

**GILCHRIST COUNTY SHERIFF'S OFFICE**

**Application for Employment**

Once completed, please return this application to the Gilchrist County Sheriff's Office, or mail to: 9239 S. U.S.. Highway 129, Trenton, FL 32693

Social Security Number:		
Last Name:	First Name:	Middle Initial:
Address:	County:	
City:	State:	Zip Code:
Home Phone Number: ( )		Business Phone Number: ( )

**DATE APPLICATION FILLED OUT:**

**WORK PREFERENCES**

This is an application for the classification (if known): \_\_\_\_\_

Please check the type of employment you will accept:

\_\_\_\_\_ full-time                      \_\_\_\_\_ part-time                      \_\_\_\_\_ temporary

When can you begin work? \_\_\_\_\_

Please indicate the types of work in which you are most interested (check as appropriate):

\_\_\_\_\_ Law Enforcement                      \_\_\_\_\_ Secretarial                      \_\_\_\_\_ Dispatch/911  
\_\_\_\_\_ Corrections                      \_\_\_\_\_ Clerical                      \_\_\_\_\_ Other \_\_\_\_\_

What is your minimum salary requirement? hourly: \_\_\_\_\_ annually: \_\_\_\_\_

Be sure to let the employment counselor know if you possess typing skills. We will be pleased to schedule you for a typing examination if you are interested.

**PERSONAL DATA**

Please note, only United States (U. S.) Citizens or aliens who have legal right to work in the U. S. are eligible for employment.

Are you presently eligible to work in the United States? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Federal law requires proof of your authorization to work in the United States. You will be required to provide proof of your identity and employment eligibility.

If you are a male between the ages of 18 and 26, are you registered with the selective service? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Have you ever worked at a Law Enforcement/Corrections Agency or at a State of Florida agency? \_\_\_\_\_ Yes                      \_\_\_\_\_ No  
If yes, when and at which agency?

Do you have any relative(s) employed by the Gilchrist County Sheriff's Office or any Gilchrist County Government agency?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, please provide name(s), relationship(s), and department(s), where employed:

**FOR SHERIFF'S OFFICE USE ONLY**

Received:	Location:	Education:	Vet type:
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## BACKGROUND PROCESS

### For Employment with the Gilchrist County Sheriff's Office

#### APPLICATIONS:

In addition to completing an application for employment with the Gilchrist County Sheriff's Office applicants must complete a personal history statement.

The complete personal history statement and other documents required by the Gilchrist County Sheriff's Office, must be received before the application can receive active consideration.

**NOTE: THE BACKGROUND INVESTIGATION PROCESS WILL NOT BEGIN UNTIL ALL ITEMS ARE COMPLETED AND ALL REQUIRED DOCUMENTS HAVE BEEN RECEIVED.**

#### REQUIRED DOCUMENTS:

All applicants must submit the following legal documents:

1. Birth Certificate - certified copy of the document must be from the Bureau of Vital Statistics from the state of birth.
2. Social Security Card.
3. A valid Florida driver's license. NOTE: Other than Florida applicants must submit a copy of their driving history transcript.
4. Military Record - discharge certificate and certified copy or original DD214.
5. High School diploma or GED document.
6. College transcript or college degree, if applicable.
7. Proof of name change, if applicable.
8. Naturalization papers, if applicable (see below).
9. Florida Police Certificate.
10. Handwritten Biographical sketch, approximately 1 - 1½ pages.

**NOTE: Federal law prohibits copying of naturalization papers. The actual papers must be submitted with the required documents listed above.**

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If you are a male between the ages of 18 and 26, are you registered with the selective service?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Have you ever worked at a Law Enforcement/Corrections Agency or at a State of Florida agency?    \_\_\_\_\_ Yes    \_\_\_\_\_ No  
If yes, when and at which agency?

Do you have any relative(s) employed by the Gilchrist County Sheriff's Office or any Gilchrist County Government agency?  
\_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, please provide name(s), relationship(s), and department(s), where employed:

**FOR SHERIFF'S OFFICE USE ONLY**

Received:	Location:	Education:	Vet type:
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**EMPLOYMENT HISTORY** Please list all employment activity, in a concise but complete manner, starting with your current or most recent employer. Please account for all periods of time, including unemployment and military service. If military service is to be used as experience, a copy of a completed DD Form 214 must be attached. Also, be sure to include relevant volunteer and/or part-time work experience. Use additional sheets if necessary.

May we contact your current employer? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

Current Employer:			
Address:			City:
State:	Zip:	Country:	Phone: (    )
Dates of employment:	from: _____ / _____ / _____	to: _____ / _____ / _____	
	month    day    year	month    day    year	
Current/ending salary:			
Supervisor's name:			Title:
Job Title:			
Please check:	_____ full-time	_____ part-time	Hours worked per week:
Reason for leaving:			
Job duties:			

Other Employment:			
Address:			City:
State:	Zip:	Country:	Phone: (    )
Dates of employment:	from: _____ / _____ / _____	to: _____ / _____ / _____	
	month    day    year	month    day    year	
Current/ending salary:			
Supervisor's name:			Title:
Job Title:			
Please check:	_____ full-time	_____ part-time	Hours worked per week:
Reason for leaving:			
Job duties:			

Other Employment:			
Address:			City:
State:	Zip:	Country:	Phone: (    )
Dates of employment:	from: _____ / _____ / _____	to: _____ / _____ / _____	
	month    day    year	month    day    year	
Current/ending salary:			
Supervisor's name:			Title:
Job Title:			
Please check:	_____ full-time	_____ part-time	Hours worked per week:
Reason for leaving:			
Job duties:			

Use this space to indicate any professional or occupational licensure, registration, or certification (e. g. Florida Teaching, Florida CJSTC Law Enforcement or Corrections Certificate, Florida Commercial Drivers License, Registered Nurse Certificate, etc.) you currently hold or any special knowledge, skills, or abilities (e. g. typing, word processing, shorthand, computer use: programs) you possess. If licensure or certification is required or preferred for a position vacancy, a copy of the license or certificate must accompany this application.

Have you ever pleaded “nolo contendere” (no contest) to or been convicted or found guilty (even if adjudication withheld) of first degree misdemeanor or a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list the date(s):

Offense and disposition (please explain fully):

Have you ever been arrested, received a notice to appear, charged, convicted, pled “nolo contendere” (no contest) or pled guilty to any criminal violation, regardless if the record was sealed or expunged? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list the date(s):

Offense and disposition (please explain fully):

Have you ever been terminated from or resigned in lieu of termination from a job? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please note: A response of “Yes” will not necessarily bar you from employment. Each case will be judged on its own merit with respect to time, circumstances, seriousness, and the position for which you are applying.

If yes, please provide employer’s name, dates employed, and specific information.

## APPLICANT ACKNOWLEDGMENT

I authorize to verify al information contained in this application and any supplement hereto. I certify that the above statements are true and complete to the best of my knowledge. I further understand that any false statements made by me on this application or any supplement hereto may be grounds for immediate discharge or rejection from consideration from further employment opportunities.

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

**MILITARY**

Are you a veteran of the U. S. Military Service? \_\_\_\_\_ Yes \_\_\_\_\_ No

Branch of Service: _____	
Date entered active duty: _____ / _____ / _____ month day year	Date extended active duty: _____ / _____ / _____ month day year
Date discharged: _____ / _____ / _____ month day year	Final rank: _____
Mark the type of Military discharge you received: _____ Honorable _____ General _____ Less Than Honorable _____ Dishonorable _____ Other _____	

Have you ever served in the Armed Forces of a foreign country? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which branch: \_\_\_\_\_ Service # \_\_\_\_\_

Dates: \_\_\_\_\_ to \_\_\_\_\_ Last Ranking/Rating: \_\_\_\_\_  
Month/Year Month/Year

Principal duties:

\_\_\_\_\_

\_\_\_\_\_

Did you ever receive any official disciplinary action, such as office hours, Captain's Mast or Court martial while on active duty? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Have you ever been employed by the State of Florida or any of its political subdivisions – counties, cities, towns, villages, special tax school districts, special road bridge districts, bridge districts, and all other districts in the state – prior to the date of this application.

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, include the name of your employer and the date of your initial employment.

**VETERAN'S PREFERENCE**

Are you claiming veteran's preference as covered by Chapter 295, Florida Statutes, or federal law? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please check the appropriate block. Please provide documentation at time of application.

- \_\_\_\_\_ 1. A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public law administered by the U. S. Veterans Administration and the Department of Defense, or
- \_\_\_\_\_ 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, or
- \_\_\_\_\_ 3. A veteran of any way, 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.

NOTE: Under Florida law preference in appointment, promotion, and employment retention shall be given by the State and its political subdivisions first to those persons included in 1 and 2 above, and second to those persons included under 3 and 4 above. If any applicant claiming veteran's preference for a vacant position is not selected for the position, they may file a complaint with the Department of Veteran's Affairs, P. O. Box 31003, St. Petersburg, Florida 33731. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, a complaint may be filed at any time.

This information is requested as part of the Gilchrist County Sheriff's Office affirmative action program as well as to provide statistical information in compliance with federal and state regulations. Your response is strictly voluntary. All information will be kept confidential and used only in accordance with federal and state law. Refusal to provide information will NOT subject an applicant or employee to an adverse treatment.

Due to limitations imposed by the Florida Child Labor, the Gilchrist County Sheriff's Office does not employ applicants under the age of 16.

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

Mr. \_\_\_\_\_

Ms. \_\_\_\_\_

Dr. \_\_\_\_\_

Sex: \_\_\_\_\_ male

\_\_\_\_\_ female

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month            day            year

Racial/ethnic data:

\_\_\_\_\_ Black (Non-Hispanic)

\_\_\_\_\_ Native American Indian or Alaskan

\_\_\_\_\_ Asian/Pacific Islander

\_\_\_\_\_ Hispanic

\_\_\_\_\_ White (Non-Hispanic)

\_\_\_\_\_ Other \_\_\_\_\_

Do you have any disabling conditions?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Position(s) for which you applied:

**PERSONAL HISTORY STATEMENT**

**\*\*INSTRUCTIONS\*\***

The Personal History Statement must be completed by the applicant. It must be hand-printed in black ink. All information must be provided accurately and completely. Place "N/A" in those areas that are not applicable.

When the completed Personal History Statement is submitted, you must bring original or certified copies of your birth certificate, high school diploma or GED equivalency, Florida driver license and social security card. If you served in the armed forces of the United States, the original or certified copy of your DD23143 must be submitted. Original documents, if submitted, will be photocopied by the department and returned.

A Personal History Statement which is incomplete or illegible will not be processed.

**PERSONAL DATA**

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last                                    Maiden

Have you ever been known by any other names? (Include married, maiden, professional, alias, or fictitious names).

If yes, what name(s)?

\_\_\_\_\_

When? 19\_\_\_\_ Why? \_\_\_\_\_

Location of change: \_\_\_\_\_

Court of Record: \_\_\_\_\_

\_\_\_\_\_

City

County

State

Zip

**If you have had more than one name change, attach an additional sheet designated "additional name change(s)."**

**Permanent Address (No Post Office Box Numbers):**

Street \_\_\_\_\_ Apartment/Lot Number \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Evening: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Color Hair: \_\_\_\_\_ Color Eyes: \_\_\_\_\_

Are you a United States citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

If naturalized, furnish: \_\_\_\_\_

Date

Place

Court

Naturalization #

**RESIDENCY**

Address where you receive mail: \_\_\_\_\_

List chronologically, in reverse order, all your residence addresses for the past five years:

From Mo. - Year	To Mo. - Year	Apt. No.	Street Address	City	State/Zip

**CHARACTER REFERENCES**

List five references who are adults of reputable standing in their communities, who have known you for at least five years, and with whom you have had contact for at least two years. NOTE: Do not use anyone related to you by blood or marriage.

Name:	Years Known:
Home Address	Telephone #:
Occupation of Reference:	Bus. #:

Name:	Years Known:
Home Address	Telephone #:
Occupation of Reference:	Bus. #:

Name:	Years Known:
Home Address	Telephone #:
Occupation of Reference:	Bus. #:

Name:	Years Known:
Home Address	Telephone #:
Occupation of Reference:	Bus. #:

Name:	Years Known:
Home Address	Telephone #:
Occupation of Reference:	Bus. #:

**Give three social acquaintances in your own age group, including both sexes.**

Name:	Years Known:
Home Address	Telephone #:
Occupation of Reference:	Bus. #:

Name:	Years Known:
Home Address	Telephone #:
Occupation of Reference:	Bus. #:

Name:	Years Known:
Home Address	Telephone #:
Occupation of Reference:	Bus. #:

List law enforcement experience, beginning with the most recent. If none, indicate N/A in the first agency block. Do not list security guard-type employment in this section.

Agency	Date of Employment	Rank/Position
Name:		
Address:		
City:		
Immediate Supervisor:		
Primary Responsibilities:		

Name:		
Address:		
City:		
Immediate Supervisor:		
Primary Responsibilities:		

Name:		
Address:		
City:		
Immediate Supervisor:		
Primary Responsibilities:		

Name:		
Address:		
City:		
Immediate Supervisor:		
Primary Responsibilities;		

List all law enforcement schools attended, beginning with the most current:

Course Title	Sponsored By	Dates Attended

How were you made aware of an employment opportunity with the Gilchrist County Sheriff's Office?

\_\_\_\_\_

List all other Florida law enforcement agencies with whom you have applied for employment as a law enforcement officer within the past year:

Agency	City	Date Applied

**USE OF ALCOHOL**

Answer each question truthfully. If you once had a drinking problem, but the problem no longer exists, you should not be unduly concerned.

- Have you ever held a job where the use of alcohol on the job was a common practice?      Yes \_\_\_\_      No \_\_\_\_
- Have you ever lost a job because of a drinking problem?      Yes \_\_\_\_      No \_\_\_\_
- Have you ever been counseled because of your drinking?      Yes \_\_\_\_      No \_\_\_\_
- In the past five years, how many times have you called in sick or missed work because of a hangover?  
 Number of times: \_\_\_\_\_
- Do you use alcoholic beverages now?      Yes \_\_\_\_      No \_\_\_\_
- If yes: Number of beers weekly/monthly/yearly: \_\_\_\_\_
- Number of intoxicating liquors (drinks) weekly/monthly/yearly: \_\_\_\_\_
- Number of wine (drinks) weekly/monthly/yearly: \_\_\_\_\_
- Has your use of alcohol ever caused problems in your relationships with other people?      Yes \_\_\_\_      No \_\_\_\_
- If yes, please explain: \_\_\_\_\_

During the past five years, approximately how many times have you used alcohol during working hours (include lunch breaks, as well as while actually working)? Circle the approximate number:

300    200    100    75    50    25    15    10    5    0

**USE OF DRUGS OR MARIJUANA**

Have you ever held a job where the use of drugs or marijuana during working hours was practiced, even if you did not use drugs or marijuana during working hours?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

During the past five years, approximately how many times have you used marijuana or drugs during working hours (include lunch and breaks)? Circle the approximate number:

300    200    100    75    50    25    15    10    5    0

Indicate when you first tried any of the listed drugs, when you last tried any of the drugs and how many times.

	Date	Date	Number of

	First Used	Last Used	Times Used
Marijuana			
Hashish			
Hallucinogens			
PCP			
Angel Dust			
THC			
STP			
LSD			
Mescaline			
Magic Mushrooms			
Psilocybin			
Cocaine (any form)			
Quaaludes			
Opium			
Speed			
Uppers			
Downers			
Other			
Legal Drugs (which were not prescribed by a doctor)			

Since your 18<sup>th</sup> birthday, were you ever involved in the sale of drugs or marijuana, even to friends or relatives, regardless of profit? Determine how many dollars worth of drugs or marijuana you have been involved in the sale of, and circle the figure nearest to the total amount.

\$5,000      \$4,000      \$3,000      \$2,000      \$1,000      \$500  
\$400      \$300      \$200      \$100      \$50      NONE

**CONVERSION OF PROPERTY**

Many persons take something from their workplace without permission. This includes actual taking, giving away employer's property or merchandise to friends, relatives or co-workers; or assisting someone else to take or give away employer's property or merchandise; borrowing without permission and failing to return the property or company equipment. Determine how much you may have taken and/or given away from all employers combined during the past five years, and circle the figure nearest the total dollar value.

\$5,000      \$4,000      \$3,000      \$2,000      \$1,000      \$500  
\$400      \$300      \$200      \$100      \$50      NONE

Briefly explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONVERSION OF MONEY**

Many persons have held jobs in which they handled money or had expense accounts. They may have used company money without the permission of their employer. This includes the direct taking of cash, borrowing and not returning money. Determine how much in dollars you have converted from all employers over the past five years and circle the figure that is nearest to that amount.

\$5,000      \$4,000      \$3,000      \$2,000      \$1,000      \$500  
 \$400      \$300      \$200      \$100      \$50      NONE

Briefly explain: \_\_\_\_\_  
 \_\_\_\_\_

**UNDISCLOSED ACTS**

It is important that each of the following questions be answered. Space for written explanation(s) is provided.

Indicate "yes" or "no" to committing any of the following:

	Yes	No	Number of Times	Age(s) at Time
Armed Robbery				
Assault				
Auto Theft				
Breaking & Entering				
Burglary				
DWI/DUI				
Extortion				
Lying Under Oath/False Statement				
Murder				
Passing Bad/NSF Checks				
Possession of Controlled Drugs				
Possession of Marijuana				
Sale of Drugs/Narcotics				
Sex Offense				
Shoplifting				
Theft from Employer				
Offense for which you were not charged				

Were you ever charged with any of the offenses listed?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Were you ever charged with any offenses not listed?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, explain; include agency involved, location and date: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COURT INFORMATION**

Have you ever been arrested , received a notice to appear, charged, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? \_\_\_\_\_ Yes \_\_\_\_\_ No

(List all such matters even if not formally charged, or no court appearance required; found guilty or not guilty, or plead guilty or nolo contendere to any charge for which adjudication of guilt was found, withheld, or settled by payment of fine or forfeiture of bond).

Date	Place	Agency	Charge	Final Disposition

Are you currently serving a suspended sentence for any criminal charge? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently on probation for any criminal charge? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been a plaintiff or defendant in a civil court action; i. e. have you ever filed a lawsuit or had a lawsuit filed against you? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give date, place, court, names or parties involved, nature of action and final disposition:

\_\_\_\_\_

\_\_\_\_\_

**DRIVER LICENSE AND DRIVING RECORD**

Do you have a valid driver license? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what state? \_\_\_\_\_ License # \_\_\_\_\_

Expiration date: \_\_\_\_\_ Restrictions: \_\_\_\_\_

In what other states were you issued a driver license? \_\_\_\_\_

Circle the number of traffic citations you have received in the past seven years.

26 or more    25    24    23    22    21    20    19    18    17    16    15    14  
 13    12    11    10    9    8    7    6    5    4    3    2    1    0

Has your license ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL STATEMENT**

The management of personal finances is important to an individual's qualifications for a law enforcement position or position relating to law enforcement. Please complete the following financial information. Be complete and accurate. The amount of indebtedness, in itself, will not be used in evaluating your qualifications.

Monthly Income \_\_\_\_\_  
\_\_\_\_\_

Mortgage Payment \_\_\_\_\_

Spouse's Salary \_\_\_\_\_

Rent \_\_\_\_\_

Other Average Monthly Income (describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimate monthly cost of living (include utilities, food, gasoline, maintenance of home and vehicle(s), entertainment, etc.)  
\$ \_\_\_\_\_

<b>TOTAL MONTHLY INCOME: \$</b> _____	<b>TOTAL MONTHLY EXPENDITURES: \$</b> _____
---------------------------------------	---

Assets/Liabilities:

Saving \_\_\_\_\_  
Checking \_\_\_\_\_  
Real estate \_\_\_\_\_  
Value                      Equity

Real Estate Indebtedness \_\_\_\_\_  
Finance Companies \_\_\_\_\_  
Charge Accounts \_\_\_\_\_  
Other Liabilities \_\_\_\_\_

Stocks/Bonds \_\_\_\_\_  
Life Insurance \_\_\_\_\_  
Automobiles \_\_\_\_\_  
Other Assets (describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>TOTAL ASSETS: \$</b> _____	<b>TOTAL LIABILITIES: \$</b> _____
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Please supply more detailed information about your charge accounts, contracts or other financial liabilities:

Business Firm & Address	Account Number	Original Loan Amount	Balance	Monthly Payment

Are you current on payments?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

If no, specify account(s), list amount in arrears and reason:

\_\_\_\_\_

Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, please provide details (including when and where): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have any of your financial obligations ever been turned over to a collection agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide details (including when, firms involved and circumstances): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had purchased goods repossessed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide details (including when, firms involved and circumstances): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have your wages ever been garnished? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide details (including when, where and circumstances): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been delinquent on income tax or other tax payments? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide details (including when, where and circumstances): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you presently paying child support? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how much monthly? \$ \_\_\_\_\_

Are you presently paying alimony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how much monthly? \$ \_\_\_\_\_

Are you currently, or have you ever been, in arrears on child support or alimony payments? \_\_\_\_\_ Yes

\_\_\_\_\_ No

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

**PLEASE RETURN TO:  
Gilchrist County Sheriff's Office  
9239 South U. S. Highway 129  
Trenton, Florida 32693**

**NOTARIZATION**

ALL STATEMENTS AND INFORMATION GIVEN IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE THE GILCHRIST COUNTY SHERIFF'S OFFICE TO CONDUCT SUCH INVESTIGATIONS AS ARE NECESSARY TO DETERMINE MY FITNESS FOR ANY POSITION FOR WHICH I HAVE APPLIED. IN THE EVENT THAT I AM EMPLOYED, I UNDERSTAND THAT ANY INFORMATION PROVIDED BY ME IN THIS BACKGROUND DOCUMENT WHICH IS FOUND TO BE MATERIALLY INCORRECT MAY RESULT IN MY DISMISSAL FROM EMPLOYMENT.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

STATE OF FLORIDA

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

Sworn to and subscribed

before me this \_\_\_\_\_

day of \_\_\_\_\_

A. D. 20\_\_\_\_\_

\_\_\_\_\_

NOTARY PUBLIC

State of Florida at Large

My Commission Expires: \_\_\_\_\_

TRENTON, FLORIDA

PERSONAL INQUIRY WAIVER

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

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

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

To Whom It May Concern:

I hereby authorize any officer or other representative of the Gilchrist County Sheriff's Office bearing this release, or a copy of it, within one year of its date, to obtain information in your files pertaining to my employment, credit or educational records including, but not limited to, academics, achievements, attendance, athletics, personal history, performance reports, background investigations, polygraph examination results, internal affairs investigations, disciplinary records and credit records.

I also hereby authorize any officer of other authorized representative of the Gilchrist County Sheriff's Office bearing this release, or a copy of it, within one year of its date, to obtain any medical records or medical information in the files of my current or former employer(s) or any current or former physician(s), or both, which pertain to my employment.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understand that the information is for the official use of the Gilchrist County Sheriff's Office.

Consent is granted for the Gilchrist County Sheriff's Office to furnish the information described above to their parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any school, college, university or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency or retain business establishment including collectively, from any and all liability for damage 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 said information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

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

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Telephone (Home) Telephone (Work)

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public: State of Florida at Large My Commission Expires: \_\_\_\_\_