



**TAYLOR COUNTY SHERIFF'S OFFICE  
WAYNE PADGETT  
108 NORTH JEFFERSON STREET, SUITE 103  
PERRY, FL 32347  
850-584-4225**

## CORRECTIONAL OFFICER JOB EXPECTATIONS

This page serves to provide applicants a clear understanding of employment expectations and qualifications in order to be considered for employment with the Taylor County Sheriff's Office. Satisfaction of any or all of these expectations or qualifications does NOT constitute an offer of employment.

**QUALIFICATIONS:** All of the following must be met in order to apply for a sworn position as indicated by the Florida Department of Law Enforcement:

- Be at least 19 years of age
- Be a citizen of the United States
- Be of good moral character
- Must have completed a basic training program for corrections approved by the Criminal Justice Standards and Training Commission (Florida Certification)
- Passed the state of Florida certification exam for corrections with a copy of results
- **Education/Experience** – High School Diploma or GED
- **Residency** – Within Taylor or surrounding counties in the state of Florida

**DISQUALIFICATIONS:** Any of the following items will be grounds for disqualification from employment:

- Falsification or untruthfulness of the information obtained during the selection process, both written and oral
- Dishonorable discharge from any of the Armed Forces of the United States
- Any felony conviction
- Any misdemeanor conviction, including pleas of nolo contendere, involving perjury or a false statement
- Any misdemeanor conviction within the last 5 years, including pleas of nolo contendere, involving: Domestic Violence, Battery, Abuse of a child, elderly or disabled person and D.U.I.
- Failure to successfully complete the screening process including background
- Any drug history which is deemed by the Sheriff to not be in the best interest of the agency or impact the moral character of the applicant
- Any other factor deemed by the Sheriff not to be in the agency's best interest

### Background Information

The following information is intended to be used for background purposes only and will not be used as part of the selection process:

Full Name: \_\_\_\_\_ Maiden/Alias: \_\_\_\_\_

City & State of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Race/Sex: \_\_\_\_/\_\_\_\_

<b>Office Use Only: Date Human Resources Received Application:</b> ____/____/____ <b>Initial:</b> _____
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## TAYLOR COUNTY SHERIFF'S OFFICE CORRECTIONAL OFFICER APPLICATION

The Sheriff's Office is an Equal Employment Opportunity Employer. No person will be subject to Discrimination on the grounds of race, color, national origin, sex, age, handicap, marital status or religion.

### INSTRUCTIONS

Application must be typewritten or printed legibly in blue or black ink. All questions must be answered; if a question is not applicable, so state by indicated **N/A (not applicable)**. 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. **Applications which are not COMPLETE AND LEGIBLE will not be processed.**

Copies of the following documents must be attached to the application before it will be processed:

1. Certified birth certificate
2. Social Security Card
3. Driver's License
4. Military DD-214 Form
5. High School/GED Diploma, College Transcript, College Diploma
6. State scores and certification

Certified Officer:     Yes             No

### CONTACT INFORMATION

1. Name: \_\_\_\_\_  
Last                      First                      Middle                      (Maiden)

2. Present Address: \_\_\_\_\_  
Street                      City    State                      Zip

3. Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Number                      Work Number                      Cell Number

4. Are you a United States Citizen?             Yes                       No

If naturalized, please provide:

\_\_\_\_\_ Date                      Place                      Court                      Naturalization #

### EDUCATIONAL BACKGROUND

1. List all high schools; trade, vocational, business or military schools; and colleges you have attended beginning with the most recent. **List School/College Name & Address, the dates of attendance, total credit hours, area of study (major) and type of degree:**

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2. Indicate any foreign language you can speak, read or write:

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### CRIMINAL HISTORY

1. Have you ever entered a plea of nolo contendere or guilty to, or been convicted of, a misdemeanor or felony crime regardless of whether adjudication was withheld or imposed:

Yes  No

2. If yes, list all such matters including juvenile records and records of your arrests which have been sealed, if any, **including date, location, charge and final disposition:**

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### DRIVING HISTORY

1. Are you a licensed Florida automobile operator or chauffer?  Yes  No

License #: \_\_\_\_\_ Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

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

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3. Have you ever received any traffic and/or moving violations to include DUI, suspension or revocation?  Yes  No If yes, please give the details of the above citations, including date, citation/violation and final disposition:

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### PRIOR RESIDENCES

1. List chronologically, addresses of all actual places of residence for the past 10 years – including residences while at school and in the military. This should include dates, apt number, street address, city, state and zip:

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

**MILITARY DATA**

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

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

Serial #: \_\_\_\_\_

Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

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

2. Veteran’s Preference: Check the appropriate block if you are claiming veteran’s preference. Documentation substantiating your claim must be furnished at the time of application:

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, or

The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or

A veteran of any war who had served on active duty for 181 consecutive days or more, or who had 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 for training, or

The un-remarried widow or widower of a veteran who dies of a service-connected disability.

**REFERENCES**

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, or ministers, who have known you for the past five (5) years. If retired, give former occupation. **ALL INFORMATION IS REQUIRED.**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Years Known: \_\_\_\_\_

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Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Years Known: \_\_\_\_\_

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Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Years Known: \_\_\_\_\_

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2. Neighborhood References: **List three (3) of your current neighbors**, regardless of whether or not you are acquainted with them. This should include neighbors on each side, across from and behind you.

Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Years Known: \_\_\_\_\_

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Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Years Known: \_\_\_\_\_

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Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Years Known: \_\_\_\_\_

**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, document those dates with "Unemployed". Use additional sheet if necessary.

Current Employer: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Dates worked: From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Status:  Full-time  Part-Time Supervisor: \_\_\_\_\_

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

\*\*Do you have any objections to your current employer being contacted:  Yes  No

If yes, why? \_\_\_\_\_

Employer: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Dates worked: From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Status:  Full-time  Part-Time Supervisor: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Dates worked: From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Status:  Full-time  Part-Time Supervisor: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Dates worked: From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Status:  Full-time  Part-Time Supervisor: \_\_\_\_\_

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

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

If yes, please provide details: \_\_\_\_\_

3. 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 details:

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4. 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 details: \_\_\_\_\_

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**SPECIAL SKILLS**

5. Indicate any type of special license such as pilot, radio operator, etc.; showing licensing authority, where the license was first issued and the date the current license expires:

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6. Indicate any special skills you possess and equipment you are familiar with related to law enforcement such as two-way radio communications, breathalyzer, speed detection devices, multi-lingual skills, etc.: \_\_\_\_\_

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

If no, would you be able to perform these tasks with an accommodation?  Yes  No

8. If a test or examination is required for this position, would you need any accommodations?  
 Yes  No

9. Explain what accommodation(s) you would need to perform the above: \_\_\_\_\_

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10. List all professional clubs, societies or organizations of which you are or have been a member, including name, city & state, former or present member and position & activity description: \_\_\_\_\_

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11. Do you now, or have you illegally obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any other drug of a similar nature?

Yes  No If yes, please complete the following:

a. Drug: \_\_\_\_\_

b. Circumstance: \_\_\_\_\_

c. # of times possessed/supplied/sold: \_\_\_\_\_

d. First time possessed/supplied/sold: \_\_\_\_\_

e. Last time possessed/supplied/sold: \_\_\_\_\_

12. Do you have any relatives employed with this Sheriff's Office?  Yes  No  
(Relatives include: (1) blood relationships – father, mother, son, daughter, brother, sister, grandfather, grandmother, grandson, granddaughter, uncle, aunt, first cousin, niece or nephew; (2) marital relationships – husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; (3) adoptive relationships – father, mother, son, daughter, brother, sister, or any ward of any employee living within the same household; (4) step relationships – stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother or half-sister) If yes, please list their name(s) and relationship below:

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## APPLICANT'S CERTIFICATION

I understand that my appointment or employment will be contingent upon the successful completion of the hiring screening process including the results of a completed 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 understand and agree that I have read the "Job Expectation" page detailing qualifications for the job in which I am applying and certify that I meet all listed requirements. I agree to the conditions and certify that all statements made 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 or a voice stress analysis concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, 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 and screening process are public records.

I 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 illegal drugs is prohibited and the use of alcohol is not permitted during work or duty time, whether paid or unpaid, and in areas, including vehicles, where work is performed by employees or appointees. I understand that my employment or appointment will be contingent upon the results of my medical/pre-employment physical and psychological examinations, that I will be required to take prior to or during my employment.

I understand and agree that any employment and 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 relieve all such parties from any and all liability for any damage that might result from furnishing such information.

I understand that if appointed as a deputy sheriff, that if I am not currently a resident of Taylor County, I must, within 30 days of date of employment, establish and maintain my legal residence with Taylor County. If appointed as a correctional officer I understand that I must reside in Taylor or surrounding county in the state of Florida and must also meet this requirement within 30 days of date of employment.

I agree to the rules, regulations and orders of the Sheriff's Office and acknowledge that these rules, regulations and order 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.

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Signature of Applicant

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Date

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Witness By:

**IMPORTANT INFORMATION FOR TAYLOR COUNTY SHERIFF'S OFFICE  
APPLICANTS REGARDING THE PRE-EMPLOYMENT PSYCHOLOGICAL  
EVALUATION:**

1. You have the right to refuse to participate in the psychological evaluation process.
2. You should answer questions truthfully – *If you do not, it could count against you.*
3. You have the right to refuse to answer any particular question.

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**RELEASE OF PSYCHOLOGICAL INFORMATION**

I hereby authorize Patrick E. Cook, Ph.D., to release to the Taylor County Sheriff's Office any information about me obtained from psychological tests, clinical interviews, and other means. I understand that a written report will be provided to the Taylor County Sheriff's Office and that this report will be part of the information considered in the employee selection process.

I understand that I have the right to refuse to participate in the psychological evaluation process. I understand that I must be as truthful as possible in responding to test questions and providing other information, but I have the right to refuse to answer any particular question or questions.

I understand and agree that I am not a client of Dr. Cook. The Taylor County Sheriff's Office is his client and will pay for the evaluation. A report will be sent to the Taylor County Sheriff's Office, but I will not receive a copy. I understand that the results of the psychological evaluation are advisory. I will not hold Dr. Cook liable for any decisions regarding employment or other matters made by the Taylor County Sheriff's Office.

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Signature

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Date

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Witness