Sheriff

Carmine Marceno



State of Florida County of Lee

"Proud to Serve"

IMPORTANCE OF HONESTY STATEMENT

The Lee County Sheriff's Office is seeking applicants who demonstrate certain characteristics. Honesty is the most important characteristic you must demonstrate. It is extremely important that you are completely honest in all of your answers. The importance of honesty as you complete paperwork and during all interviews cannot be overemphasized. Failure to respond to any question truthfully, whether orally or in writing, will result in disqualification. Many applicants have been disqualified for dishonesty. While filling out documents, you are cautioned to take your time, to be thorough, and to be specific in all your answers. If you have any doubt in your mind concerning a particular question or if you are unsure whether to include certain information, the answer is "Yes"; include it.

You may think that something you have done will disqualify you from further consideration; it may or may not. What will certainly disqualify you is lying or distorting the truth.

Applicant's interviews may be recorded.

Applicants should be aware that per Florida Administrative Code 11B-27.0011, titled "Moral Character" that falsifying an employment application may result in the suspension or revocation of your Florida law enforcement certification, thereby disqualifying you from employment as a law enforcement/correctional officer within the state of Florida.

COLLECTION AND USE OF SOCIAL SECURITY NUMBERS

Effective October 1, 2007, in accordance with FSS 119.071, the Lee County Sheriff's Office may collect Social Security numbers for the following purposes:

- <u>Application Process</u> for the purpose of collecting information related to background investigations, to include fingerprints, NCIC/FCIC checks, verification of employment, local and state records checks, clarification for duplicate names, verification of Military Service.
- <u>Payroll</u> for reporting wages to Internal Revenue Service, Division of Retirement and New Hire Reporting.
- <u>Insurance</u> for medical, dental, flexible spending, life insurance policies, and long-term disability enrollment and reporting.
- <u>Medical Leave</u> for Worker's Compensation reporting and medical purposes associated with Workers' Compensation.

ACKNOWLEDGMENT:

do solemnly attest that I have read and agree to the above information.

Applicant's Signature: <u>x</u>	
Print Applicant's Name: <u>x</u>	
Date: X	



"The Lee County Sheriff's Office is an Equal Opportunity Employer" 14750 Six Mile Cypress Parkway • Fort Myers, Florida 33912-4406 • (239) 477-1000



LEE COUNTY SHERIFF'S OFFICE VOLUNTEER APPLICATION FORM

Date Received:

Rev 11/19/2024 Office Use Only

The Sheriff's Office is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, national origin, sex (including gender identity and expression, sexual orientation, and pregnancy), age, disability, marital status, religion or any other legally protected status.

This application shall become the property of the Sheriff's Office and the information received in the application process are public record, pursuant to Florida State Statute 119.071

INSTRUCTIONS

Application must be handwritten legibly in ink or typed by the applicant. **All questions must be answered completely. If any sections are left incomplete your application will be rejected.** If space provided is not sufficient for complete answers or if you wish to furnish additional information, please utilize page 4.

	Volunteer Position Des	i red: 🗌 Civilian Su	pport Unit 🛛 Chapla	in 🗌 Internship
1.	Full Name (Last, First, Middle, Su	ffix):		
2.	Social Security Number:			
3.	Date of Birth:	Place of Birth:		_ Country:
4.	Aliases: List all other names you (for example: maiden name, form	-		. ,
5.	Are you a U.S. citizen? 🗌 Yes [No Naturalizatio	on Date:	Permanent Resident Card: 🗌
6.	Current Address:			
	🗌 Full Time 🗌 Part Time Appro	oximate Number Mo	nths in Florida:	From/To:
	Phone Number(s)			
	Email Address:			
	Marital Status: 🗌 Married 🔲 Div	orced 🗌 Single		
7.	Spouse's Name:			
	Current Address:			
	Phone Number(s):			
	Email Address:			
8.	Driver's License Number	State	Date Expires	Restrictions
9.	Do you hold or have you ever held	d a driver's license i	n another state? 🗌 Ye	s 🗌 No
	Please list license number (if knov	vn), state, name use	ed, approximate date: _	
10.	Have you ever been denied issua	nce of a driver's lice	nse or have you ever h	ad a license suspended or

revoked? Yes No Details:

11. College/University, Trade, Vocational, Business or Military Education (Include school, address, dates attended, if you graduated, and type of diploma): ______

12.	Current Employer:											
	Address:											
	Phone(s):											
	Dates Worked:	From:	То	D:								
	Title/Position:		S	upervisor Name:								
13.	B. Have you ever been a volunteer in any capacity for a law enforcement agency, i.e. Explorer, Auxiliary, Internship? Yes No If yes, please provide Agency name, year(s), and position held:											
14.				C C	on other than a law enfo vear(s) and position held	•••						
	-		-		prces of the United State	<u> </u>						
Br	anch	Rank	From	То	Discharge Type	Active?						
16.	Do you currently	possess a cor	ncealed carry perr	nit in any state?	☐ Yes ☐ No List stat	e(s):						
17.	Have you ever I		-		olation (excluding parkin ent, charge/offense, and							
18.	•		•		ummons to appear for a YesNo Details: _	•						
19.	-	•	nted for any reaso		lication, military, etc.)?	☐ Yes ☐ No						

20. In the past ten (10) years, have you **EVER** used what you knew or believed to be, **an illegal**

substance/drug, including synthetic drugs OR medical marijuana? Yes No

If you answered yes, please list all drugs and check **ALL** yes or no boxes.

Drug	First Used Month/Year	Last Used Month/Year	# of Times Used

21. In the past ten (10) years, have you EVER possessed, bought, sold, delivered, made/grown, packaged/weighed what you knew, or believed to be, an illegal substance/drug including synthetic drugs? Yes No If you answered yes, please list all drugs and check ALL yes or no boxes.

	First Occurred	Last Occurred		Βοι	ught	So	old	Deliv	vered	Ma Gro	de/ wn	Weig Pack	ghed/ aged
Drug	Month/ Year	Month/ Year	# of Times	Yes	No	Yes	No	Yes	No	Yes	No	Yes	Ño

22. In the past ten (10) years, have you **EVER** used what you knew or believed to be, **prescription drugs for non-medical purposes, including another individual's medical marijuana**? Yes No If you answered yes, please list all drugs and check **ALL** yes or no boxes.

Drug	First Used Month/Year	Last Used Month/Year	# of Times Used

23. In the past ten (10) years, have you **EVER** possessed, bought, sold, delivered, packaged/weighed what you knew, or believed to be, **prescription drugs for non-medical purposes**? Yes No If you answered yes, please list all drugs and check **ALL** yes or no boxes.

	First Occurred	Last Occurred		Βοι	ught	So	old	Deliv	/ered	Ma Gro	de/ wn	Weig Pack	ghed/ aged
Drug	Month/ Year	Month/ Year	# of Times	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

I understand that the submission of this application does not constitute acceptance of employment or appointment with the Lee County Sheriff's Office.

Applican	t Signature: Additional Information	Date:
Q #	Additional Information	



LEE COUNTY SHERIFF'S OFFICE APPLICANT REFERRAL

FORM

Applicant Name:		Date:					
The Sheriff's Office is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, national origin, sex (including gender identity and expression, sexual orientation, and pregnancy), age, disability, marital status, religion or any other legally protected status.							
The be	low information is voluntary and us	ed for reporting purposes only.					
	How did you learn about t	his vacancy?					
Social Media: Face	ebook 🔄 Instagram 🔤 Twitter/X 🔤 Tok 🔲 Radio 🔛 TV	YouTube Other:					
Referred by LCSO En	nployee (Name):						
Job/Career Website	(Name):						
Walk-in:							
Called Human Resou	urces for Job Openings:						
Web – Lee County S	heriff's Office website:						
Criminal Justice Acad	demy (Name):						
College/University (N	Name):						
High School/Technic	al School (Name):						
Government Employ	vment Agency (Name):						
Minority Group Orga	anization (Name):						
Professional Publicat	tion/Magazine (Name):						
Job Fair:		Location Held:					
	Ethnic/Nation	al Origin					
Black/African American	White	Hispanic/Latino Asian					
Native American Indian/Alaska Native Two or More Races: Hawaiian/Pacific Islander							
	Sex/Gender						
Male	Female	Other					