

JACKSON COUNTY CORRECTIONAL FACILITY SUPPLEMENTAL APPLICATION

Name: _____ Date of Birth: _____ Soc Sec No: _____

List all other names you have used: _____

Have you ever applied to or been employed by any corrections agency? No ___ Yes ___ If yes, give name of agency and dates of employment: _____

Have you had any corrections training? No ___ Yes ___ If yes, where and when? _____

Did you receive a certificate for this training? _____ (If yes, a copy must be attached)

Have you served in a military organization of the United States? No ___ Yes ___ (If yes, a copy of your DD2-14 (indicating **type of discharge**) must be attached.)

Branch of Service _____ Give dates of all periods of active military service: What type of discharge did you receive?
 Honorable Medical General Dishonorable Under Honorable Conditions Less than Under Honorable Conditions

Was any type of disciplinary action taken against you while you were a member of the Armed Forces?
 Yes No If Yes, explain: _____

(Attach additional sheets if necessary)

List ALL arrests and convictions, including sealed records.

<u>Date</u>	<u>Place</u>	<u>Agency</u>	<u>Charge</u>	<u>Disposition</u>

(Attach additional sheet, if necessary)

Have you ever used, sold or experimented with any illegal drug(s):
 Yes No If yes, explain: _____

Do you have any physical problems that would preclude you from participating in Firearms, physical training or defensive tactics training? Yes No

Chronically list ALL previous places of residence for the past 10 years. Begin with the present address and move backward.

<u>From/ Mo./Yr.</u>	<u>To/ Mo./Yr.</u>	<u>Number/Street</u>	<u>City/County</u>	<u>State</u>

I hereby swear or affirm that there are no willful misrepresentations or omissions in or falsifications of the foregoing statements and answers to questions. I am aware that should an investigation disclose such willful misrepresentations, falsifications or omissions, my application will be rejected or if employed, will be just cause for immediate dismissal.

DRUG SCREENING WILL BE CONDUCTED FOR ALL APPLICANTS HIRED AT THE JACKSON COUNTY CORRECTIONAL FACILITY.

The following items MUST be attached to this application:

High School Diploma or G.E.D. Certificate --- Copy of Birth Certificate --- Neighborhood References (3) --- Personal References (3) Florida Department of Law Enforcement Official Grade Notification (Form sent to applicant With state test scores – original letter preferred.)

Signature of Applicant **Date**

STATE OF FLORIDA, COUNTY OF JACKSON

The foregoing instrument was acknowledged before me this _____ day of _____, 20 __, by _____, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

 Signature of Notary Public

Seal

 Printed Name