

# Application

to become



# Member



A State and Nationally Accredited  
Law Enforcement Agency



## BACKGROUND INFORMATION

THIS INFORMATION IS REQUIRED TO CONDUCT BACKGROUND INVESTIGATION ONLY!

1. \_\_\_\_\_  
Date of Birth                      City                      County                      State                      Country
  2. Are you a United States Citizen?     Yes     No
  3. Marital Status:  
  
 Married     Divorced     Separated     Widowed     Never Married
- Notice.** The Citrus County Sheriff's Office has asked that you provide your Social Security number. The decision to provide your Social Security number is at your option. If you choose to provide your Social Security number, the Citrus County Sheriff's Office will use it for the purposes of identification and may share the information with other agencies for the same purpose. The Citrus County Sheriff's Office's request for your Social Security number is authorized by State Law because use of it is imperative for the office to fulfill its lawful duties and responsibilities.
4. Social Security Number:     -  -

## EDUCATION / TRAINING

1. Indicate any foreign languages you speak, read or write: \_\_\_\_\_  
\_\_\_\_\_
2. Indicate any special training, skills, hobbies or talents that may be useful for the position you are applying for:  
\_\_\_\_\_  
\_\_\_\_\_

## DRIVING HISTORY

1. Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. \_\_\_\_\_
2. Has your license ever been suspended or revoked?     Yes     No  
  
If yes, why? \_\_\_\_\_
3. Do you have any driver's license restrictions?     Yes     No  
  
If yes, what type of restriction: \_\_\_\_\_

**ARREST HISTORY / COURT DATA**

- 1. Have you ever been arrested and/or charged with a crime?  Yes  No
  
- 2. Have you ever been detained by a law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation?  Yes  No
  
- 3. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)?  Yes  No

4. If yes to question # 1, #2 or #3, please provide details.

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5. Have you or your spouse ever been a plaintiff or a defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.)

Yes  No    If you answered yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition.

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**APPLICANT'S CERTIFICATION**

I understand that my CERT volunteer status will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as a CERT volunteer or my dismissal from the Sheriff's Office CERT volunteer program. I agree to the conditions and certify that all statements made by 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 concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I may be fingerprinted. I understand that this CERT volunteer application shall become the property of the Sheriff's Office and that it and the information received in response to the background examination are public records.

I further understand and agree that my CERT volunteer status may be contingent upon the results of a complete drug test. I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees, appointees or volunteers. I understand that any prescription drug use that might affect my duties (i.e. driving) must be reported to the CERT coordinator. I understand that any change in my driver's license status must be immediately reported to the CERT coordinator. I understand that my continued status may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my CERT volunteer status. I further authorize the Sheriff's Office or agent of the Sheriff's Office, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law. I understand that unless otherwise defined by applicable law, any volunteer relationship with this office is "at will", which means that the Sheriff may discontinue my CERT volunteer status at any time with or without cause and that this "at will" relationship may not be changed unless authorized in writing by the Sheriff. I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for CERT volunteer service with the Sheriff's Office and I release all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office. I agree to conform to the rules, regulations and orders of the Sheriff's Office and acknowledge that these rules, regulations and orders 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.

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability? \_\_\_ Yes \_\_\_ No If yes, provide your version or explain fully any such incident.

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\_\_\_\_\_  
Signature of Applicant as Usually Written      Date

Witnessed By:

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## STATEMENT OF CONFIDENTIALTY

In the process of performing work as a CERT volunteer for the Citrus County Sheriff's Office, it is possible to come in contact with or overhear information that is of a sensitive law enforcement nature or is subject to exemption from the public record laws of the State of Florida.

Any information viewed or overheard is strictly confidential and under no circumstance should be discussed. Any disclosure of information may be grounds for immediate dismissal. You may also be subject to criminal prosecution and or civil penalties.

I certify that I understand this statement of confidentiality and accept its terms and conditions.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

## COMPLETION

- Did you....
1. **Complete** all sections?
  2. **Sign** the Applicant's Certification Form? Does it have a **witness signature**?
  - 3.. **Sign** the Statement of Confidentiality Form

Mail this application to: Citrus County Sheriff's Office  
Emergency Management Section  
3549 Saunders Way  
Lecanto, Florida 34461  
Attn: Bob Wesch

Or Hand Deliver to: Same

**CCSO FORM 01-2009**