

**St. Lucie County Sheriff's Office
Detention Deputy Job Openings
Information Package**

Closing Date - Open until positions are filled.

REQUIREMENTS AND NECESSARY DOCUMENTS

1. Minimum age of 19 years.
2. United States citizen prior to application (F.S.S. 943.13 (2)).
3. High School diploma or GED certificate.
4. Candidates must not have been convicted of any felony or a misdemeanor involving perjury, false statement, or domestic violence. Candidates must have good moral character as determined by a background investigation (F.S.S. 943.13).
5. Must successfully pass the Criminal Justice Basic Abilities Test and the Physical Agility Test offered at the Indian River Community College. Call (772) 462-7676 to schedule the tests. Testing must be completed prior to submitting application. Current Florida and out-of-state certified officers are exempt from taking the Basic Abilities Test.
6. Certified candidates: Basic recruit certificate or current residence state's certification must accompany application.
7. If ever arrested, candidates must submit an official court disposition with the application. Official court dispositions can be obtained from the Clerk of the Court in the county in which the incident occurred.
8. Throughout employment, candidates must possess and maintain a valid Florida driver license without any restrictions affecting job performance. Driver license must show current address. For application disqualifiers regarding driving history, please see Applications Disqualifiers form included in this package.
9. Candidates will submit to a comprehensive background/character investigation, polygraph, physical examination (including a drug screen), fingerprinting, and a psychological test.

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10. Candidates must provide certified copies of the following documents:

- Social security card. (Name must appear the same as on application.)
- Military discharge DD214 Member 4 form.
- High school diploma or G.E.D certificate. Out of state G.E.D. certificate must have transcript or grades attached.
- Birth certificate or current passport.
- A Criminal Justice Standard & Training Commission Certificate of Compliance (Florida certified officers only). If certified after January 1993, include state test scores.
- Documentation of any and all name changes (marriage, divorce, adoption, etc.).
- Florida driver license.

Photocopy your original documents and show the original document and your copies to a witness (18 years of age or older). The witness must certify each copy by writing: **“I certify that this is a true and correct copy of the original document.”** After writing that statement on the copies, the witness must sign and date each.

11. A 2” x 2” photograph (not a driver license photo) is to be submitted.

12. Candidates should submit all other professional certificates.

13. Candidates must complete and submit the Application Disqualifiers form included in this package.

Please note: *Condensed testing is available to out-of-area candidates.*

How to apply: Applications may be obtained during regular business hours in the Human Resources Unit, St. Lucie County Sheriff’s Office, 4700 West Midway Road, Fort Pierce, Florida 34981.

RESUMES, FAXES, AND INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

The St. Lucie County Sheriff’s Office is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

St. Lucie County Sheriff's Office
SELECTION PROCESS

The following is a summary of the selection process for the position of deputy. The entire process, not always done in this sequence, may take approximately three to five months to complete.

1. **Driver License and criminal history checks**
Before completing the other steps in the selection process, driver license and criminal history checks are conducted to verify eligibility.
2. **Pre-screen interview**
Applicant may be asked a series of questions in the areas of employment history, drug use, arrest history and theft. This step ensures that all required background information is revealed before movement to the next step.
3. **Oral board**
A panel of assessors from within the Sheriff's Office conducts the oral board interview. The interview covers various issues that face deputies and is a forum for applicants to discuss their opinions and respond to difficult situational questions.
4. **Background investigation**
This process includes, but is not limited to, contact with the applicant's present and former employers, associates, neighbors, and other pertinent sources. The applicant's military history, school records, police records, driving record, and employment application responses will be researched.
5. **Polygraph examination**
Polygraph examinations are administered after a conditional offer of employment is extended.
6. **Psychological evaluation**
Experienced, licensed psychologists contracted by the St. Lucie County Sheriff's Office conduct pre-employment psychological evaluation.
7. **Medical examination**
Candidates are required to successfully complete a job-related medical examination by a licensed physician. A drug screen is conducted at this time.

St. Lucie County Sheriff's Office
APPLICATION DISQUALIFIERS

Please initial items that are applicable to you.

Initials

Driving

5 or more moving violations in 5 years.

Any Driver's License suspension in the last 5 years. (Suspension for financial responsibility will be evaluated on a case by case basis.)

Drug Use*

Any illegal drug use or repeated experimentation, in the last 3 years, prior to the date of the application and/or appointment/commission.

Ever sold drugs illegally or acted as a middle-person in a drug transaction.

***FAILURE TO DISCLOSE ILLEGAL DRUG USE AS REQUESTED IN THE INITIAL APPLICATION WILL RESULT IN DISQUALIFICATION FOR A MINIMUM OF 1 YEAR.**

Military

Any discharge from any of the Armed Forces of the United States that is other than honorable. (Uncharacterized will be evaluated on a case by case basis.)

Please initial if you have been charged, pled or found guilty, or pled no contest to any of the following:

Criminal Convictions/Arrests

Pled guilty or nolo contendere to a felony or a misdemeanor that involves false statements, whether or not adjudication was withheld or sentence suspended.

Conviction of any moral turpitude charge.

Any arrest for DUI within 5 years.

Arrests for multiple DUI's.

Incarcerated in the St. Lucie County Jail within the past 10 years.

PROVIDING ANY FALSE INFORMATION ON THIS DOCUMENT IS AN AUTOMATIC DISQUALIFICATION.

I have read and understand the above information.

Signature: _____ Date: _____

SLCSO Human Resources Signature: _____

VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

(Completion of information below is voluntary.)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other legally protected status.

Date _____/_____/_____

Position (s) applied for _____

Referral Source

____ Advertisement ____ Employee ____ Relative ____ Walk-In ____ School

____ Government Employment Agency ____ Private Employment Agency ____ Newspaper ____ Other

Name of Source (If applicable) _____

Applicant's Name _____

Last

First

MI

Phone Number (_____) _____
Area Code

Address _____
Street City State Zip Code

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting, and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check one ____ Male ____ Female

Check one of the following Race/Ethnic Group

____ Hispanic ____ Black ____ White ____ American Indian/Alaskan Native ____ Asian/Pacific Islander

SPECIAL NOTICE TO INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:

Government contractors subject to the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK: _____ INDIVIDUAL WITH A DISABILITY

EDUCATION (CHECK HIGHEST DIPLOMA OR DEGREE)

____ GED ____ HS ____ AA ____ AS ____ BA ____ BS ____ MA ____ MS ____ PHD ____ JD

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirement of Section 503 of the Rehabilitation Act or is necessitated by another federal law or regulation.



NON-MILITARY SERVICE STATEMENT

I, _____, solemnly swear/affirm that I have never served in any capacity in the armed forces of the United States.

(Print name)

(Signature)

(Date)

(Notary=s Signature)

(Date)

Notary Stamp:

ST. LUCIE COUNTY SHERIFF'S OFFICE

COLLECTION AND USE OF SOCIAL SECURITY NUMBERS

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

- ❖ Application Process – for the purpose of collecting information related to background investigations, including but not limited to fingerprints, NCIC/FCIC checks, Credit Bureau reports, verification of employment, local and state records checks, clarification for duplicate names, verification of Military Service.
- ❖ Payroll – for reporting wages to Internal Revenue Service, Division of Retirement and New Hire Reporting.
- ❖ Insurance – for medical, dental, flexible spending, life insurance policies, and long-term disability enrollment and reporting.
- ❖ Medical Leave – for Workers' Compensation reporting and medical purposes associated with Workers' Compensation.

ACKNOWLEDGEMENT I _____,
do solemnly attest that I have read the above and understand the Waiver for Social Security Number Notice of as set forth above.

(Applicant's Signature)

Date

(Witness Signature)