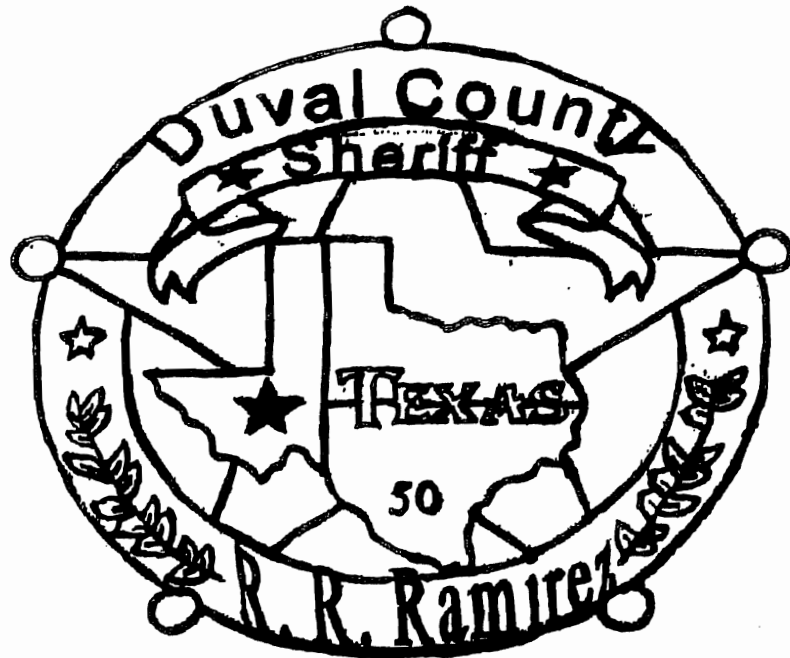


APPLICATION FOR EMPLOYMENT



ROMEO R. RAMIREZ, SHERIFF
P.O. BOX 547; 401 EAST COLLINS
SAN DIEGO, TEXAS 78384
PHONE # (361) 279-3351
FAX # (361) 279-2670

NAME OF APPLICANT _____

(Revised 11-15-2008)

The Duval County Sheriff's Office is an equal opportunity employer and complies with the American with Disabilities Act.

POSITION YOU ARE APPLYING FOR _____

WOULD YOU LIKE TO BE CONSIDERED FOR ANOTHER POSITION WITHIN THE SHERIFF'S DEPARTMENT IF AVAILABLE?

IF YES, WHAT _____

NAME OF APPLICANT: _____

PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ D.L. # _____

SEX: _____ S.S. # _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

*****GENERAL INFORMATION*****

IS THERE ANYONE IN YOUR FAMILY CURRENTLY, OR HAS EVER BEEN A PEACE OFFICER? _____

IF YES, WHO? _____

WHAT AGENCY? _____

ARE YOU WILLING TO WORK SHIFT WORK? _____

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB? _____

HAVE YOU EVER SEEN A PSYCHIATRIST? _____ WHO? _____

REASON? _____

*****EMPLOYMENT HISTORY*****

START WITH THE MOST RECENT EMPLOYER

EMPLOYER: _____ OCCUPATION: _____

SUPERVISOR: _____ DUTIES: _____

STARTING DATE: _____ ENDING DATE: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ OCCUPATION: _____

SUPERVISOR: _____ DUTIES: _____

STARTING DATE: _____ ENDING DATE: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ OCCUPATION: _____

SUPERVISOR: _____ DUTIES: _____

STARTING DATE: _____ ENDING DATE: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ OCCUPATION: _____

SUPERVISOR: _____ DUTIES: _____

STARTING DATE: _____ ENDING DATE: _____

REASON FOR LEAVING: _____

*******CRIMINAL HISTORY*******

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS? IF YES, EXPLAIN FULLY. _____

HAVE YOU EVER BEEN ENGAGED IN, BEEN INVESTIGATED FOR, OR ARRESTED FOR DOMESTIC VIOLENCE OFFENSE (S)?

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF DOMESTIC VIOLENCE OFFENSE (S)?

IF YES, STATE THE REASON AND DATE. _____

HAVE YOU USED ANY ILLEGAL CONTROLLED SUBSTANCE, DANGEROUS DRUG, OR MARIHUANA?

IF YES, STATE THE ILLEGAL SUBSTANCE AND DATE: _____

HAVE YOU HAD A LAW ENFORCEMENT LICENSE REVOKED OR DENIED BY FINAL ORDER, OR HAVE YOU VOLUNTARILY SURRENDERED YOUR LICENSE TO AVOID SUSPENCION? _____

IF YES, STATE THE REASON AND DATE: _____

*******EDUCATIONAL BACKGROUND*******

COLLEGE OR UNIVERSITY: _____

FROM: _____ TO: _____ GRADUATE? _____

COURSE OF STUDY? _____ DEGREE: _____

TRADE SCHOOL: _____

FROM: _____ TO: _____ GRADUATE? _____

COURSE OF STUDY? _____ CERTIFICATION? _____

HIGH SCHOOL: _____

HIGHEST GRADE COMPLETED? _____ GRADUATE? _____

FROM: _____ TO: _____

YEAR GRADUATED: _____

IF YOU DID NOT GRADUATE, DO YOU HAVE A "GED? _____

HAVE YOU SERVED IN THE U.S. ARMED FORCES OR IN THE NATIONAL
GUARD? DESCRIBE YOUR EXPERIENCE. _____

LIST PERSONAL REFERENCES OTHER THAN RELATIVES OR EMPLOYERS

NAME: _____ YEARS KNOWN: _____

ADDRESS: _____ PHONE #: _____

NAME: _____ YEARS KNOWN: _____

ADDRESS: _____ PHONE #: _____

NAME: _____ **YEARS KNOWN:** _____

ADDRESS: _____ **PHONE #:** _____

NAME: _____ **YEARS KNOWN:** _____

ADDRESS: _____ **PHONE #:** _____

NAME: _____ **YEARS KNOWN:** _____

ADDRESS: _____ **PHONE #:** _____

NAME: _____ **YEARS KNOWN:** _____

ADDRESS: _____ **PHONE #:** _____

NAME: _____ **YEARS KNOWN:** _____

ADDRESS: _____ **PHONE #:** _____

NAME: _____ **YEARS KNOWN:** _____

ADDRESS: _____ **PHONE #:** _____

LIST ANY SKILLS WHICH YOU POSSESS:

LIST ALL CERTIFICATIONS OR LICENSE WHICH YOU POSSESS:

*****COMPUTER KNOWLEDGE*****

DO YOU OWN A PERSONAL COMPUTER? () YES () NO

IF YES, DESCRIBE YOUR COMPUTER. (DESKTOP, LAPTOP)

DESCRIBE THE SOFTWARE YOU ARE CURRENTLY RUNNING ON YOUR COMPUTER. _____

HOW MUCH TIME DO YOU SPEND ON A COMPUTER?

- () LESS THAN 1 HOUR A DAY
() MORE THAN 1 HOUR BUT LESS THAN 4 HOURS
() MORE THAN 4 HOURS A DAY

HOW OFTEN DO YOU USE A COMPUTER?

- () ONCE A WEEK
() TWICE A WEEK
() DAILY

DIGITAL SOFTWARE:

HAVE YOU EVER USED A DIGITAL CAMERA? () YES () NO

DO YOU DOWNLOAD YOUR PICTURES FROM YOUR CAMERA TO YOUR COMPUTER? () YES () NO

WHAT SOFTWARE DO YOU USE TO DOWNLOAD PICTURES? _____

HAVE YOU USED A DIGITAL VOICE RECORDER? () YES () NO

WHAT SOFTWARE DO YOU USE TO DOWNLOAD YOUR RECORDINGS? _____

WHAT SOFTWARE DO YOU USE TO EDIT YOUR RECORDINGS? _____

HAVE YOU USED A DIGITAL VIDEO CAMERA? () YES () NO

DO YOU DOWNLOAD YOUR VIDEO FROM YOUR CAMERA TO YOUR COMPUTER?

() YES () NO

WHAT SOFTWARE DO YOU USE TO DOWNLOAD YOUR VIDEO? _____

HAVE YOU EDITED A VIDEO? () YES () NO

WHAT SOFTWARE DO YOU USE TO EDIT YOUR VIDEO? _____

INTERNET:

HAVE YOU USED THE INTERNET TO ASSIST YOU IN AN INVESTIGATION?

YES **NO**

DESCRIBE HOW YOU USED THE INTERNET IN AN INVESTIGATION. _____

LIST ANY ONLINE SERVICES YOU HAVE USED FOR INVESTIGATIVE PURPOSES. _____

CRIMINAL HISTORY RECORD RELEASE FORM

I, _____, an applicant for employment with the Duval County Sheriff's Office, hereby authorize Duval County to obtain criminal history information from any law enforcement agencies, and hereby authorize any and all law enforcement agencies which may have criminal history record information on me, including but not limited to arrests, investigations, convictions, and other reports, to release such information to Sheriff Romeo R. Ramirez and Duval County for the sole purpose of evaluating me for employment with the Duval County Sheriff's Office. I hereby release this authorization from any liability for the release of any information to Duval County and Sheriff Romeo R. Ramirez.

DATE

APPLICANT'S SIGNATURE

PLEASE PRINT:

Name: _____

Address: _____

City, State, Zip: _____

D.O.B. _____

Social Security: _____

D.L. # & State: _____