel Division

Post Office Box 548
Green Cove Springs, FL 32043
Website: www.claysheriff.com
Apply: apply@claysheriff.com

Date: _____

Equal Opportunity Employer

The Clay County Sheriff's Office is an Equal Opportunity Employer and a Drug Free Workplace. We consider applicants for all positions without regard to race, color, national origin, gender, age, disability, marital status, religion, or any other legally protected status.

General Instructions

- Age requirements: 18+ years for civilian position; 19+ years for detention position; 21+ years for law enforcement position.
- Application must be typed or printed legibly in blue or black ink and signed or it will not be considered.
- Incomplete applications will not be considered; if a question does not apply, notate N/A.
- In accordance with Florida Statute 119, all information is subject to the public records law, unless determined exempt or confidential by statute.
- Please submit a copy of your resume, birth certificate, high school diploma or Florida Police Standards approved GED and military discharge(s) – Form DD214, if applicable and unofficial college transcripts.
- All requests for academy sponsorship **MUST** be notated in the position applying for comments section and have a written recommendation from a current agency member attached to this application.

Sworn Position

Please attach copies of the following documents if you are applying for a **sworn law enforcement deputy** or a **certified detention deputy position**.

- Police Standards Certificate
- If you are an out of state officer, military police officer or federal officer who has requested exemptions from Florida Basic Recruit Training Programs, you **MUST** provide an equivalency of training. (CJSTC 76 + CJSTC 76A Forms)
- Basic Recruit Examination scores, if certification date is after June 30, 1993

Disqualifiers for Sworn Applicants

- **Domestic Violence** – any conviction
- **Driving** – three (3) moving violations in the past 24 months, or any suspension/revocation in the last five (5) years. Suspensions for financial responsibility and failure to pay will be evaluated on a case-by-case basis.
- **DUI Convictions** - has pled guilty or nolo contendere or been found guilty of the criminal offense of DUI within the last five (5) years.
- **Military** – any discharge other than honorable or general under honorable conditions. Uncharacterized discharges will be evaluated on a case-by-case basis.
- **Perjury or False Statements** – conviction of any felony or of a misdemeanor that involved perjury or a false statement, not have pled guilty or nolo contendere after July 1, 1981, to any felony or of a misdemeanor that involves perjury or a false statement, whether or not adjudication was withheld or sentence suspended.
- **Tattoos** – not permitted above the collarbone (i.e., neck, face, or behind the ear) or below the wrist (i.e., hands and fingers); visible tattoos determined to be inappropriate or offensive must be covered while at work.
- **Unlawful Drug Activity** – please refer to the Drug Limits Policy Statement within the application.

Disqualifiers for Civilian Applicants

- If the position will involve driving a Clay County Sheriff’s Office vehicle, three moving violations within the past 24 months, any driver license suspension/revocation and/or any convictions for a DUI within the last five (5) years. Suspensions for financial responsibility and failure to pay will be evaluated on a case-by-case basis.
- **Unlawful Drug Activity** – please refer to the Drug Limits Policy Statement within the application.
- Any military discharge other than honorable or general under honorable conditions. Uncharacterized discharges will be evaluated on a case-by-case basis.

Items that may be required in Conjunction with Pre-Offer of Employment or background investigation

- Copy of social security card
- Copy of driver’s license
- Copy of diploma and sealed transcripts from highest level of education (Associate or Bachelor)
- Documentation supporting legal name change (if applicable)
- Drug screening – 7 panel
- Fingerprinting
- Physical assessment
- Polygraph assessment
- Vocational assessment

Position Applying For		
<input type="checkbox"/> *Law Enforcement Officer <input type="checkbox"/> *Detention Officer <input type="checkbox"/> *LEO Reserve (unpaid) <input type="checkbox"/> Public Service Aide <input type="checkbox"/> Crossing Guard	<input type="checkbox"/> Communications <input type="checkbox"/> Technology (computers) <input type="checkbox"/> Logistics (facilities & vehicles) <input type="checkbox"/> Accounting <input type="checkbox"/> General office/clerical	
Other Position or Comments: _____		
*Must be Florida certified.		
Last Name	First Name	Middle Name
Street Address/Mailing Address		
City/County/State/Zip		
Telephone	Cellular	E-Mail
Birthdate (month, day, and year)		
Are you a citizen of the United States or authorized to work here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever worked for or applied for a position with the Clay County Sheriff’s Office? If yes, what position and when?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you have any relatives working for the Clay County Sheriff's Office? If yes, name and relationship.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been arrested, received a notice or summons to appear, charged, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you registered for Selective Service? If yes, please provide your Selective Service number.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been a respondent in an injunction for protection, domestic violence injunction, or a restraining order? If yes, please explain and list the name of the agency and the date. Explain here:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been a plaintiff or defendant in a civil court action? If yes, please explain and list the name of the agency and the date: Explain here:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently involved in any pending litigation? If so, please list the case number and county. Information here:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you now have or have you ever had social media accounts under your name or any fictitious name? If yes, please provide all the information here:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If employed, may we contact your current employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Education (from high school to highest level)

School Name	Address/City/State/Zip/County	Diploma/Degree

Other Skills/Training

Employment History (from most recent – past 10 years)

Employer No. 1

Job Title

Dates Employed

Address/City/State/Zip

Contact Person

Telephone No.

E-Mail Address

Reason for Leaving

Salary/Hourly Wage

Employer No. 2

Job Title

Dates Employed

Address/City/State/Zip

Contact Person

Telephone No.

E-Mail Address

Reason for Leaving

Salary/Hourly Wage

Employer No. 3

Job Title

Dates Employed

Address/City/State/Zip

Contact Person

Telephone No.

E-Mail Address

Reason for Leaving

Salary/Hourly Wage

Employer No. 4

Job Title

Dates Employed

Address/City/State/Zip

Contact Person

Telephone No.

E-Mail Address

Reason for Leaving

Salary/Hourly Wage

Employer No. 5	Job Title	Dates Employed
Address/City/State/Zip		
Contact Person	Telephone No.	E-Mail Address
Reason for Leaving		Salary/Hourly Wage
Employer No. 6	Job Title	Dates Employed
Address/City/State/Zip		
Contact Person	Telephone No.	E-Mail Address
Reason for Leaving		Salary/Hourly Wage

Residency – List present address then previous addresses for the past 7 years

Dates Month/Year		Address/City/State/Zip/County

REFERRAL

If applicable, please indicate who referred you at the Clay County Sheriff’s Office and your relationship to him/her.

NAME MUST BE SIGNED AND/OR PRINTED AND DATED TO BE CONSIDERED

I certify that all answers given on this employment application are true and complete to the best of my knowledge and that any falsification of this information is grounds for refusal to hire, or if hired, immediate dismissal. I also give my permission for the sheriff’s office to conduct a thorough background screening on me. I hereby acknowledge that I have read and understand this statement.

Signature of the Applicant

Date

New Employee Self-Identification Form – You Are Not Required to Provide this Information

Federal laws and regulations require us to report on our workforce by race, gender, and veteran status and to offer the opportunity for self-identification as to disabilities. Please assist us by completing this form. Data which you provide shall be kept strictly confidential, except that: 1) supervisors and managers may be informed regarding restrictions on the work or duties of disabled individuals and/or disabled veterans, 2) first aid and safety personnel may be informed, to the extent appropriate, if the condition might require emergency treatment, and 3) governmental officials reviewing the organization's compliance status shall be informed.

Veteran Status: Check all that apply.

- I am a disabled veteran.*
- I am a recently separated veteran. Date of discharge (MM/DD/YY) _____
- I served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
- I participated in a United States military operation for which an Armed Forces Service Medal was awarded, while serving on active duty in the Armed Forces, pursuant to Executive Order No. 12985 (61 Fed. Reg. 1209).

Disability

- I am an individual with a disability.*

SELF-IDENTIFICATION FORM DEFINITIONS

1. *The term "Disabled Veteran" means:
 - A. A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability, or
 - B. A person who was discharged or released from active duty because of a service-connected disability.
2. The term "Recently Separated Veteran" applies to any veteran during the three-year period beginning on the date of discharge or release from active duty.
3. *An "individual with a disability" means any person who: 1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, 2) has a record of such impairment, 3) is regarded as having such impairment.



CLAY COUNTY SHERIFF'S OFFICE, FL
SHERIFF DARRYL DANIELS
"Selfless service for all."

Applicant Minimum Limits Drug Use Policy

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

DRUG LIMITS POLICY STATEMENT TO APPLICANTS

The Clay County Sheriff's Office recognizes an irrevocable responsibility in maintaining the public trust concerning the maintenance of a Drug Free Workplace and the office's responsibility to be in compliance with the Drug-Free Workplace requirements as established in the Anti-Drug Abuse Act enacted by the United States Congress in 1988 and the Florida Drug Free Workplace programs requirements, F.S.S. 440.101 and F.S.S. 440.102 and Chapter 59A of the Florida Administrative Code.

The U.S. Court of Appeals, 5th Circuit in Davis v. City of Dallas (no. 84-1814 – November 26, 1985) determined that a requirement prohibiting recent or excessive drug usage is job related.

Therefore the Clay County Sheriff's Office has adopted the following **minimum limits** of exclusion for employment:

1. _____ **NO** *marijuana or hash during the **past 12 months**.
2. _____ **NO** adult usage of the following drugs within the past 5 years:
 - Cocaine
 - Illegal steroid usage (Not prescribed)
 - Quaaludes
 - LSD
 - M.D.M.A. (Ecstasy, Molly)
 - PCP
3. _____ Minor experimentation of the drugs listed in item two (2) as a juvenile, will be considered on a case by case basis. **NO** chronic usage will be considered

** Use of CBD oil can, in some circumstances, result in a positive result for THC during a drug test. A drug test that confirms a positive result for THC will disqualify the applicant from employment.

DURING LIFETIME:

4. _____ **NO** illegal usage of heroin, opium, Fentanyl or any derivative of heroin or opiates.
5. _____ **NO SALE**, distribution or conspiracy to distribute illegal drugs, except as required by official law enforcement duties.
6. _____ **NO USAGE** of methamphetamine, Rohypnol (Rooffies), GHB (Gamma Hydroxy Butyrate, also known as Grievous Bodily Harm), or similar illegal drugs in any amount.
7. _____ **NO USE** of any illegal drug after first employment or appointment in the law enforcement field except in connection with official duties.
8. _____ **NO** fraudulent use of prescriptions to obtain or use drugs.
9. _____ **NO** conviction for any alcohol related offences (D.U.I., Disorderly Intoxication, etc.), during the past 60 months, nor more than once in adult lifetime.
10. _____ **NO** current or past addiction to alcohol, unless in successful and continuous treatment and remission for the past 60 months.

If, after reading this minimum limits Drug Policy that applies to all applicants for appointment with the Clay County Sheriff's Office and **you are in compliance** with the statements therein, please initial by each statement. If you do not meet the minimum standards as established in this policy, you will not be considered for appointment/employment with the Clay County Sheriff's Office.

The Sheriff reserves the right to disqualify an individual based upon the totality of the circumstances.

Applicant Printed Name:

Date Signed:



CLAY COUNTY SHERIFF'S OFFICE

Statement of Purpose for Collection of Social Security Numbers

Social security numbers were originally intended for the administration of the Social Security System, but have become widely used for a variety of other purposes, including identity verification. Unfortunately, they have been used as a tool to perpetuate fraud and identity theft.

The Clay County Sheriff's Office collects social security numbers for various purposes. All social security numbers collected by the Sheriff's Office are confidential and exempt from Florida's public records act. Pursuant to section 119.71 (5)(a), Florida Statutes, a public agency in Florida may request a social security number from an individual only when it is specifically authorized by law to do so, or when the collection is imperative for the performance of that agency's duties and responsibilities as prescribed by law. These numbers may be disclosed to another law enforcement agency or governmental entity if disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities.

The sheriff's office collects social security numbers under certain circumstances, including, but not limited to, the following:

1. Employment applications.
2. Arrested individuals.
3. Individuals who are booked into the jail.
4. Individuals required by law to register with the sheriff's office and required to provide social security numbers as identification.
5. Citizen contacts during a consensual field interview.
6. Traffic stops and the deputy needs to verify the identity of the driver and any other individuals present in the vehicle.
7. Traffic citations are issued.

Social security numbers will be used for identity verification and even though providing the social security number is optional, its use is imperative for the sheriff's office to fulfill its lawful duties and responsibilities as prescribed bylaw.

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

Printed Name

Signature

Date: _____

Original: Employing Agency, Commission – Approved Revision 12/16/10

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 enrollment instructions.

Name _____ SSN _____

Agency Name _____

Previous or Current FRS Employer _____

**Complete Section I if you have never been a member of a State of Florida administered retirement plan.
Complete Section II if you are a current or previous member AND Section III if not retired OR Section IV if retired.**

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

DATE

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 State University System Optional Retirement Program (SUSORP)
 Community College System Optional Retirement Program (SCCSORP) 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 the 12th 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, SCCSORP, SMSOAP, or other plan was _____.

Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SCCSORP, and SMSOAP are eligible for renewed membership in the Investment Plan, SUSORP, or SCCSORP.

I understand that as a Pension Plan retiree:

- a. 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.
- b. 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, SCCSORP, or SMSOAP retiree:

- a. 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.
- b. 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:

1. You have received any benefits under the FRS Pension Plan including DROP (does not include a withdrawal of employee contributions), or
2. You have taken any distribution (including a roll-over) from the FRS Investment Plan, or other state administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), 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, adjunct professors, 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, SCCSORP, or other state-administered plan distributions – contact that plan's administrator for details.

⁴There is one exception to the restrictions on reemployment limitations after retirement. If you are a retired law enforcement officer, you may only be reemployed as a school resource officer by an FRS-covered employer during the 7th through 12th months after your retirement date or after your DROP termination date and receive both your salary and retirement benefits.



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

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



CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME:
DATE OF BIRTH:
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:

AGENCY REQUESTING BACKGROUND INFORMATION:

ADDRESS:

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature Date

Applicant's Address

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF COUNTY OF

Sworn to (or affirmed) and subscribed before me 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