



Sheriff Mark Hunter

COLUMBIA COUNTY SHERIFF'S OFFICE
4917 US Hwy. 90 East Lake City, Florida 32055-6288
www.columbiasheriff.org

Dear Applicant:

Thank you for your interest in the Columbia County Sheriff's Office. As an applicant, it is your responsibility to complete this application in its entirety and ensure that it is properly signed and notarized before you return it. If there is a question that does not apply to you, fill N/A in the space provided.

In addition to the application, you must provide the documentation listed below before you will be processed through Human Resources. This list is to be returned with your application.

- Completed and notarized application
Copy of birth certificate
Documents of any name change from birth name
Copy of current driver's license
Copy of Social Security card
Copy of high school diploma or GED
Copy of college degree with transcript and resume (if applicable)
Copy of Basic Recruit Academy Certification (if sworn position)
Copy of State Exam scores (if sworn position)
Copy of Military Discharge-DD214 (if applicable)
Current photograph (not driver's license photo)
I have read and understand page two and three of this attachment

If the above items are not included with your application, it will be considered incomplete and will not be processed. It is your responsibility to check off each item on the above list and initial each page of this document to ensure your packet is complete.

I appreciate your interest in the Columbia County Sheriff's Office and if you have any questions on this process, please contact our, Human Resources Director at 386-758-2130.

Sincerely,

Handwritten signature of Mark Hunter

Mark Hunter, Sheriff
Columbia County

Initials: \_\_\_\_\_

As a part of our interview process the Sheriff's Office will conduct a background investigation which may include accessing social media sites. In order to assist us in this process, please provide us a list of sites you subscribe to along with your user name:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

The following excerpt is from the current Uniform Policy regarding Visible Tattoo's. If you have any questions regarding this policy information, please contact the Human Resources Director.

**Tattoos:**

- a)** All members are prohibited from obtaining any tattoo that would be visible in any required uniform or work attire. A watch or other accessories, including a bandage, which is capable of concealing a tattoo that would otherwise be visible in a required uniform, is not acceptable. In addition to disciplinary action, members who violate this policy shall be required to have the tattoo removed at their own expense.
- b)** Members who were hired with existing tattoos are not required to remove or cover those tattoos unless deemed to be in violation of this General Order.
- c)** Tattoos that shall be considered to be in violation of this General Order are those that are deemed to detract from the professional appearance of the member or the uniform and/or are deemed racist, sexist, offensive, obscene, or excessive.
- d)** Any tattoo deemed to be in violation of this General Order that was obtained prior to hire shall be covered completely.
- e)** Examples of prohibited tattoos include, but are not limited to, the following:
  - (1)** Tattoos that depict nudity or sexual acts;
  - (2)** Tattoos that display obscene, racist, sexist, or vulgar words or illustration;

(3) Tattoos that promote, support, or identify gangs, gang activity, or gang affiliation; and

(4) Any tattoo on the head, face, neck, scalp, or hand.

f) Effective October 1<sup>st</sup> 2011 members with existing tattoos upon hire that are not prohibited as outlined in this General Order may only have visible on each appendage a single tattoo that from its two (2) furthest points does not exceed four inches (4") in length.

g) The Chief Deputy or designee shall retain the right to evaluate the appropriateness of all visible tattoos as defined by this General Order.

**In addition:**

Intentional body mutilation, piercing, branding, or intentional scarring is prohibited. Examples include, but are not limited to: split or forked tongues; foreign objects inserted under the skin to create a design or pattern; enlarged or stretched out holes in the ears; and intentional scarring that is visible.





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

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5. Indicate any foreign languages you can    Speak:  
Read:  
Write:

Fluent	Good	Fair

6. Indicate any law enforcement education/training:

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

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

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

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

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

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

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

**EMPLOYMENT HISTORY**

1. List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

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

2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held?  Yes  No

3. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?  Yes  No If yes to question #2 or #3, please provide details.

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4. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer?  Yes  No If yes, please provide name of agency and date of application or service.

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

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**RESIDENCES**

1. Actual places of residence for past 10 years – list chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Dates Mo./Yr.		Apt. No.	Street Address / City	County	State	Zip
From	To					

## ARREST HISTORY/COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged?  Yes  No
2. Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)?  Yes  No
3. To your knowledge, has any member of your immediate family ever been arrested for other than traffic violations?  Yes  No

If yes to question #1, #2 or #3, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (Include your juvenile record and records of your arrest(s) which have been sealed, if any.)

APPLICANT INFORMATION				
Date	Place & Department	Charge	Court & Place	Disposition

  

RELATIVE INFORMATION				
Name	Place & Department	Charge	Court & Place	Disposition

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

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

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

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## DRIVING HISTORY

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

Date of Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

2. Do you hold or have you ever held an operator or chauffeur license in another state?  Yes  No If yes, please provide state(s), name used and approximate dates license(s) was/were held.

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

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?  Yes  No If yes, please provide complete details including why license was revoked.

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

4. Have you ever had automobile insurance refused, withdrawn, or revoked?  Yes  No If yes, please provide complete details.

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

## MILITARY HISTORY

1. Are you registered for Selective Service?  Yes  No

If yes, your Selective Service Number: \_\_\_\_\_

Classification: \_\_\_\_\_ Date of Classification: \_\_\_\_\_

Address of Local Board: \_\_\_\_\_

2. Have you ever served on active duty in the Armed Forces of the United States?  Yes  No

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

Serial #: \_\_\_\_\_ Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

3. Date and type of discharge: \_\_\_\_\_

4. Are you now or have you ever been a member of a reserve unit or the National Guard?  Yes  No

5. If yes state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

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6. Was any type of disciplinary action taken against you in the service?  Yes  No If yes, please provide:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Nature of Offense: \_\_\_\_\_

Action Taken: \_\_\_\_\_

7. Have you ever served in the Armed Forces of a foreign country.  Yes  No If yes, please specify countries and dates.

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8. **VETERANS' PREFERENCE:** Check the appropriate block if you are claiming veteran's preference. **Documentation substantiating your claim must be furnished at the time of application.**

1. 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.

2. A veteran of any war who has served on active duty for 181 consecutive days or more or who has served 180 consecutive days or more since January 31, 1995 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty or training.

3. The unmarried widow or widower of a veteran who died of a service-connected disability.

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

If "yes," please give name of employer: \_\_\_\_\_

**NOTE:** Under Florida law, preference in appointment shall be given first to those persons included in #1 and #2 above, and second to those persons included in #3 and #4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans' Affairs, 11351 Ulmerton Road, Suite 311-K, Largo, FL 33778-1630.

## BUSINESS INTERESTS & LICENSES

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages?  Yes  No

2. Are you now issued or have you ever been issued a license to engage in a business or profession?  Yes  No

3. Was license ever cancelled, relinquished, suspended or revoked?  Yes  No

If yes to question #1, #2 or #3, please provide details including the type of license or certificate, the agency that issued the license, effective date of license and license number.

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## CREDIT DATA

1. Do you have any sources of income other than your salary or the salary of your spouse?  Yes  No  
Specify each with an estimated annual amount.

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2. Are you or your spouse indebted to anyone?  Yes  No If yes, please list all debts over \$500. Be sure to include student loans and charge accounts. Also, list any debt where payment is **past due**, regardless of amount.

Creditor	Address	Amount	Loan or Account Number

3. Have you, your spouse, or a company controlled by you filed for bankruptcy?  Yes  No, or declared bankruptcy?  Yes  No, or had a legal judgment rendered against you for a debt?  Yes  No, or been subject to a tax lien?  Yes  No If yes to any of these questions, please provide details.

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## ORGANIZATION MEMBERSHIP

1. List all clubs, societies of which you are or have been a member:

Name	City & State	Former	Present (list position held & describe activity)

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?  Yes  No

3. Have you ever made a financial or other material contribution to any organization of the type described in question #2 above?  Yes  No If yes to question #2 or #3, answer questions #4 and #5 also.

4. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?  Yes  No

5. Did you intend to promote any unlawful aims of the organization?  Yes  No If yes to question #2, #3, #4, or #5, explain including name of organization and location.

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## PERSONAL REFERENCES & ACQUAINTANCES

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

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

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

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

## CONFIDENTIAL EMPLOYEE HISTORY

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

1. Applicant's Current Address:

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone Number E-Mail

2. Applicant's Social Security Number: \_\_\_\_\_

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

4. Children's Names and Ages:

Name	Date of Birth	Address (if different than applicants)

5. Former Spouse(s) Name and Address:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

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

7. This position may require a physical agility test, if such a test or examination is required, would you be able to take this test or examination?     Yes     No

8. Please provide name and address of next of kin or other person to be contacted in case of an emergency:

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Home Phone Business Phone

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

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Business Phone

**DRUG HISTORY**

**The information contained herein MAY BE a confidential medical record under the Americans with Disabilities Act if the applicant is a rehabilitated drug or alcohol abuser or under section 119.071(4)(b) whether the medical information, if disclosed, would identify the applicant.**

1. Do you currently use any narcotic or controlled substance, such as cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturate, benzodiazepine, a snythetic narcotic, a designer drug, or any drug of a similar nature, or have you used such a narcotic or controlled substance within the last year?  Yes  No
  
2. Have you ever illegally experimented with or used any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a snythetic narcotic, a designer drug, or any drug of a similar nature?  Yes  No If yes, please complete the following:
  - a. Drug: \_\_\_\_\_
  - b. How taken: \_\_\_\_\_
  - c. Last time illegally experimented with or used: \_\_\_\_\_
  
3. Do you now or have you ever illegally obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a snythetic narcotic, a designer drug, or any drug of a similar nature?  Yes  No If yes, please complete the following:
  - a. Drug: \_\_\_\_\_
  - b. Circumstances: \_\_\_\_\_
  - c. Number of times illegally obtained/possessed/supplied/sold: \_\_\_\_\_
  - d. First time illegally obtained/possessed/supplied/sold: \_\_\_\_\_
  - e. Last time illegally obtained/possessed/supplied/sold: \_\_\_\_\_

4. Do you now or have you within the last year, abused or illegally obtained, possessed or sold any prescription drug?  
 Yes     No    If yes, provide details, including drug, date, and circumstances.

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

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

\_\_\_\_\_  
Signature of the applicant as usually written

\_\_\_\_\_  
Date

Witnessed by:

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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. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Sheriff's Office and that it and the information received in response to the background examination are public records.

I also understand that I may be required to furnish the Sheriff's Office with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment.

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test and that I may be required to take drug tests during the term of my employment or appointment with the Sheriff's Office.

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the Sheriff's Office.

I further authorize the Sheriff's Office or agent of the Sheriff's Office, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law.

I further agree to execute any authorization as may be required by the Health Insurance Portability Accountability Act of 1996 (HIPAA) for health care providers to release the necessary medical information to process my application for employment.

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

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

I agree to conform to the rules, regulations and orders of the Sheriff's Office and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me.

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability?     Yes     No  
If yes, provide your version or explain fully any such incident.

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\_\_\_\_\_  
Signature of the applicant as usually written

\_\_\_\_\_  
Date

Witnessed by:

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**CERTIFICATION OF APPLICANT**  
***For Special Process Server Only***

I understand that any appointment offered to me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be the basis to revoke my appointment. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge. I understand that I may be required to submit to the Sheriff's Office a copy of my income tax return for the year prior to employment and may be required to submit a copy of my income tax return each year thereafter during my appointment. I also understand and agree that this application shall be the property of the Sheriff's Office.

I understand that any appointment is at the pleasure of the Sheriff who shall retain the power to revoke my appointment at anytime.

I understand that I shall be disinterested in any process I may serve and my service will be contingent upon appointment by the Sheriff, whereby I will swear under oath to honestly, diligently, and faithfully exercise the duties of my office.

\_\_\_\_\_  
Signature of the applicant as usually written

\_\_\_\_\_  
Date

We, the undersigned, do hereby swear under oath to personally know \_\_\_\_\_, to vouch for his or her good moral character and to have witnessed the signature of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Witnessed by:

Witnessed by:

**DOCUMENTS TO BE ATTACHED TO APPLICATION**

1. Attach a certified copy of birth certificate.
2. Attach a certified copy of high school diploma or Florida Police Standards approved G.E.D.
3. Attach a copy of military discharge(s).
4. If required, a certified copy of an executed bond in the amount as required by Florida Statutes with a surety company authorized to do business in Florida.

**OTHER REQUIREMENTS**

When ordered by the Sheriff's Office, applicant will be fingerprinted and shall submit to a complete physical examination and electrocardiogram, if desired.

**REMARKS**

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

**BACKGROUND INVESTIGATION WAIVER**  
*Authority for Release of Information*

TO: Concerned Person or  
Authorized Representative of  
Any Organization, Institution  
or Repository of Records

APPLICANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

**EMPLOYING AGENCY REQUESTING BACKGROUND INFO:** \_\_\_\_\_

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, education 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 photocopy 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 photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

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*Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: – An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.*

Pursuant to Section 943.13 (4), (5) and (7) 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

**AFFIDAVIT**

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

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

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. My commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Personally Known – or –  Produced Identification

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



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)



CJSTC 58

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

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

AGENCY REQUESTING BACKGROUND INFORMATION: Columbia County Sheriff's Office
ADDRESS: 4917 U.S. Highway 90 East, Lake City, Florida 32055-6288

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:

Columbia County Sheriff's Office, 4917 U.S. Highway 90 East, Lake City, Florida 32055-6222 Attn: Human Resources

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

AFFIDAVIT

STATE OF COUNTY OF The foregoing instrument was acknowledged before me this date

By: who is personally known

or who has produced identification. Type of identification:

Notary's Signature Print, type, or stamp Commissioned Name of Notary

Notary Seal: Upon witnessing the applicant signing of this affidavit, the notary public shall complete the notary block.



Florida Department of Law Enforcement

AFFIDAVIT OF APPLICANT
Incorporated by Reference in Rule 11B-27.002(1)(f), F.A.C.



CJSTC
68

Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses

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

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

Last

First

MI

Employing agency: Columbia County Sheriff's Office, 4917 U.S. Highway 90 East, Lake City, Florida 32055-6288

Use this form to verify your compliance with the employment requirements of Section 943.13, F.S. I fully understand that to qualify for employment as a law enforcement, correctional, or correctional probation officer, I shall comply with the following provisions of Section 943.13, F.S.:

- Be at least 19 years of age.
Be a citizen of the United States.
Be a high school graduate or equivalent.
Not have been convicted of any felony or of a misdemeanor involving perjury or false statement.
Have been fingerprinted by the employing agency.
Have passed a physical examination by a licensed medical specialist approved in Rule 11B-27.002(1)(d), F.A.C..
Be of good moral character.
Have not received a dishonorable discharge from the U.S. Military.

True False NA In addition, I attest to the following statements: Each statement shall be checked "True" "False" or "NA"

Table with 11 rows of statements and checkboxes for True, False, and NA. Statements include: 1. I completed my employment application... 2. I provided documentation of proof of my qualifications... 3. I meet the qualifications as specified above... 4. I had a criminal record sealed... 5. I am under investigation... 6. I separated or resigned from a previous criminal justice employment... 7. I am currently serving in good standing in the U.S. Military. 8. I previously served in the U.S. Military. 9. I received a dishonorable discharge from my previous U.S. Military service. 10. I am currently certified as a Florida criminal justice officer... 11. I authorize the employing agency listed above to apply for my certification.

NOTICE: This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify the officer for employment as an officer.

PLEASE READ CAREFULLY BEFORE SIGNING. You must complete the remainder of this affidavit in the presence of a notary public. Upon witnessing your signing of this affidavit, a notary public shall complete the notary block by entering the same date the affidavit is signed. I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.

Applicant's Signature Date Signed

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_ The forgoing instrument was acknowledged before me this date \_\_\_\_\_

By: \_\_\_\_\_ who is personally known \_\_\_\_\_

or who has produced identification. Type of identification: \_\_\_\_\_

Notary's Signature Print, type, or stamp Commissioned Name of Notary

Notary Seal: \_\_\_\_\_ Upon witnessing the agency administrator or designee's signing of this affidavit, the notary public shall complete the notary block.

\*NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliance Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section