

Carmine Marceno
Sheriff



State of Florida
County of Lee

"Proud to Serve"

Thank you for your interest in a volunteer position with the Lee County Sheriff's Office. The expected duration of the selection process is 90 days or more. Elements of the selection process *could* include fingerprinting, oral interview, background investigation, physical abilities test, and medical examination. If your application is denied, you **MAY** be eligible to reapply after a period of one (1) year.

APPLICATION PACKET

- ★ **Complete the application in its entirety.** In order to process the application in a timely manner and enhance the efficiency of the hiring process, it is imperative that you provide accurate and complete information on the application. **Applications that are incomplete or missing signature will be rejected.** If your application is denied, you *MAY* be eligible to reapply after a period of one (1) year.
- ★ At a later date during the application process, you will need to provide ORIGINALS of the following documents, if applicable. Human Resources will notify you when you are to provide these.

- Valid Florida Driver's License**
- Social Security Card**
- Birth Certificate and/or United States Passport (Expired passports not accepted)** Must be from Vital Statistics. If from another country, must be translated by a certified translator.
- Naturalization papers or Permanent Resident Card**
- All Military** discharge(s) documents, including but not limited to DD-214 (Service-2 or Member-4 copy), DD-256, or NGB22. In the absence of a DD214, provide Military Enrollment documents
- If LE/CO certified, copies of **certification**
- Have **all** documents from another country translated by a certified translator.

Complete all paperwork in the application packet, then email the packet to ApplyLCSO@sheriffleefl.org; or mail or drop off your application to Human Resources, Lee County Sheriff's Office, 14750 Six Mile Cypress Parkway, Fort Myers, FL 33912.

Sincerely,

A handwritten signature in black ink, appearing to read "Carmine".

Carmine D. Marceno, Jr., Sheriff



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

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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:

- Application Process – 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.
- 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 Worker's Compensation reporting and medical purposes associated with Workers' Compensation.

ACKNOWLEDGMENT:

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

Applicant's Signature: x _____

Print Applicant's Name: x _____

Date: X _____



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Date Received: _____
 Rev 3/19/2026 Office Use Only

LEE COUNTY SHERIFF'S OFFICE VOLUNTEER APPLICATION FORM

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. Service members, veterans and the spouse and family members of such, may be entitled to preference, priority and waivers for postsecondary educational requirements and are encouraged to apply.

This employment 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

POSITION APPLYING FOR:

	Patrol	Administrative
Civilian Support Unit Positions	<input type="checkbox"/> Road Patrol Member <input type="checkbox"/> Marine Unit Member <input type="checkbox"/> Bike Patrol Member	<input type="checkbox"/> General Administration <input type="checkbox"/> School Support Team <input type="checkbox"/> Marketing/Photographer <input type="checkbox"/> Chaplain
Internship	<input type="checkbox"/> Volunteer Intern	Semester/Year: <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall Year: _____

Are you now able to participate with or without reasonable accommodation as a volunteer with the Lee County Sheriff's Office? This may include standing for long periods of time, directing traffic, bending, lifting, and operating a motor vehicle?
 Yes No

This position may require you to complete required training and certifications. Are you able to devote the necessary time to complete the training? Are you able to average at least 16 hours per month as a volunteer once training is complete? Are you willing to maintain all your certifications? Yes No

Explain what accommodation you would need to perform these tasks.

INSTRUCTIONS

Application must be handwritten legibly in ink or typed by the applicant. All questions must be answered. **If space provided is not sufficient for complete answers or if you wish to furnish additional information, please utilize page 10.**

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

PERSONAL HISTORY

1. Full Name (as it appears on your Social Security Card):

Last Name

First

Middle

Suffix

2. Social Security Number: _____

3. Date and Place of Birth:

Date of Birth	City	County	State	Country (If not USA)

4. Aliases: List all other names you have used including circumstances and time periods you used them (for example: maiden name, former names, aliases, or nicknames). N/A

Name	Circumstances	Dates From MM/YY	Dates To MM/YY

5. Are you a United States citizen? Yes No If naturalized, or Permanent Resident Alien please complete:

Date	Place	Court	Naturalization No./Alien Registration Number

6. Current Address, Phone Number and Email Address:

Address:			
City:	County:	State:	Zip:
Home Phone:		Cell Phone:	
Email Address:			

7. Alternate Address, Phone Number and Email Address: N/A

Address:			
City:	County:	State:	Zip:
Home Phone:		Cell Phone:	
Email Address:			

8. Marital Status: Married Divorced Single

9. Spouse's Name, Current Address, Phone Number and Email Address: N/A

Name:			
Address:			
City:	County:	State:	Zip:
Home Phone:		Cell Phone:	
Email Address:			

10. Are you currently related to any person employed by the Lee County Sheriff's Office? Yes No

Name	Current Position Held	Relationship

DRIVING HISTORY

11. Do you have a Florida driver's license? Yes No

License Number	Expiration Date	Restrictions	License	CDL
			<input type="checkbox"/>	<input type="checkbox"/>

12. Do you hold or have you ever held a driver's license in another state? Yes No

License	CDL	State	Name Used / License Number (if available)	Approximate Date License Held
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

13. Have you ever been denied issuance of a driver's license or have you ever had a license suspended or revoked?
 Yes No

Details:

RESIDENCES

14. Provide **ALL addresses for the last ten (10) years**. Start with your current address and work backwards. If you cannot provide the exact address, please provide at the least the approximate years you lived at the residence, including the city, state and country other than the United States.

Dates Month/Year		Apt. #	Street Address	City	County	State	Country (not U.S.)
From	To						
	Current						

EDUCATION/TRAINING

15. Please complete all fields below regarding your education:

High School Name and Address	Dates Attended		Did You Graduate?	Type of Diploma	
	From (MM/YY)	To (MM/YY)			
College/University Name and Address	Dates Attended		Did You Graduate?	Type of Diploma	
	From (MM/YY)	To (MM/YY)			
Major:		Minor:			
Other Schools (Trade, Vocational, Business or Military) Name and Address	Dates Attended		Area Of Study	Did You Graduate?	Type of Diploma
	From (MM/YY)	To (MM/YY)			

EMPLOYMENT HISTORY

16. Provide employment history for the last ten (10) years, including self-employment, unemployment, and schooling. Complete ALL fields below.

- Start with today and work backwards in date order.
- Account for all time periods
- If the “Do Not Contact” box is checked, your current employer will not be contacted until after you have been made a contingent job offer.

Name & Address of Employer		Dates Worked Month/Year From To		Your Title/Position	Name of Supervisor	Reason for Leaving
CURRENT	Name					
	Address					
	City, State, Zip			<input type="checkbox"/> Part Time		
	Area Code & Phone			<input type="checkbox"/> Full Time		<input type="checkbox"/> Do Not Contact
	Name					
	Address					
	City, State, Zip			<input type="checkbox"/> Part Time		
	Area Code & Phone			<input type="checkbox"/> Full Time		
	Name					
	Address					
	City, State, Zip			<input type="checkbox"/> Part Time		
	Area Code & Phone			<input type="checkbox"/> Full Time		
	Name					
	Address					
	City, State, Zip			<input type="checkbox"/> Part Time		
	Area Code & Phone			<input type="checkbox"/> Full Time		
	Name					
	Address					
	City, State, Zip			<input type="checkbox"/> Part Time		
	Area Code & Phone			<input type="checkbox"/> Full Time		
	Name					
	Address					
	City, State, Zip			<input type="checkbox"/> Part Time		
	Area Code & Phone			<input type="checkbox"/> Full Time		
	Name					
	Address					
	City, State, Zip			<input type="checkbox"/> Part Time		
	Area Code & Phone			<input type="checkbox"/> Full Time		
	Name					
	Address					
	City, State, Zip			<input type="checkbox"/> Part Time		
	Area Code & Phone			<input type="checkbox"/> Full Time		

17. Have you ever been fired or dismissed from a job or had any disciplinary action taken against you from any employment or position you have held? Yes No

Details:

18. Have you ever been forced to resign from a job (or else be fired), or left a job by mutual agreement after alleged misconduct or unsatisfactory performance? Yes No

Details:

19. What other law enforcement agencies have you applied to? N/A

Name of Agency	State	Application Date	Application Status

20. Have you ever been a volunteer in any capacity for a law enforcement agency, i.e. Explorer, Auxiliary, Internship, or Community Volunteer? Yes No If yes, please provide details:

Name of Agency	Year	Position Held

21. Have you ever been a volunteer in any capacity for an organization other than a law enforcement agency?
 Yes No If yes, please provide details:

Name of Organization	Year	Position Held

MILITARY HISTORY

22. Have you ever enlisted for active duty in the Armed Forces of the United States? Yes No

Branch of Service	Highest Rank	Duty Dates		Type of Discharge
		From	To	

23. Have you ever enlisted in a Reserve unit or the National Guard? Yes No

Branch of Service	Date of Entry	Reserve Obligation Term. Date	Address and Phone for Command of Current Duty Assignment and Non Commissioned Officer in Charge	Active	Inactive	Type of Discharge

24. Have you ever been subject to a trial by court-martial (general, special, or summary)? Yes No

Date	Location of Court	Charge/Offense	Disposition/Punishment

25. Have you ever been subject to, or accepted, any non-judicial punishment (NJP) following allegations of misconduct, including: Article 15, Captain's Mast, Office Hours, or any other form of NJP? Yes No

Date	Location	Offense	Punishment

BUSINESS INTERESTS AND LICENSES

26. Do you currently possess a firearms license in any state? Yes No List state(s): _____

27. Do you currently own a business or have a partnership in a business? Yes No

	Business 1	Business 2
Name of Business:		
Type of Business:		
Website/URL:		
Address:		
Phone:		
Email:		
Business License Number:		

ARREST HISTORY/COURT DATA

28. Have you ever received a ticket or been charged with a traffic violation (excluding parking tickets)? Yes No

Date	City & Department	Charge/Offense	Disposition/Result

29. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violation, regardless if the record was sealed or expunged? Yes No

If yes, provide details, including disposition paperwork for any arrests, which needs to be obtained from the Clerk of Courts in the County where you were arrested. Include your juvenile record and records of your arrest(s), which have been sealed or expunged, if any. F.S. 943.0585(4)(a) expunged criminal records shall be made available to criminal justice agencies when the subject of record is a candidate for employment with a criminal justice agency. An applicant whose record is expunged may NOT deny or fail to acknowledge the arrest and the charge covered by the expunged record.

Date	City & Department	Charge/Offense	Disposition/Result

Details of arrest(s):

30. To your knowledge, has any member of your family ever been arrested for anything other than traffic violations? Yes No

Relative's Name	City, State & Department <small>(if Available)</small>	Charge/Offense	Disposition/Result

31. Have you or your spouse ever been a plaintiff or defendant in a civil court action? Yes No

Details:

32. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No

Details:

DRUG USE AND HISTORY

33. In the past five (5) years, have you **EVER** used what you knew or believed to be, **an illegal substance/drug, including synthetic drugs OR medical marijuana**? Yes No

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

34. In the past five (5) 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

Drug	First Occurred (Month/Year)	Last Occurred (Month/Year)	# of Times	Bought		Sold		Delivered		Made / Grown		Weighed/ Packaged	
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

35. In the past five (5) 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

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

36. In the past five (5) 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

Drug	First Occurred (Month/Year)	Last Occurred (Month/Year)	# of Times	Bought		Sold		Delivered		Made / Grown	
				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.

Applicant Signature: _____ **Date:** _____

Q #	Additional Information



LEE COUNTY SHERIFF'S OFFICE APPLICANT REFERRAL FORM

Applicant Name:	Date:		
<p>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.</p> <p>The below information is voluntary and used for reporting purposes only.</p>			
How did you learn about this vacancy?			
<input type="checkbox"/> Social Media: <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Twitter/X <input type="checkbox"/> YouTube <input type="checkbox"/> Tik Tok <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Other:			
<input type="checkbox"/> Referred by LCSO Employee (Name):			
<input type="checkbox"/> Job/Career Website (Name):			
<input type="checkbox"/> Walk-in:			
<input type="checkbox"/> Called Human Resources for Job Openings:			
<input type="checkbox"/> Web – Lee County Sheriff's Office website:			
<input type="checkbox"/> Criminal Justice Academy (Name):			
<input type="checkbox"/> College/University (Name):			
<input type="checkbox"/> High School/Technical School (Name):			
<input type="checkbox"/> Government Employment Agency (Name):			
<input type="checkbox"/> Minority Group Organization (Name):			
<input type="checkbox"/> Professional Publication/Magazine (Name):			
<input type="checkbox"/> Job Fair:	Location Held:		
Ethnic/National Origin			
<input type="checkbox"/> Black/African American	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Two or More Races:	
Sex/Gender			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	