



Nassau County Sheriff's Office

Tommy Seagraves, Sheriff

REQUIREMENTS

- Must be 18 years or older
- Be a high school graduate or equivalent
- Must possess effective oral and written English communications skills
- Must be a U.S. citizen or permanent resident alien who has applied for citizenship
- Never received a Dishonorable Discharge from any of the Armed Forces of the United States
- Must possess a valid Florida Driver's License *and* have good driving record
- Must be willing and able to work shifts, holidays, and weekends (24 / 7 facility)
- Must have a good moral character
- *Felony convictions are disqualifying*
- *Misdemeanors may be disqualifying depending on number, how recent and/or severity*

SHERIFF'S OFFICE HIRING PROCESS

Due to the confidential nature of the duties assigned, the hiring process to screen for qualified candidates involves multiple steps and can be rather extensive (approximately 4 to 6 weeks).

An understanding of the hiring process can be helpful to you help when applying:

1. Complete and submit a job application along with all required supporting material to the Department of Human Resources (DHR). You can obtain an application from our web-site at <http://www.nassaucountysheriff.com> or from the Nassau County Sheriff's Office located at 76001 Bobby Moore Circle, Yulee, FL 32097. (Applications will not be mailed to you.)

Incomplete applications will not be considered.

SHERIFF'S HIRING PROCESS (continued...)

2. Upon submitting your application, you will be asked to take a very brief, English grammar and spelling quiz.
3. Depending on the preliminary review of your application *and* whether a position is currently available, you may immediately receive another notification from DHR asking you to call the NCSO's Department of Human Resources at (904) 548-4046 to set up an oral interview. (Note: The oral interview is typically conducted by 4 interviewers.)
4. If, after the oral interview, it is determined to proceed with processing your application, you will be fingerprinted at this time.
5. If you are applying for a 9-1-1 Dispatcher position and, as a result of your fingerprinting, there was NO Florida Criminal History Record Identified - AND - NO National / FBI Criminal History Record Identified, you will be notified, and you will be scheduled to take the Communications (9-1-1 Dispatch) exam. The notice will include the date, time and the location for the test along with instructions on what you should bring with you.
6. After successfully passing the 9-1-1 Dispatcher exam, you will be notified, and continued processing of your application and offer of employment *is conditional upon your passing a thorough background investigation; credit check; basic CJSTC-75A pre-employment physical examination; alcohol & drug screen; and a polygraph.*
7. Upon successful completion of the above cited examinations, you will be given a date to begin working.

Employment Information

Please Read Before Completing Applicant Tracking Card And Employment Application

How to Apply

The first step in applying for a position with the NCSO is to submit an Applicant Tracking Card and an Employment Application form.

The department utilizes the Tracking Card and Employment Application system to identify potential employees who will be contacted at a time when vacancies become available.

The application must be filled out in its entirety INCLUDING all documents requested.

Please ATTACH the documents to the application OR the Application Will NOT be processed!

The documents required are listed below:

(Please check off list as you attach documents to the application.)

-- EMPLOYEE PROCESSING --	
★ APPLICATION	
★ TRACKING CARD	
★ DRIVER'S LICENSE	
★ SOCIAL SECURITY CARD	
★ H.S. DIPLOMA / GED and COLLEGE DEGREE (If Applicable)	
★ BIRTH CERTIFICATE	
★ DD 214 - MEMBER 4 COPY	
★ STATE CERTIFICATE (Law enforcement or Corrections)	
★ PERSONAL REFERNCES (Completed <i>within</i> application)	
★ EMPLOYMENT REFERENCES (Completed <i>within</i> application)	

The Nassau County Sheriff's Office accepts Applicant Tracking Cards and Employment Applications Monday – Friday (except Holidays) of each week throughout the year. The office hours are from 8am to 5pm. *The department **does not** mail out any employment information or Applications.*

*Tracking Cards must be **updated every six months** to remain active.*

All Applicants:

All Applicants must meet the following qualifications to be considered for employment. (Including Communications, Law Enforcement, Corrections, Administration, Mapping and any other position that may become available within the Nassau County Sheriff's Department):

1. Meet the agency minimum age requirement of 18.
2. Be a citizen of the United States.
3. Be a high school graduate or possess a G.E.D. certificate that meets state standards.
4. Possess a valid driver's license.
5. Be in good physical condition to perform job-related tasks.
6. Be of good moral character; no felony convictions; no misdemeanor convictions involving moral character, perjury, or false statements as outlined in the Florida Statutes.

7. Never have received a dishonorable discharge from any of the armed forces of the United States. (Must have Honorable Discharge)
8. Be able to successfully pass a drug screen test, physical and polygraph.

Employment Areas and Careers

Salaries:

Base Rate Pay Plan, Starting Pay as July 1, 2007:

Control Room Operator	23,000 annually
Communications	21,000 annually / 23,000 annually > CTO
Support Staff	20,000 (+) annually
School Crossing Guard	\$11.25 / shift (seasonal, part-time; retirement only)

All employees are paid once a month.

What to Expect When Applying:

Once it has been established that applicants have met the basic qualifications, they will be notified and instructed to appear for an interview. If the applicant meets the departmental standards during the interview, a written test, polygraph, drug screen or other job related examinations would then be scheduled. The applicant must also undergo an extensive background investigation.

The Human Resources Department will remain in close contact with each applicant throughout all employment processing. It is not necessary to call to check on your application.

The time for processing an applicant greatly varies and is determined by the current need for employees. If you have not been contacted within six months of submitting a Tracking Card it will be necessary for you to reapply.

Holidays:

Twelve (12) Paid Holidays.

Members working approved holidays or overtime will be compensated at a rate of time and one half and paid in salary or compensatory time placed on the books, depending upon the department's financial status at that time. (See Human Resource Division for details.)

Annual Leave / Sick Leave:

Paid annual leave is earned at a rate of 8 hours monthly.

Paid sick time is earned at a rate of 8 hours monthly.

All new employees are placed on one-year probation.

All new employees may not take time off for the first six months or it will be deducted from their paycheck.

Insurance:

Medical insurance for employee is paid by NCSO.

Dental, Vision, Term Life and other insurance options are also available at a minimal cost to the employee.

Retirement:

The Nassau County Sheriff's Office enrolls all employees in the Florida Retirement System at no cost to the employee.

If you have questions regarding any of the information listed above, please contact Linda Neal @ 904-548-4046 in the Human Resources Department of the Nassau County Sheriff's Office.





Nassau County Sheriff's Office

Tommy Seagraves, Sheriff

Application Tracking Card Communications * Support Staff

Please PRINT Legibly in Blue or Black Ink.

Date: _____

Position Desired: Communications _____ Support Staff _____

Other (specify): _____

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security # _____ - _____ - _____

Telephone: Home (_____) _____ Work (_____) _____

Race _____ Sex _____ Age _____

Education: (Circle the highest grade completed) 8 9 10 11 12 13 14 15 16

Circle All Degrees and Diplomas Held: GED HS AA AS BA BS M PhD

Driver's License # _____ State: _____

Veteran: Yes _____ No _____ Currently in Military? Yes _____ No _____

Revised 07/07

SHERIFF'S OFFICE

SUPPORT STAFF EMPLOYMENT APPLICATION FORM

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

NOTICE: Attach a certified copy of high school diploma or approved G.E.D. to this application.

_____ COUNTY DATE: _____

POSITION APPLYING FOR: _____

INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

PERSONAL HISTORY

1. Full Name:

Last Name

First

Middle

Abbv.

2. Other: List all other names you have used including circumstances and time periods you used them. (For example: former name(s), alias(es), or nickname(s)).

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

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				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						

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.

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.

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

6. Does this business do business with the Sheriffs Office or County? Yes No If yes to question #5 or #6, please provide name and address of business, corporation or organization and describe your relationship or position.

RESIDENCES

1. Actual places of residence for past three (3) 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
From	To					

ARREST HISTORY/COURT DATA

1. Have you ever been convicted of a felony? Yes No
2. 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
3. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No
If yes to questions #1, #2 or #3, please provide details.

4. Have you or your spouse ever been a plaintiff or a 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.

DRIVING HISTORY

Answer if you will be required to operate a vehicle as part of your job.

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 received during the past five (5) years a ticket or been charged with a traffic violation? Yes No
4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No
If yes to questions #2, #3 or #4, please provide complete details including why license was revoked or the disposition of the charge.

5. 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 in the Armed Forces of the United States? Yes No

Branch of Service: _____ Highest Rank: _____

Active Duty Dates: From: _____ To: _____ From: _____ To: _____

3. Date 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:

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. **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. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense.
- 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.
- 3. 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.
- 4. The unremarried 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.

PERSONAL REFERENCES & ACQUAINTANCES

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 three (3) 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: () _____

ORGANIZATION MEMBERSHIP

1. List all professional, trade businesses or civil activities and offices held:

Name	City & State	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. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? Yes No If yes to question #2 or #3, explain including name of organization and location.

CONFIDENTIAL EMPLOYEE HISTORY

1. Applicant's Current Address:

Address _____

City _____ County _____ State _____ Zip Code _____

() _____
Telephone Number

E-Mail _____

2. Applicant's Social Security Number: _____ - _____ - _____

3. Are you now able to perform the duties set forth in the job description or task analysis related to the position for which you have applied? Yes No

4. If a test or examination is required for this position, would you be able to take this test or examination? Yes No

5. 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

6. 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, oiates, 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? 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.

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.

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:

APPLICANT'S CERTIFICATION

I understand that my 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 may be fingerprinted. I understand that this employment application shall become the property of the Sheriff's Office and that it and the information received in response to the background examination are public records.

I further understand and agree that my employment will be contingent upon the results of a complete drug test.

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 may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment.

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 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 understand that unless otherwise defined by applicable law, any employment relationship with this office is "at will", which means that the employer may discharge me at any time with or without cause and that this "at will" relationship may not be changed unless authorized in writing by the Sheriff.

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 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.

Signature of the applicant as usually written

Date

Witnessed by:

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:

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: _____