



Indian River County Sheriff's Office
4055 41st Avenue
Vero Beach, FL 32960
Main Administrative Building H
Human Resources **(772) 978-6040**

*****If assistance is needed, please call Human Resources.**

Employment Pre-Screening Questionnaire Instructions

1. Please fill out the included forms for interest in an employment opportunity with the Indian River County Sheriff's Office. **Depending on the browser that you are using, this PDF form may be fillable.**
2. **ONLY ONE** Pre-Screen Questionnaire per applicant is required. You may list multiple positions (preferably in the order of importance to you).
3. Please print pages 2 - 6, sign, date and notarize.
4. FDLE Authority for Release of Information CJSTC #58 **MUST BE NOTARIZED** prior to submission of documents.
5. **PLEASE SCAN AND EMAIL** the forms to prescreens@ircsheriff.org.

After receipt of the Employment Pre-Screening Questionnaire, a preliminary background check will be performed and a Human Resource staff member will contact you with any further request for information, the result of the background check, or to schedule an interview.

Thank you for your interest in employment opportunities with the Indian River County Sheriff's Office.



EMPLOYMENT PRE-SCREEN QUESTIONNAIRE

Please fill out the form below, print, notarize with a signature, and return via email.

Position Title Applying For: _____
Applicant First Name: _____ Last Name: _____
Applicant Mailing Address: _____
Contact Number: _____ Email: _____
Driver's License Number: _____ Date of Birth: _____

1. Are you at least 18 years old if applying for a civilian position or 19 years old if applying for a deputy position?
YES
NO
2. If you are applying for a sworn or certified position, do you possess a certification or have you completed the firearms section of academy training?
YES
NO
Not Applicable
3. Are you a United States Citizen?
YES
NO
4. Have you ever served in the Military?
YES
NO
5. Have you received a dishonorable discharge from any of the Armed Forces of the United States?
YES
NO
6. What is your highest level of education?
High School Diploma or GED
2 year degree
4 year degree
Graduate degree
7. Have you possessed a valid Driver's License for at least one (1) year prior to today?
YES
NO
8. Have you possessed a Driver's License in another state other than Florida?
YES If YES, please list all other states: _____
NO
9. Have you received an average of more than one citation (moving) with conviction/plea/driving school per year of adult driving?
YES
NO



Position Applying For: _____

Last Name: _____

10. Has your Driver's License been suspended within the last 12 months prior to today?
YES
NO
11. Have you ever been arrested for a DUI?
YES
NO
12. Have you resigned to avoid discharge from any job within the last five (5) years prior to today?
YES
NO
13. Are you the current subject of an open or ongoing internal investigation or do you have employer discipline proceedings pending against you?
YES
NO
14. Are there any charges pending against you before ANY federal or state law enforcement licensing agency?
YES
NO
15. Have you used or purchased marijuana within the last 12 months prior to today? NOTE: This question pertains to outside the realm of law enforcement. Do not answer "Yes" to this question if you dealt with controlled substances in the line of duty as a law enforcement officer.
YES
NO
16. Have you used or purchased any type of illegal or controlled substance, excluding marijuana, (i.e. cocaine, ecstasy, heroin, LSD, prescription medications not prescribed to you, steroids) within the last three (3) years prior to today? NOTE: this question pertains to outside the realm of law enforcement. Do not answer "Yes" to this question if you dealt with controlled substances in the line of duty as a law enforcement officer.
YES
NO
17. Have you ever sold any type of controlled substance (i.e. marijuana, cocaine, ecstasy, heroin, LSD, prescription medications) as an adult? NOTE: this question pertains to outside the realm of law enforcement. Do not answer "Yes" to this question if you dealt with controlled substances in the line of duty as a law enforcement officer.
YES
NO
18. Have you been convicted of a misdemeanor (including but not limited to where adjudication was withheld) or participated in a pretrial diversion program for any offense involving moral character, false statements, perjury or domestic violence?
YES
NO



Position Applying For: _____

Last Name: _____

19. Have you ever been convicted or participated in a pretrial diversion program for any offense which can be considered domestic violence? This includes stalking, the use or attempted use of force or any weapon, involving a current or former spouse, parent or guardian (includes current or former spouses and parents or guardians who share a child in common or are cohabiting or have cohabited with another, as a spouse, parent or guardian).

YES

NO

20. Have you ever been convicted of a felony crime (including but not limited to where adjudication was withheld) or participated in a pretrial diversion program for any felony offense?

YES

NO

21. Are there any criminal charges pending against you?

YES

NO

Please enter Maiden name (if applicable): _____

Please enter any names previously used if different than above: _____

Please tell us where you heard about this opportunity. Please check all that apply:

Agency Website

Recruitment Event

Social Media

School or Community Bulletin

Friend

Other: _____

I hereby certify that all answers provided on this questionnaire are true, and by signing below, agree and understand that any misstatement, misrepresentation or falsification of facts will result in terminating the application process. Should any answers change once this questionnaire has been submitted, I agree and understand that I am solely responsible to disclose and notify personnel within the Indian River County Sheriff's Office Human Resources Unit.

Applicant Signature: _____ Date: _____



Florida Department of
Law Enforcement

**AUTHORITY FOR RELEASE
OF INFORMATION
(Background Investigation Waiver)**

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



**CJSTC
58**

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records **APPLICANT'S NAME:** _____
DATE OF BIRTH: _____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: Indian River County Sheriff's Office

ADDRESS: 4055 41st Ave, Vero Beach, FL 32960

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational 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 copy 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 copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. **Pursuant to Sections 943.134(2)(a) and (4), 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 _____

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence ☐ OR Online Notarization ☐ this _____ (Day)
 day of _____, year _____, By _____
 (Month) (Year) (Enter applicant's name)

Signature of Notary Public – State of Florida _____

Print, Type, or Stamp Commissioned name of Notary Public _____

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced _____

EQUAL EMPLOYMENT OPPORTUNITY AND RECRUITING SURVEY

The information requested on this form regarding race, sex, age, veteran, and disability status is needed to analyze and assure compliance with the Federal equal Employment Opportunity laws and to meet the reporting requirements of those laws.

This form is maintained separately from your original Employment Application and is not used during the employment process. Your cooperation in voluntarily completing this information is appreciated.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Today's Date (mm/dd/yy)	Date of Birth (mm/dd/yy)	Position Applying for

Age Group	Disability
<input type="radio"/> Under 18	The American Disabilities Act of 1990 (ADA) requires an employer to provide a reasonable accommodation to qualified individuals with disabilities who are applicants for employment. Do you have a disability that qualifies for a reasonable accommodation? <input type="radio"/> NO <input type="radio"/> YES If yes, please briefly state disability _____
<input type="radio"/> 18 - 39	
<input type="radio"/> 40 - 70	
<input type="radio"/> Over 70	

Education	
<input type="radio"/> High School Graduate	<input type="checkbox"/> College Graduate _____
<input type="radio"/> GED Year: _____	Year: _____
Check highest grade completed if not a high school graduate 1 2 3 4 5 6 7 8 9 10 11 12	

Race/Ethnic Category Check one only	Description off EEOC Race/Ethnic Categories
White (Not Hispanic or Latino)	All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
Black or African American (Not Hispanic or Latino)	All persons having origins in any of the Black groups of Africa.
Hispanic or Latino	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture, regardless of race.
Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Asian (Not Hispanic or Latino)	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
American Indian or Alaskan Native (Not Hispanic or Latino)	A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
Two or More Races (Not Hispanic or Latino)	All persons who identify with more than one of the above five races.

VETERANS' PREFERENCE PROCEDURES

Per Florida Statute Chapter 295 and Rules of the Florida Department of Veterans' Affairs, Veterans' Preference points shall be awarded to the earned ratings of eligible applicants who have achieved a minimum qualifying score on an examination, have received an honorable discharge, and who are residents of the State of Florida. Special consideration will be given to eligible applicants who apply for positions where examinations are not used.

In order to receive preference, an applicant must complete the following requirements by the closing date and time of the employment opportunity specified on the posting:

1. Indicate claim for Veterans' Preference on this application.
2. Answer all questions on the Veterans' Preference Claim.
3. Provide required documentation:

Veterans, disabled veterans, or spouses of disabled veterans shall provide DD-214 Member 4 Form, military discharge papers, or equivalent V.A. certification listing:

1. Military status,
2. Dates of service, and
3. Discharge type.

Disabled veterans shall also provide a document from the Department of Defense, V.A., or Department of Veterans' Affairs certifying that the veteran has a service-connected disability.

Spouses of disabled veterans shall also provide:

1. Evidence of marriage,
2. Statement that spouse is still married to the veteran, and
3. Proof that the veteran cannot qualify for employment due to service-connected disability (e.g., Department of Defense or V.A. certification of total and permanent disability or Department of Veterans' Affairs ID card).

Spouses of persons missing, captured or detained on active duty shall furnish:

1. Evidence of marriage,
2. Statement that spouse is still married to the veteran, and
3. Department of Defense or V.A. document certifying the person on active duty is missing in action or captured or forcibly detained in line of duty by foreign government or power.

Unremarried widow/widowers of deceased veterans shall furnish:

1. Evidence of marriage,
2. Statement that the widow/widower is not remarried, and
3. Department of Defense or V.A. document certifying service-connected death.

VETERANS' PREFERENCE CLAIM

1. Do you wish to claim Veterans' Preference under Florida Statute Chapter 295?

☐ YES ☐ NO

2. Are you:

☐ Any veteran with a service-connected disability compensable under public laws administered by the U.S. Department of Veterans' Affairs?

☐ The spouse of any veteran, who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment; or, the spouse of any person who is missing in action, captured in the line of duty by a hostile force, or forcibly detained or interned in the line of duty by a foreign government or power?

☐ A veteran who has served on active duty for one (1) day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America?

☐ An unremarried widow/widower of a veteran who died as a result of a service-connected disability?

☐ Any veteran who has served in a qualifying campaign or expedition for which a campaign badge has been authorized?

4. If you have a service-connected disability, such disability has been rated by the V.A. or Department of Defense to be

_____%

An applicant for veterans' preference who believes he or she was not afforded employment preference may file a complaint with the Florida Department of Veterans' Affairs at the Mary Grizzle Office Building, 11351 Ulmerton Rd., Rm. 311-K, Largo, FL, 33778. The complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within three months of the date the application is filed with the employer if no notice is given.