✓ 58/68 attached
✓ VET need DD214
Needs EOT, not FL certified

NEW SMYRNA BEACH POLICE DEPARTMENT

EMPLOYMENT APPLICATION AND BACKGROUND INVESTIGATION QUESTIONNAIRE

RECEIVED
OCT 11 2021
CHIEF'S OFFICE

BGI # 21-10-017

Office of Professional Standards
246 Industrial Drive
New Smyrna Beach, Florida 32168
(386) 424-2243

PLEASE PRINT OR TYPE

Name: Sharkey Jr, James Frederick **Contact Phone #:** (redacted)
Last, First, Middle

Address: redacted
Street City State Zip Code

Position Sought: Police Officer ☑ Non-Sworn/Clerical ☐ Intern Program ☐

Other:_____ Full Time ☑ Part Time ☐

Are you eligible for Veterans Preference? Yes ☑ No ☑ - if yes you must complete the Veterans Preference form included in this packet.

EQUAL OPPORTUNITY EMPLOYER

The City of New Smyrna Beach provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, The City of New Smyrna Beach complies with applicable state and local laws governing nondiscrimination in employment in every location in which the City has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training. The City of New Smyrna Beach expressly prohibits any forms of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, nation origin, age, genetic information, disability, or veteran status.

INSTRUCTIONS FOR COMPLETING APPLICATION

The purpose of this application is to obtain truthful answers. Providing false information will be sufficient cause for rejection. Please complete all portions of this application fully, accurately, legibly printed or typed, or your processing may be delayed or stopped. All addresses must be complete, including a zip code and phone number. If an item does not apply to you, write in the letters "N/A" for "Not Applicable." The candidate must complete the application with notarized signatures on the Certificate of Information and FDLE Form CJSTC 58. Additional space has been provided and the application may be copied, if needed.

APPLICANT CHECKLIST

Please submit copies of all the documents listed below applicable to you.

Copies should be on letter size paper (8.5" by 11) be inserted in the order listed at the back of the application.

Your application will not be accepted and your processing will not begin without the necessary documents.

In the event you are selected for a position with this agency, you will be required to present an original copy of your driver's license, birth certificate, or state ID, and social security card.

- ☐ Birth certificate
- ☐ High School or GED diploma/transcripts for GED
- ☐ Social Security Card
- ☐ Drivers License
- ☐ College degree, offical college transcripts of all college courses
- ☐ * DD214 military discharge with re-enlistment code or Member Letter
- ☐ * Proof of legal name change or marriage license
- ☐ * Law Enforcement Academy/State Certificate(s)
- ☐ * Florida Basic State Law Enforcement Exam results
- ☐ * Other documents reflecting your qualifications, e.g., letters of recommendation, training certificates
- ☐ * If possible, include up to three performance evaluations from your current employer or if previously employed by a law enforcement agency.

(if applicable)*

PERSONAL INFORMATION

Full Name: Sharkey Jr, James Frederick
Last, First, Middle

List all other names you are also known as, including maiden names and nicknames: N/A

Current Address: [redacted]
Street City State Zip Code

Place of Birth: [redacted]
City County/Borough/Parrish State

Driver's License Number: [redacted] **State:** FL **License Type:** Class E

YES NO

☑ ☐ Is Florida Driver's License Valid? Expiration Date: 11/14/2029

☐ ☑ Is It Or Ever Have Had Your Driver's License Suspended/Revoked Or Canceled?

Reason for Suspension, Revocation, or Cancellation;

☐ ☐ Was Your License Restored? N/A Date:

☑ ☐ **Have You Ever Had An Out-of-State Driver's License? If Yes,**

Issuing State: [redacted] Driver's License Number; [redacted]

☐ ☐ **Have You Ever Received A Traffic Citation, If Yes,** list each below (use additional pages if necessary)

Issuing City/County/State	MM/YY Received	Charge
Lacey Twp NJ	1990	Speeding
Halifax County NC	1990	Speeding
N/A		

YES NO **Have you ever been a member of the United States Armed Forces? If Yes,**

☑ ☐ Branch: USMCR Active From: 13 FEB 1990 To: 6 SEP 1991

Highest Rank: E-3 Type of Discharge: Honorable

Specialization/Duties: Infantry

Installation name and location at time of discharge: USMCR Picatinny Arsenal NJ

Name and location of installations: PISC, Camp Geiger NC, Picatinny Arsenal NJ

(include up to 10 years)

☐ ☑ **Have you ever been disciplined under UCMJ or NJP? If yes,** list below (use additional page if necessary)

Date Discipline/Violation Disposition

☑ ☐ **Have you ever been a member of the Reserve/National Guard? If Yes+**

Dates Active: From: See above To:

Assignment:

GENERAL INFORMATION AND HISTORY

Because you are applying to a law enforcement agency, you must include information about any arrest, conviction or other criminal activity, even if the records are sealed or expunged. If you answer **"yes"** to any of the following, please give details.

YES	NO	
☑	☐	**Are you a U.S. Citizen? If no, can you provide proof of right to work in the United States?**
☑	☐	**Have you ever been detained, arrested, received a notice to appear, charged, convicted or pled nolo contendre, or pled guilty to any criminal violation, regardless if the record was sealed or expunged? If Yes, list details below, use additional page if necessary.**

Date	Charge	Disposition
2000	Domestic Violence	Dismissed / False Accusation

YES	NO	
☐	☑	**Are you presently under any criminal investigation?**
☐	☑	**Have you ever been involved in any criminal activity?**
☐	☑	**Have you used or abused marijuana, any illegal drugs or taken perscription drugs not perscribed to you within the past 5 years? If yes, list each below (use additional page if necessary)**

Year	Type

☐	☑	**Have you ever been involved in the sale of illegal or perscription drugs?**
☐	☑	**Were you referred to the New Smyrna Beach Police Department?** Source:_____
☐	☑	**Do you have any relatives working for the New Smyrna Beach Police Department?** Name:_____ Relationship:_____
☐	☑	**Have you ever worked for the City of New Smyrna Beach Police Department, or any?** Dates Of Employment :_____ Position Held:_____
☐	☑	**Have you ever applied for a position at the City of New Smyrna Beach?** When?_____Position Applied For:_____
☑	☐	**Have you applied to any other law enforcement agency?** If Yes, List the Agency and Date of application: * Volusia Co School Guardian Date: June 2021 _____ Date:_____

YES NO

☑ ☐ **Are you currently undergoing a background investigation for another law enforcement agency?**
If Yes, List the Agency and Date of application:
Volusia County School Guardian Date: Sept 2021

_____ Date: _____

☐ ☑ **Are you currently under contract with another law enforcement agency?**
Agency: _____ Contract Expire Date: _____

☐ ☑ **Is there any language (other than English) you can read, write, and/or speak fluently?**

_____ _____

_____ _____

☐ ☑ **Are you now or have you ever been (or known anyone who has been) associated with any group, which advocates the overthrow or seeks to alter our constitutional form of government or seeks to deny others their rights under the U.S. Constitution?**

☐ ☑ **Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the job or which might require further explanation?**

EMPLOYMENT HISTORY

List all the jobs held in the past ten (10) years, including military service. Begin with your present or most recent employment and work backward. *List <u>all</u> law enforcement agencies that employed you, even if it was more than 10 years previously.* Use the supplement page on page 15 or copy of this form if more space is necessary. If you were employed under a different name with a past employer, indicate the name in the parenthesis. Applicants may be required to furnish satisfactory proof of experience claimed.

YES NO

☑ ☐ May we contact your present employer at the time of the background investigation?
If no, and a job offer is made, we must contact your current Employer at the time.

(1) *Present or Most Recent*

_____
Name used if different

07/1996 - 04/2021 Manchester Township Police Department
Dates From To Name of Employer

1 Colonial Drive Manchester NJ 08759 (732)657-2009 ext 4100
Address City State Zip Contact Number

Investigations Bureau Commander Retired 27+ years of service
Position Held Reason for Leaving

Chief Robert Dolan Rdolan@manchestertwp.com (732 657-2009 x4100
Name of Supervisor Contact number Supervisor E-Mail Address

36,000 / 167,0000
Beginning Salary Ending Salary

Annual ☑
Monthly ☐
Weekly ☐

Are you eligible for rehire? Yes ☑ No ☐

(2)

Name used if different

04/1995 - 07/1996 West Windsor Twp Police Department

Dates From To Name of Employer

20 Municipal Drive West Windsor NJ 08550 (609) 799-1222

Address City State Zip Contact Number

Patrolman Advancement

Position Held Reason for Leaving

Chief Pica (retired) ( )

Name of Supervisor Contact Number Supervisor E-Mail Address

36,000 / 38,000

Beginning Salary Ending Salary

☒ Annual ☐ Monthly ☐ Weekly

Are you eligible for re-hire ☒ Yes ☐ No

(3)

Name used if different

12/1994 - 04/1995 Lakehurst Borough Police Department

Dates From To Name of Employer

530 Union Ave Lakehurst NJ 08733 (732) 657-7812

Address City State Zip Contact Number

Provisional Patrolman Advancement

Position Held Reason for Leaving

Lt. DiAtrio (retrired ( )

Name of Supervisor Contact Number Supervisor E-Mail Address

20,000 / 20,000

Beginning Salary Ending Salary

☒ Annual ☐ Monthly ☐ Weekly

Are you eligible for re-hire? ☐ Yes ☐ No

(4)

Name used if Different

01/1994 to 09/1994 Seaside Heights Police Department

From To Name of Employer

116 Sherman Ave Seaside Heights NJ 08751 (732) 793-1800

Address City State Zip Contact Number

Class II Police Officer (armed) Advancement

Position Held Reason for Leaving

Chief Boyd ( )

Name of Supervisor Contact Number

500 / 500

Beginning Salary Ending Salary

☐ Annual ☐ Monthly ☒ Weekly

Are you eligible for re-hire? ☒ Yes ☐ No

(5)

Name used if different

-

Dates From To Name of Employer

( )

Address City State Zip Contact Number

Position Held _____ Reason for Leaving _____

Name of Supervisor _____ (____) _____ Contact Number

_____ / _____ Beginning Salary / Ending Salary ☐ Annual ☐ Monthly ☐ Weekly Are you eligible for re-hire ☐ Yes ☐ No

(6)

_____ Name used if different

_____ - _____ Dates From / To Name of Employer _____

Address _____ City _____ State _____ Zip (____) _____ Contact Number

Position Held _____ Reason for Leaving _____

Name of Supervisor _____ (____) _____ Contact Number

_____ / _____ Beginning Salary / Ending Salary ☐ Annual ☐ Monthly ☐ Weekly Are you eligible for re-hire? ☐ Yes ☐ No

Please answer the following questions as they relate to all prior employers. Provide details, if you answer yes.

YES NO

☑ ☐ **Have you ever been formally disciplined by an employer(s)?** If yes, list each incident.

Manchester PD (*Employer*) 1997 (*MM/YY Received*) Fail to Patrol zone (1 vac day surrendered) (*Incident*)

_____ (*Employer*) _____ (*MM/YY Received*) _____ (*Incident*)

_____ (*Employer*) _____ (*MM/YY Received*) _____ (*Incident*)

☐ ☑ **Have you ever been terminated or asked to resign from a job?** If yes, give details.

_____

_____

☐ ☑ **Have you ever taken anything from an employer without proper permission?**

☑ ☐ * **Have you ever been or are you presently under internal investigation?** *(If yes, give details.)*
2012 allegation by two patrolman of hostile working environment.

Unfounded / Exonerated

☑ ☐ * **Have you received a disciplinary action as a result of a "*sustained*" complaint?** *(If yes, give details.)*
See above 1997, failed to properly patrol assigned zone. Discipline was surrender of 1 vacation day, no lost time from work.

No other disciplinary matters with this finding during my entire 27+ year career

* *Applicable only to those who are currently or former law enforcement officer*

EDUCATION

	NAME	LOCATION	DATE GRADUATED	DEGREE
High School	Lacey Twp HS	Lacey Twp NJ	1989	Diploma
GED/Equivalent				
College 2, 4 or 6 year	Fairleigh Dickinson U	Teaneck NJ	2012	66 Credits earned
Technical Schools				

If no degree was earned, how many credits do you need to complete? Bachelors 62

Other Significant Training

COURSE NAME	NAME/LOCATION OF TRAINING INSTITUTE	HOURS TRAINED
N/A		

Honors & Awards:

N/A

Professional Affiliations:

N/A

RESIDENCES

List chronologically all of your residences for the past ten years, beginning with the most recent. Include addresses while attending school, if away from home, and all military addresses, including any off military base. (Use additional Sheet if Necessary)

Current Address:

02/2021 /present [redacted]

From / To Street Address City State Zip

If you currently reside in an apartment or rental home, list landlord information below:

Landlord Name ( ) *Phone Number*

Street *City* *State* *Zip*

[redacted]

From / To Street Address City State Zip

[redacted]

From / To Street Address City State Zip

From / To Street Address City State Zip

From / To Street Address City State Zip

REFERENCES

*List **three** personal references that are friends or coworkers that you have known for at least five (5) years. Do not list relatives or neighbors. You must give complete information on each reference.*

Name: Kevin Cooney email Kcooney@co.ocean.nj.us Relationship: Friend

Address: [redacted] E-Mail: ****

Occupation: Police LT. Home Phone: (___) Work Phone: (848) 992-0050

Name: Ken Schiattarella email Kschiattarella@staffordpolice.org Relationship: Friend

Address: [redacted]

Occupation: Police LT. Home Phone: (___) Work Phone: (609) 276-0923

Name: Danny Barker email Dbarker@manchestertwp.com Relationship: Friend

Address: [redacted]

Occupation: Police SGT. Home Phone: (___) Work Phone: (848) 992-1006

NEIGHBOR REFERENCES: List three neighbors who live next door or near to you. You do not need to know the name of the individuals.

Name *(if known)*: Matt Ruth

Address *(Street, City, State, Zip)*: [redacted]

Name *(if known)*: David Taylor

Address *(Street, City, State, Zip)*: [redacted]

Name *(if known)*:

Address *(Street, City, State, Zip)*: Phone: (___)

CERTIFICATE OF INFORMATION

Please read and sign in the presence of a Notary.

I certify that the information contained in this application is correct and complete to the best of my knowledge. I agree to inform the agency in writing of any additional information relating to questions raised on the application that occur after completing the application. I realize that misrepresentation of facts or the failure to include or update information may be cause for rejection or dismissal after employment. I understand each application will be given consideration, but its receipt does not imply the candidate will be employed. THIS IS NOT AN EMPLOYMENT CONTRACT OR OFFER OF EMPLOYMENT. Any offer of employment is conditional upon my satisfactory completion of all pre-placement procedures, which includes, but is not limited to the following: applications screening, written test, oral interviews, full background investigation, physical abilities testing, truth verification testing, drug/medical testing, psychological tests, and any other testing that the New Smyrna Beach Police Department deems necessary. I may incur some expenses for background checks. I understand that I will not be reimbursed for these extra expenses whether employed or not. I also realize that this processing may be lengthy and that no promises or commitments are expected as to a time when a hiring decision and/or actual employment may take place.

Should I be employed by the New Smyrna Beach Police Department, I understand and accept that I must successfully complete a probationary period, and if deemed necessary by the agency, that probationary period may be extended beyond the minimum 12-month period and minimum completion of FTEP (field training). If probation period is extended, I will be notified of the extension and the length of it. As a probationary employee, I understand that I may be discharged at-will with no entitlement to any right to discharge me for any or no reason.

I understand that the continuation of processing does not guarantee that the results of preceding examinations were acceptable. Candidates not selected for a position shall be notified in writing within 30 days of decision. I understand that due to the large volume of applicants, I am not to contact the New Smyrna Beach Police Department unless specifically told to do so by a representative from the Office of Professional Standards. A Professional Standards representative will contact applicants periodically. Therefore, I will be expected to inform the Professional Standards representative as to any address/contact change.

I confirm that I do have the ability to perform all job-essential duties with or without reasonable accommodation. I understand that I must comply with the conditions outlined in this application package to be considered for employment. I also understand the information contained in this application package is subject to change by the New Smyrna Beach Police Department or the City of New Smyrna Beach and the requirements contained in this application package may not be all of the requirements necessary for successfully obtaining the position for which I have applied.

In signing below, I acknowledge I have read and understand the attached policies and standards of the City of New Smyrna Beach and the job description for the position for which I am applying.

Police Interns:
Be it enacted by the Legislature of the State of Florida, Section 1. Section 943.16 Florida Statutes, is amended to read:
943.16 Payment of tuition by employing agency.

(1) An employing agency is authorized to pay any costs of tuition of a trainee in attendance at an approved basic recruit-training program.

(2)

A Trainee who attends such approved training program at the expense of an employing agency must remain in the employment or appointment of such employing agency for a period of not less than **TWO YEARS**. If employment or appointment is terminated on the trainee's own initiative within **TWO YEARS**, he or she shall reimburse the employing agency for the cost of his or her participation; and such employing agency may institute a civil action to collect such tuition cost if it is not reimbursed.

Statement of Application: I understand that previous employers will be contacted for references. I hereby authorize former employers to furnish any and all records of my service with them. I also release my former employers from any liability for any damage in providing this information. I also authorize educational institutions to furnish any records of education-related information they may have concerning me.
Status: I understand that positions regarded as part-time and/or temporary are paid for actual hours worked and are not entitled to benefits offered to full-time positions, with the exception of FICA and Worker's Compensation.
Probation Period: I understand that if hired, my position with the City of New Smyrna Beach is temporary during the established initial probationary period. My employment may be ended before the expiration of that period for any reason, without recourse.
Physical Examination/Drug/Alcohol Testing: I am aware that the City of New Smyrna Beach is a "Drug-free Workplace". I understand that I may be required to take and pass a physical examination after an offer of employment is made and employment is contingent on the results of that examination in accordance with the Americans With Disabilities Act (ADA). I also understand that the post-offer physical, I will receive a copy of the City's Drug-free Workplace Program. Any illegal or controlled substance that shows in my test results will cause my immediate disqualification for employment with the City of New Smyrna Beach.
Public Records: Pursuant to Florida Statute 119, the Public Records Act, documents made or received by the City of New Smyrna Beach may be public record and open for inspection by the public. Some records, such as social security numbers, examination questions and answers and medical documentation are not public records and may not be disclosed.
Certification: I understand that this application must be completed in full. Incomplete applications may be rejected. I agree that any false or misleading information provided by me will be cause for canceling the application process. If hired by the City of New Smyrna Beach, after my hire date, it may cause my dismissal from City service. I have answered all the questions on this form completely and truthfully. I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. If hired, I agree to accept conditions of employment and abide by rules, procedures and policies of the City of New Smyrna Beach.
Release of Information: By signing below you hereby authorize and give consent for the City of New Smyrna Beach to obtain information pertaining to possible criminal history on myself. This includes the following: Criminal Background Records/Information Sex Offender Registry Information, Addresses and Social Security Number Verification. I hereby release from liability and promise to hold harmless under any and all possible claims or causes of action (i) any and all persons or entities who shall furnish such information to the District, its officers, agents or employees, and (ii) the District, its officers, agents or employees for any statements, acts or omissions in the course of obtaining said information. Furthermore, I understand that this release is signed, free from duress, and with the full knowledge and understanding that any information obtained will be used in assessing my relative fitness for employment with the City of New Smyrna Beach.

I, James F. Sharkey Jr., have read and agree to the contents of the aforementioned amended status from the agency.

[signature] Date 10-11-2021

... understand the above statement and the conditions of processing for employment.

Signature: [signature] Date: 10-11-2021

James F. Sharkey Jr, who says that they have executed this ... with full knowledge of its purpose

... ✓ physical presence or Online Notarization, this 11th day of Oct

... Expires: 12-25-21 Type of I.D.: FL DL S...-...-...-...-0

... Identification ___ Personally Known

JOANN SALADINO
Notary Public - State of Florida
Commission # ...
My Comm. Expires ...

(2)

A Trainee who attends such approved training program at the expense of an employing agency must remain in the employment or appointment of such employing agency for a period of not less than **TWO YEARS,** If employment or appointment is terminated on the trainee's own initiative within **TWO YEARS**, he or she shall reimburse the employing agency for the cost of his or her participation; and such employing agency may institute a civil action to collect such tuition cost if it is not reimbursed.

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Release of Information: By signing below you hereby authorize and give consent for the City of New Smyrna Beach to obtain information pertaining to possible criminal history on myself. This includes the following: Criminal Background Records/Information Sex Offender Registry Information, Addresses and Social Security Number Verification. I hereby release from liability and promise to hold harmless under any and all possible claims or causes of action (i) any and all persons or entities who shall furnish such information to the District, its officers, agents or employees, and (ii) the District, its officers, agents or employees for any statements, acts or omissions in the course of obtaining said information. Furthermore, I understand that this release is signed, free from duress, and with the full knowledge and understanding that any information obtained will be used in assessing my relative fitness for employment with the City of New Smyrna Beach.

I, _____, have read and agree to the contents of the aforementioned amended statute from the agency.

Signature: _____ Date:_____

I acknowledge that I have read and understand the above statement and the conditions of processing for employment.

Name:_____ Signature:_____ Date:_____

NOTARY:

Before me, personally appeared _____, who says that they have executed this authorization of their own free will and with full knowledge of its purpose.
Sworn to and subscribed before me by____physical presence or Online Notarization, this _____ day of _____, 20_____.

_____ Commission Expires:_____ Type of I.D.: _____

(Notary Public)

____ Produced Identification ____ Personally Known

SUPPLEMENTAL INFORMATION

Continuation of Employer Information: List all the jobs held in the past ten (10) years.

Name used if different

N/A _____ - _____ _____
Dates From To Name of Employer

_____ (____)_____
Address City State Zip Contact Number

_____ _____
Position Held Reason for Leaving

_____ (____)_____
Name of Supervisor Contact Number

_____ / _____ ☐ Annual ☐ Monthly ☐ Weekly Eligible for Re-Hire ☐ Yes ☐ No
Beginning Salary Ending Salary

Name used if different

_____ - _____ _____
Dates From To Name of Employer

_____ (____)_____
Address City State Zip Contact Number

_____ _____
Position Held Reason for Leaving

_____ (____)_____
Name of Supervisor Contact Number

_____ / _____ ☐ Annual ☐ Monthly ☐ Weekly Eligible for Re-Hire ☐ Yes ☐ No
Beginning Salary Ending Salary

Name used if different

_____ - _____ _____
Dates From To Name of Employer

_____ (____)_____
Address City State Zip Contact Number

_____ _____
Position Held Reason for Leaving

_____ (____)_____
Name of Supervisor Contact Number

_____ / _____ ☐ Annual ☐ Monthly ☐ Weekly Eligible for Re-Hire ☐ Yes ☐ No
Beginning Salary Ending Salary

Name used if different

_____ - _____ _____
Dates From To Name of Employer

_____ (____)_____
Address City State Zip Contact Number

Continuation of Employer Information: List all the jobs held in the past ten (10) years.

Position Held _____ Reason for Leaving _____

Name of Supervisor _____ (____)____ Contact Number

____/____ Beginning Salary / Ending Salary ☐ Annual ☐ Monthly ☐ Weekly Eligible for Re-Hire ☐ Yes ☐ No

Name used if different _____

____-____ Dates From / To Name of Employer _____

Address _____ City _____ State ____ Zip (____)____ Contact Number

Position Held _____ Reason for Leaving _____

Name of Supervisor _____ (____)____ Contact Number

____/____ Beginning Salary / Ending Salary ☐ Annual ☐ Monthly ☐ Weekly Eligible for Re-Hire ☐ Yes ☐ No

Name if Different _____

____-____ Dates From / To Name of Employer _____

Address _____ City _____ State ____ Zip (____)____ Contact Number

Position Held _____ Reason for Leaving _____

Name of Supervisor _____ (____)____ Contact Number

____/____ Beginning Salary / Ending Salary ☐ Annual ☐ Monthly ☐ Weekly Eligible for Re-Hire ☐ Yes ☐ No

Continuation of Residences: List of former addresses for the past ten (10) years.

N/A ____/____ From / To Street Address _____ City _____ State _____

____/____ From / To Street Address _____ City _____ State _____

____/____ From / To Street Address _____ City _____ State _____

____/____ From / To Street Address _____ City _____ State _____

____/____ From / To Street Address _____ City _____ State _____

____/____ From / To Street Address _____ City _____ State _____

ADDITIONAL REMARKS

N/A

FDLE

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: James F. Sharkey Jr.

DATE OF BIRTH: [redacted]

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: [redacted]

AGENCY REQUESTING BACKGROUND INFORMATION: New Smyrna Beach Police Department

ADDRESS: 246 Industrial Park Avenue, New Smyrna Beach FL 32168

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 the 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:

New Smyrna Beach Police Department

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 or 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 applicable for refusal to disclose non-privileged legally obtainable information.

J F Sharkey ____________________ 10/11/2021

Applicant's Signature Date

[redacted]

OATH

Pursuant to Section 117.05(13), Florida Statutes

STATE OF Florida COUNTY OF Volusia

Sworn to (or affirmed) and subscribed before me by means of ✓ Physical Presence or ____ Online Notarization this 11th day of Oct year 2021,

by [illegible] Sharkey Jr.

[illegible]

[illegible] of Notary Public

☑ [illegible]

[illegible] S620-446-70-414-0

[illegible] Agency 1 of 1 Commission-Approved Revisions: 12/2017 Form Effective Date: 3/2018

FDLE

Florida Department of Law Enforcement

AFFIDAVIT OF APPLICANT

Incorporated by Reference in Rule 11B-27.002(1)(f), F.A.C.

CJSTC 68

Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses.

Last Four Digits of Applicant's Social Security Number [redacted]

Applicant's Legal Name: Sharkey Jr. (Last) James (First) F. (MI)

Employing agency: [illegible] POLICE DEPARTMENT

Use this form to verify your compliance with the employment requirements of Section 943.13, F.S. I fully understand that to qualify for employment as a law enforcement, correctional, or correctional probation officer, I shall comply with the following provisions of Section 943.13, F.S.:

- Be at least 18 years of age for correctional officer or 19 years of age for all others
- Be a citizen of the United States
- Be a high school graduate or equivalent
- Not have been convicted of any felony or of a misdemeanor involving perjury or false statement. Any person who after July 1, 1981, pleads guilty or nolo contendere to or is found guilty of a felony or of a misdemeanor involving perjury or a false statement shall not be eligible for employment or appointment as an officer, notwithstanding suspension of sentence or withholding of adjudication
- Have been fingerprinted by the employing agency
- Have passed a physical examination by a licensed medical [illegible] approved in Rule 11B-27.00[illegible], F.A.C.
- Be of good moral character
- Have not received a dishonorable discharge from the U.S. Military

True	False	N/A	In addition, I attest to the following statements. Each statement shall be checked "True" "False" or "N/A"
☑	☐		1. I completed the employment application and the information contained, and all other information furnished in connection with my application is true and correct.
☑	☐		2. I provided documentation of proof of my qualifications to the above listed employing agency.
☑	☐		3. I meet the qualifications as specified above.
☐	☑		4. I had a criminal record sealed or expunged.
☐	☑		5. I am under investigation by a local, state, or federal agency or entity for criminal, civil, or administrative wrongdoing to the best of my knowledge and belief.
☐	☑	☐	6. I separated or resigned from a previous criminal justice employment while under investigation.
☐	☐	☑	7. I am currently serving in good standing in the U.S. Military.
☑	☐		8. I previously served in the U.S. Military.
☐	☑	☐	9. I received a dishonorable discharge from my previous U.S. Military service.
☐	☑		10. I am currently certified as a Florida criminal justice officer in the following area(s). Please check the appropriate box(es). ☐ Law Enforcement ☐ Corrections ☐ Correctional Probation
☑	☐	☐	11. I authorize the employing agency listed above to apply for my certificate. Please check the appropriate boxes. ☑ Law Enforcement ☐ Corrections ☐ Correctional Probation

NOTICE: This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission. Any intentional omission when submitting the application or false execution of this affidavit shall constitute a misdemeanor of the second degree and [illegible]

[illegible] You must complete the remainder of the affidavit in the presence of a notary public. Upon witnessing your signing of the affidavit, a notary public [illegible] the affidavit is signed. I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is [illegible]

12. [illegible] Sharkey J. 13. 10-11-2021 Date Signed

14. OATH

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

[illegible] COUNTY OF Volusia

[illegible] by means of Physical Presence ☑ OR Online Notarization ☐ this 11th [illegible] 2021, by James F. Sharkey Jr.

[Notary stamp: [illegible] Notary Public State of Florida [illegible] Commission [illegible] [illegible]]

[illegible] ☑

[illegible] 20-446-70-414

[illegible] and shall forward the completed affidavit attached to the Registration of Employment, Affidavit of Compliance [illegible] Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section.

AUTHORITY FOR RELEASE OF INFORMATION
(BACKGROUND INVESTIGATION WAIVER)

FOR CURRENT/FUTURE SPOUSE, DOMESTIC PARTNER, ROOMMATE(S) AND/OR FAMILY MEMBER(S) WHO RESIDE WITH YOU FOR 6 MONTHS OR MORE

FDLE APPLICANT OR MEMBER: James F. Sharkey Jr.

Mark the appropriate box:

☑ Current Spouse ☐ Future Spouse ☐ Domestic Partner ☐ Roommate ☐ Family Member (18 or Older)

PRINT FULL NAME: [redacted]

OTHER NAMES USED: [redacted]

DATE OF BIRTH: [redacted]

RACE/SEX: Female

ADDRESS: [redacted]

SOCIAL SECURITY #: (Optional)

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: New Smyrna Beach Police Department

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my criminal history or civil and criminal court records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, credit bureau or consumer reporting agency, including its officers, employees, and retired personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, because of compliance with this authorization and request to release information, or any copy of this form will be as effective as the original.

Spouse / Domestic Partner / Roommate / Family Member — Date: 10/11/2021

AFFIDAVIT

COUNTY OF Volusia

James Sharkey who says that he/she executed the above record, with full knowledge of the purpose thereof.

Means of ✓ Physical Presence or Online Notarization on this 11th day of

Commission expires on Dec 25, 2021

Identification: ✓ Notary Public:

D20 113-13-601-0

[redacted]