



# POLK COUNTY SHERIFF'S OFFICE

1891 Jim Keene Boulevard  
Winter Haven, FL 33880



## EMPLOYMENT APPLICATION

E-mail: [hr@polksheriff.org](mailto:hr@polksheriff.org)  
Website: <http://www.polksheriff.org>

Toll Free: (877) 477-7276  
Fax: (863) 298-6460  
Human Resources: (863) 298-6440

**POSITION DESIRED** 1st Choice \_\_\_\_\_ **DATE** \_\_\_\_\_  
2nd Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_

### INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. If the space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions. If you require special disability accommodations, notify the agency's hiring authority in advance.

### PERSONAL HISTORY

1. Full Name:

Last Name	First	Middle	Nickname
Residence Address	Apt. No.	Mailing Address	Apt. No.
City	County	State	Zip Code
( )	( )		
Telephone Number (Home)	Work/Other		( )
E-mail Addresses			Cell

2. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

3. Place of Birth:

City	County	State	Country (if not the United States)
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4. Other: List all other names you have used including circumstances and time periods you used them. For example: former name(s), alias(es), and nickname(s).

Name	Circumstance	Dates From - Mo./Yr.	Dates To - Mo./Yr.

The Polk County Sheriff's Office is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, handicap, marital status, religion or any other legally protected status.

5. Have you ever filed an application with us before?  Yes  No Dates \_\_\_\_\_
6. Have you ever been employed by us before?  Yes  No Dates \_\_\_\_\_
7. Are you related to anyone who has worked in law enforcement?  Yes  No \_\_\_\_\_  
 If yes, provide name and relationship: \_\_\_\_\_
8. Have you ever had a relative work for the Polk County Sheriff's Office?  Yes  No  
 If yes, provide name (and member number, if known): \_\_\_\_\_

## EDUCATION/TRAINING

1.

High School Name/Address	Dates Attended - Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	To			

2.

College/University Name/Address	Dates Attended - Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

Major \_\_\_\_\_ Minor \_\_\_\_\_

3. Other Schools (Trade, Vocational, Business, Police Academies or Military):

Name/Address	Dates Attended - Mo./Yr.		Credit Hours earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				

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

\_\_\_\_\_

5. Indicate any law enforcement education/training:

\_\_\_\_\_

6. Did you receive a certificate for this training?  Yes  No (If yes, attach a copy)

7. Indicate any special skills you possess and equipment you can use which may be related to the position for which you are applying (i.e., breathalyzer, speed detection equipment, firearms, and computers):

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8. Describe any word processing or computer skills and list all software used:

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9. State approximate number of words per minute:            Typing \_\_\_\_\_            Shorthand \_\_\_\_\_

10. On what date are you available for work? \_\_\_\_\_

11. Are you available to work?             Full-Time             Part-Time

12. Are you available to work rotating shifts?             Yes             No

## EMPLOYMENT HISTORY

1. List chronologically all employment including current employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for any length of time, indicate dates of unemployment. Please attach a separate sheet of paper for additional employment history if necessary.

<b>1</b>	Name of present or last employer: _____ <span style="float: right;">Part-Time <input type="checkbox"/>    Full-Time <input type="checkbox"/></span>
Address: _____	
Your Job Title: _____    Phone Number: (    )    -    _____	
FROM: ___ / ___ / ___    TO: ___ / ___ / ___    Supervisor's Name: _____	
Duties and Responsibilities: _____ _____ _____	
Reason for Leaving: _____	

<b>2</b>	Name of employer: _____ <span style="float: right;">Part-Time <input type="checkbox"/>    Full-Time <input type="checkbox"/></span>
Address: _____	
Your Job Title: _____    Phone Number: (    )    -    _____	
FROM: ___ / ___ / ___    TO: ___ / ___ / ___    Supervisor's Name: _____	
Duties and Responsibilities: _____ _____ _____	
Reason for Leaving: _____	

**3** Name of employer: \_\_\_\_\_ Part-Time  Full-Time

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

FROM: \_\_\_ / \_\_\_ / \_\_\_ TO: \_\_\_ / \_\_\_ / \_\_\_ Supervisor's Name: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**4** Name of employer: \_\_\_\_\_ Part-Time  Full-Time

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

FROM: \_\_\_ / \_\_\_ / \_\_\_ TO: \_\_\_ / \_\_\_ / \_\_\_ Supervisor's Name: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**5** Name of employer: \_\_\_\_\_ Part-Time  Full-Time

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

FROM: \_\_\_ / \_\_\_ / \_\_\_ TO: \_\_\_ / \_\_\_ / \_\_\_ Supervisor's Name: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. May we contact your present employer?  Yes  No
3. Have you ever been dismissed or asked to resign?  Yes  No If yes, please explain: \_\_\_\_\_
4. Have you had any disciplinary action, to include verbal, written warnings, reprimands, suspensions and counsellings, taken against you from any employment or position you have held?  
 Yes  No If yes, please provide details. \_\_\_\_\_
5. Have you resigned, or left a job by mutual agreement, for any reason?  Yes  No If yes, please provide details. \_\_\_\_\_

6. Have you ever applied or worked with any law enforcement agencies?  Yes  No If yes, please provide the following.

Agency and/or Department \_\_\_\_\_ Date Applied \_\_\_\_\_  
 Address (Street, City, State, Zip) \_\_\_\_\_  
 Position applied for: \_\_\_\_\_ Status: \_\_\_\_\_

Agency and/or Department \_\_\_\_\_ Date Applied \_\_\_\_\_  
 Address (Street, City, State, Zip) \_\_\_\_\_  
 Position applied for: \_\_\_\_\_ Status: \_\_\_\_\_

Agency and/or Department \_\_\_\_\_ Date Applied \_\_\_\_\_  
 Address (Street, City, State, Zip) \_\_\_\_\_  
 Position applied for: \_\_\_\_\_ Status: \_\_\_\_\_

Agency and/or Department \_\_\_\_\_ Date Applied \_\_\_\_\_  
 Address (Street, City, State, Zip) \_\_\_\_\_  
 Position applied for: \_\_\_\_\_ Status: \_\_\_\_\_

7. 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.

8. Have you ever performed paid or unpaid services for a law enforcement agency not listed as an employer to include extra-duty details and auxiliary?  Yes  No If yes, please provide name and address of business, corporation or organization and describe your relationship or position.

## RESIDENCES

1. Actual places of residence for past 15 years - list chronologically all addresses, including residences while at school and in the military. For college or campus residences, give dormitory name, city and state. If residences in military service cannot be shown as a street address, indicate complete military unit designation and location by city and state. If a post office box, give location of post office. If any addresses listed were an apartment complex, please provide the complex name, name of manager, and phone number below. Attach a separate sheet of paper for additional residences and landlords, if necessary.

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

## LANDLORDS

Dates - Mo./Yr.		Apt. No.	Name of Complex	Manager Name	Phone Number
From	To				

## ARREST HISTORY/COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violations?  
 Yes  No
2. Have you ever been convicted of a felony or a misdemeanor?  Yes  No
3. To your knowledge, has any member of your family ever been arrested for other than traffic violations?  Yes  No
4. 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 the matter was settled by payment of fine or forfeiture of collateral. (Include your juvenile charges and charges which have been sealed, if any.)

Applicant	Place & Department	Charge	Court & Place	Date of Charge	Disposition
Relative's Name/ Relationship	Place & Department	Charge	Court & Place	Date of Charge	Disposition

5. Have you or your spouse ever been a plaintiff or defendant in a court action?  Yes  No
6. Have you ever been detained by any law enforcement officer for investigative purposes **OR** have you ever been the subject of **OR** a suspect in any criminal investigation?  Yes  No
7. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)?  Yes  No  
 If yes to question #5 or #6, please provide details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## DRIVING HISTORY

1. Do you have a Florida driver license?  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, driver license(s) number and approximate dates license(s) was/were held.  
 \_\_\_\_\_
3. Have you ever received a ticket or been charged with a traffic violation?  Yes  No If yes, list charge, date, and disposition.  
 \_\_\_\_\_
4. 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 reason and place.  
 \_\_\_\_\_

## MILITARY HISTORY

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

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

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

Discharge Type: \_\_\_\_\_

2. Are you now or have you ever been a member of the Reserve Unit or the National Guard?  Yes  No  
If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps.

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

3. Have you ever been tried on charges, or were you the subject of a summary court, court martial, deck court, Captain's Mast, company punishment, or any other type of disciplinary action while a member of the armed forces?

Yes  No If yes, please provide details:

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

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

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

\_\_\_\_\_

4. **VETERANS' PREFERENCE:** Documentation for eligibility of veterans' preference will be required at the time of application if you are claiming veterans' preference under the following circumstances:

1. Disabled veterans who have served on active duty in any branch of the Armed Forces and who presently have an existing service-connected disability which is compensable under public laws administered by the DVA or are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the DVA and the Department of Defense.

2. The spouse of a veteran: (a) who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment; or (b) who is missing in action, captured in the line of duty by a hostile force or detained or interned in the line of duty by a foreign government or power.

3. A veteran of any war, who has served at least one day during that war time period as defined in Section 1.01(14), F.S., or who has been awarded a campaign or expeditionary medal. Active duty training shall not be allowed for eligibility under this paragraph.

4. The unremarried widow or widower of a veteran who died of a service-connected disability.

5. The mother, father, legal guardian, or unremarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the U.S. Department of Defense.

6. A veteran as defined in Section 1.01(14), F.S. "Active Duty for Training" may not be allowed under this paragraph. The term "veteran" is defined as a person who served in the active military, naval, or air service and who was discharged or released under honorable conditions only or who later received an upgraded discharge under honorable conditions.

7. A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.

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

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

**NOTE:** Under Florida law, preference in employment may be given only to eligible persons described in categories 1 through 7 listed above. An applicant for veterans' preference who believes he or she was not afforded employment preference may file a complaint with the Florida Department of Veterans' Affairs, Division of Benefits and Assistance, Post Office Box 31001, St. Petersburg, FL 33731.

## ORGANIZATION MEMBERSHIP

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

Name	City & State	Former Member	Present Member 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 question #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 questions #2, #3, #4, or #5, explain, including name of organization and location.

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## 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 canceled, 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 the license, and license number.

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## PERSONAL REFERENCES & ACQUAINTANCES

1. Personal References: Give three (3) references (not relatives, former or present employer, 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, list their former occupation. **Provide complete mailing addresses and phone numbers.**

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

## POLYGRAPH EXAMINATION

Prior to final approval for hiring, you will be required to undergo a polygraph examination regarding your background and other aspects of your character.

The following is a list of subject areas from which polygraph questions will be drawn:

- i. FINANCIAL STATUS
- ii. WORK RECORD
- iii. HONESTY
- iv. USE OF ALCOHOL
- v. DRIVING RECORD
- vi. ARRESTS AND CONVICTIONS
- vii. DRUGS, NARCOTICS, AND MARIJUANA
- viii. GAMBLING
- ix. BLACKMAIL
- x. FRIENDS, RELATIVES AND ASSOCIATES
- xi. LOYALTY TO THE UNITED STATES

**APPLICANT CERTIFICATION**

**I understand that, in submitting this application for employment or appointment, I agree to abide by the following terms and conditions:**

My appointment or employment will be contingent upon the results of a complete background investigation. Any omission, falsification, misstatement or misrepresentation may disqualify me as an applicant or cause my dismissal from the Polk County Sheriff's Office. All statements made by me on this application are true, correct and complete, to the best of my knowledge.

I consent to a polygraph examination concerning the veracity of this information or that which is discovered as a result of the background investigation or any physical examination or drug test. My employment or appointment will be contingent upon the results of a complete drug test. I may be required to take drug tests during the term of my employment or appointment with the Polk County Sheriff's Office. I authorize all persons and organizations referenced in this application to furnish the Polk County Sheriff's Office information, personal or otherwise, regarding my ability and fitness for employment or appointment. I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Polk County Sheriff's Office.

I understand that this employment application shall become the property of the Polk County Sheriff's Office. The application and information received in response to the background investigation are public records.

**If employed by, or appointed to, the Polk County Sheriff's Office, I accept and agree to abide by the following conditions:**

**I will agree to work shift work, my position may be relocated.** I will obey and abide by all directives, procedures, rules, regulations and General Orders issued by the Polk County Sheriff's Office and its official representatives. **I understand my position will require use of agency supplied equipment and/or uniform(s).**

I will maintain active telephone and/or cellular service at my residence during my period of employment with the Polk County Sheriff's Office. I will establish my domicile within the boundaries of Polk County, Florida within 180 calendar days of my employment or appointment date and maintain such residence during the course of my employment (Deputy Sheriff and Civilian applicants). Detention Deputy and Detention Support Specialist applicants are excluded from the residence requirements.

In the event that I am eligible for, and accumulate, overtime work hours, the Polk County Sheriff's Office may, at its option, adjust my work schedule, grant me compensatory time or reimburse me monetarily.

Any property or equipment issued or loaned to me by the Polk County Sheriff's Office shall be maintained in good repair at all times. I will report any discrepancies to my supervisor immediately. I may be required to reimburse the Polk County Sheriff's Office for any property or equipment that is damaged or lost through my own negligence or misconduct. If funds from the damage or loss of such property are due and owing at the termination of my employment, I agree that said funds may be deducted from my final paycheck in accordance with state and federal wage and hour laws. Holiday pay utilized in advance of the date earned will be deducted from my final paycheck.

I acknowledge that all property belonging to the Polk County Sheriff's Office, or utilized by me in the course and scope of my employment, is subject to search or inspection at any time without notice. I also agree to, and fully realize that, I have no expectation of privacy, whether subjective or objective, in the use of such property.

I acknowledge that, in accordance with Florida Statute 943.16, if I should voluntarily leave the Polk County Sheriff's Office within one (1) year of entering or completing (whichever is later) an approved Criminal Justice Standards and Training Program, the tuition and any related educational costs paid by the agency will be deducted from my final paycheck.

I understand that, if employed, I shall be required to have direct deposit into a checking or savings account.

**AFFIDAVIT (Must be notarized)**

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

\_\_\_\_\_  
Date

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ Yr. \_\_\_\_\_

by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of person taking acknowledgement

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

\_\_\_\_\_  
Title or Rank

**PERSONAL INQUIRY 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.: \_\_\_\_\_

I respectfully request and authorize you to furnish the Polk County Sheriff's Office any and all information that you may have concerning my work record, school record, military record, reputation, criminal history, and financial and credit status. Please include any and all medical, physical and mental records or reports including all information of a confidential or privileged nature, and photostats of same, if requested. This information is to be used to assist in determining my qualifications and fitness for the position I am seeking with the Polk County Sheriff's Office.

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

**Sign in the presence of a notary.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Apt. No.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**AFFIDAVIT**  
**(Must be notarized)**

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ Yr. \_\_\_\_\_

by \_\_\_\_\_, who is personally known to me or who has produced

\_\_\_\_\_ as identification and who did (did not) take an oath.

\_\_\_\_\_  
Signature of person taking acknowledgement

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

\_\_\_\_\_  
Title or Rank

***Mission Statement:***

*We, the members of the Polk County Sheriff's Office, are committed to excellence in providing law enforcement, detention, and public safety services. In partnership with our community, we will serve with integrity, compassion, accountability, and professionalism.*

***Vision Statement:***

*Our vision is to maintain a staff of well-equipped, highly-trained, professional members to provide the highest level of customer service with a sense of urgency. While providing comprehensive services, we will be transparent in our actions. Utilizing cutting edge technology, we will continue to proactively reduce crime and enhance the quality of life to ensure Polk County is a safe and attractive place to live, work, and visit.*

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**Human Resources Division  
Polk County Sheriff's Office**

**1891 Jim Keene Boulevard**

**Winter Haven, FL 33880**

**Toll Free: (877) 477-7276**

**Office: (863) 298-6440**

**Fax: (863) 298-6460**

**e-mail: [hr@polksheriff.org](mailto:hr@polksheriff.org)**

**website: [www.polksheriff.org](http://www.polksheriff.org)**

**Equal Employment Opportunity Employer M/F/D/V**