



Collier County Sheriff's Office
Don Hunter, Sheriff
Application



SCANNED

The Collier County Sheriff's Office is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, physical disability, religion or any other legally protected status.

Instructions: Application may be printed, in your own handwriting, legibly in ink or typewritten. This is your application. If additional space is needed, please refer to question number and add information on 8-1/2 x 11 inch paper. If you are provided a conditional offer of a position, you will be required to complete a questionnaire with detailed background information. Once received by the CCSO, we must retain custody of the application. Portions of the application are subject to disclosure under Florida's Public Records Laws.

4

20020846

Position(s) Requested (number and list in order): LAW ENFORCEMENT officer

1. Name: MARCENO (Last Name) Social Security Number: CARMINE (First Name) DOMINIC (Middle Name)

2. Other: List all other names you have used with time periods used (e.g. maiden, former, alias(es)). NONE

3. Education: List highest level attained, year attained, and type of degree (if applicable). REGENTS HIGH school Diploma, Just below AN ASSOCIATES DEGREE

4. Law Enforcement or Corrections Officer certification (state when obtained and where): NY STATE CERTIFIED, NY STATE Completed LAW ENFORCEMENT EQUIVALENCY OF TRAINING at S.P.J.C.

5. Are you willing to work shifts? Nights: [X] Yes [ ] No Evenings: [X] Yes [ ] No Weekends: [X] Yes [ ] No

6. Typing or Keyboarding speed: Computer programs (software) used in your current or prior position:

7. Military experience, if applicable. List date(s) of active duty, branch, highest rank obtained and type of discharge. NONE

Do you wish to claim Veteran's Preference? [ ] Yes [X] No (Call for details)

8. Have you had any disciplinary action from any employer including military? [ ] Yes [X] No If yes, provide details below:

Marceno, Carmine D.

Social Security Number: \_\_\_\_\_

9. Have you ever been convicted of, or pled guilty to, any criminal violation?  Yes  No If yes, provide details below (including juvenile, expunged, sealed, and/or adjudication withheld):

Date: \_\_\_\_\_ Place \_\_\_\_\_ Charge: \_\_\_\_\_

Court location: \_\_\_\_\_ Disposition: \_\_\_\_\_

10. List all employment **beginning with present employment**, including summer and part-time positions while attending school, for the past ten years. If unemployed for a period, set forth dates of unemployment.

	Name, Address and Phone of Employer	Dates Worked	Salary	Your Title	Name of Supervisor	Reason for Leaving
A	Island Tan of Naples	11/01 - Pres	500 <sup>00</sup> wk	owner	N/A	Still own business
	Suffolk County Park Police	5/8/98 - 8/99 4/00 - 11/01	400 <sup>00</sup> wk	Patrol officer	LT. GARY HENZE	To move to Florida for Police Job
	Naples Police	8/99 - 4/00	400 <sup>00</sup> wk	Patrol officer	SGT. PHIL VALDARIO	HEIR family in New York
B	Cm Productions	6/92 - 5/98	600 <sup>00</sup> wk	SALES	BUTCH MARCENO	Pursue a Career in law enforcement
	Mccarrick Dairy	6/88 - 6/92	275 <sup>00</sup> wk	clerk	Kevin Mccarrick	Increase Salary
C						
D						

Continue, in above format, on separate sheet of paper

11. Residences: List all residence addresses for the past ten years beginning with current address:

Address	City	State	Zip	Dates From/To
				May 03, 2002 - Pres
				Nov 01, 2001 - Pres
				Apr 79 - July 99
				Apr 72 - Apr 79

12. Driving History: You are not required to complete this question if applying for clerical position or any position that does not require driving a vehicle.

State where licensed: FLA License No: \_\_\_\_\_

List any traffic violation conviction, including adjudication withheld, within the past ten years.

Provide date, charge, court location, and disposition:

NONE

**Section 2: Employment History (cont'd):**

**Social Security Number** \_\_\_\_\_

2. a. Have you ever been dismissed from a position? Yes \_\_\_\_\_ No    
 b. Have you ever been asked to resign from a position? Yes \_\_\_\_\_ No    
 c. Have you ever had any disciplinary action taken against you from any employment or position you have held? Yes \_\_\_\_\_ No    
 If yes to any of the above questions, provide details:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory performance? Yes \_\_\_\_\_ No  If yes, provide details:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. List all law enforcement agencies (not listed as an employer) where you have applied for a position, performed paid services, or performed unpaid services; dates and results.

*NONE*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. List all internal affairs investigations of which you have been the subject (agency, time, charge, outcome) and attach details, if available:

*NONE*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. List all excessive force charges placed against you, if applicable:

*NONE*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 3: Residences**

1. List actual places of residence for the past 10 years starting with the most recent. Include all addresses including while at school and in military. For college on-campus residences, give dormitory name, city, and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give actual street address and location of post office.

Dates From/To	Address	City	County	State
May 02 - Present				FL
Landlord Name				Phone with area code
Pipers Grove	Airport / Vanderbilt blvd RD.	NAPLES	FL	239-592-6599

Dates From/To	Address	City	County	State
July 99 - May 02				
Landlord Name				Phone with area code
Pipers Grove	Airport RD / Vanderbilt blvd RD	NAPLES	FL	239-592-6599

**Section 3: Residences (cont'd)**

Social Security Number \_\_\_\_\_

Dates From/To	Address	City	County	State
April 19 - July 99				
Landlord Name	Address	City	State	Phone with area code

Dates From/To	Address	City	County	State
Landlord Name	Address	City	State	Phone with area code

List any additional addresses, using format above, on separate sheet of paper.

**Section 4: Military History**

1. Have you ever served on active duty in the Armed Forces of the United States? \_\_\_ Yes  No

Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Serial #: \_\_\_\_\_ Duty Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

2. Date and type of discharge: \_\_\_\_\_

3. Are you now or have you ever been a member of a reserve unit or the National Guard?  
\_\_\_ Yes \_\_\_ No

If Yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List any disciplinary actions: \_\_\_\_\_

5. List awards: \_\_\_\_\_

6. Are you eligible for re-enlistment? \_\_\_ Yes \_\_\_ No If no, provide details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 5: Personal References and Acquaintances Social Security Number**

1. Personal References: Give three (3) references (not relatives, former or present employers, significant others, or in-laws) who are responsible adults of reputable standing in their communities who have known you for at least the past three years. If reference is retired, list former occupation.

a.

Complete Name	Years Known	Home address including city/state	Home phone with area code	Occupation with business phone
Artie Nemes	12			Suffolk County Police Detective (631) 854-8445

b.

Complete Name	Years Known	Home address including city/state	Home phone with area code	Occupation with business phone
Dave Mendez	5		(Am)	CCSO Sgt. 239-272-4970

c.

Complete Name	Years Known	Home address including city/state	Home phone with area code	Occupation with business phone
Phil Valdarrio	5			Naples Police Sgt. (239) 213-4844

2. Social Acquaintances: Give three (3) social acquaintances, other than those listed above, in your own age group (including both sexes) who have known you well for the past five (5) years.

a.

Complete Name	Years Known	Home address including city/state	Home phone with area code	Occupation with business phone
J.J. Carroll	5-6			CCSO Sgt. Training 239-793-9390

b.

Complete Name	Years Known	Home address including city/state	Home phone with area code	Occupation with business phone
Mike Nemes	At least approx. 12			NYP.D (631) 831-7337 cell

c.

Complete Name	Years Known	Home address including city/state	Home phone with area code	Occupation with business phone
Dave Deswill	8			S.C. PAUL Police etc. (631) 854-1422

3. Are you acquainted with any members of the Collier County Sheriff's Office? If so, list name(s) and your relationship to each.

Yes Sgt. Dave Mendez, Sgt. JJ Carroll

**Section 6: Narrative Section**

Social Security Number \_\_\_\_\_

Explain why the Collier County Sheriff's Office should offer you a position:

I have prior experience in Law enforcement, Recently Purchased a house in Naples and would like to make a Career out of CCSO Sheriff's Dept.

Explain why the Collier County Sheriff's Office position means to you:

I Can do something I love, I Can learn and excell in a field that I enjoy, It means a Lifetime Career for me.

**How did you learn about this vacancy (check only one):**

- \_\_\_ Print Ad (name of publication: \_\_\_\_\_)      \_\_\_ Walk-in/Call-in
- \_\_\_ Radio/TV Ad (station: \_\_\_\_\_)      \_\_\_ CCSO Jobs Hotline
- \_\_\_ Agency Member: \_\_\_\_\_      \_\_\_ School Announcement
- \_\_\_ Criminal Justice Academy: \_\_\_\_\_      \_\_\_ Military Outplacement
- \_\_\_ Internet Ad or Site: \_\_\_\_\_
- \_\_\_ Jobs Fair at: \_\_\_\_\_

Other: Friends that are employed by CCSO.

**Section 7: Driving History (All applicants for certified positions, parking enforcement and community service must complete this section.) All others go to page 9 .**

1. Are you a licensed Florida automobile operator or chauffeur?  Yes \_\_\_ No \_\_\_  
License No. # \_\_\_\_\_ Date of Expiration \_\_\_ / \_\_\_ / 05  
Restrictions: NONE

2. Do you now hold or have you ever held an operator or chauffeur license in another state?  
 Yes \_\_\_ No \_\_\_ If yes, please provide state(s), license number, name used and approximate dates held.  
NY DL # \_\_\_\_\_

3. Has your license ever been suspended or revoked? \_\_\_ Yes  No  
If yes, please provide complete details including reason for suspension or revocation.  
\_\_\_\_\_  
\_\_\_\_\_

4. List all tickets or traffic violation charges (excluding parking tickets) including date, charge, court location and disposition.  
Approx. 1987-90 Cited for Speeding  
in state of Florida, unsure of Location.

**Non-certified applicants go to Page 9**

**Section 8: Credit Data**

**Social Security Number** \_\_\_\_\_

- Do you have any sources of income other than your salary or the salary of your spouse?  
 Yes  No Specify each with an estimated annual amount.  
 \_\_\_\_\_
- Are you or your spouse indebted to anyone? \_\_\_\_ Yes \_\_\_\_ No If yes, list all debts over \$500.  
 Be sure to include student loans and charge accounts. Also, list any debt where payment is **past due**, regardless of amount.

Creditor	Address	Amount	Loan or Account Number
Circuit City	First North National bank P.O. Box 830 008 Brit. MD	1250	After mo. pay
Bose	NO ADD. AVAILABLE 21283-008	871 <sup>00</sup>	
UISA / ADV.	P.O. Box 6000 the lakes NV 89163	APP.	9000

- Have you, your spouse, or a company controlled by you filed for bankruptcy? \_\_\_\_ Yes  No  
 Or declared bankruptcy? \_\_\_\_ Yes \_\_\_\_ No Or had a legal judgment rendered against you for a debt? \_\_\_\_ Yes \_\_\_\_ No If yes to any of these questions, provide details:  
 \_\_\_\_\_  
 \_\_\_\_\_

- Have your accounts ever been placed in the hands of a collection agency or reported as a "bad debt"? ? \_\_\_\_ Yes  No If yes, give details:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 9: Business Interests and Licenses**

- Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? \_\_\_\_ Yes  No
- Are you now issued or have you ever been issued a license to engage in a business or profession? \_\_\_\_ Yes  No *Partner in tanning Salon in FLA.*
- Have you ever had a license (except driver's license) cancelled, suspended or revoked?  
 \_\_\_\_ Yes  No
- Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? \_\_\_\_ Yes \_\_\_\_ No

If you answered "yes" to any of the above questions, please provide details including the type of license or certificate, the agency that issued the license, effective date of license and license number.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 10: Organization Membership**

Social Security Number \_\_\_\_\_

1. List all clubs, societies, gangs which you are or have been a member:

Name	City & State	Former	Present (list position held and describe activity)
NONE			

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States by unconstitutional means? \_\_\_\_ Yes  No

3. Have you ever made a financial or other material contribution to any organization of the type described in question #2 above? \_\_\_\_ Yes  No

4. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? \_\_\_\_ Yes  No

5. Did you intend to promote any unlawful aims of the organization? \_\_\_\_ Yes  No

If you answered yes to any of the questions above numbers 2 through 5, explain your participation including name of organization, date, and location.

NONE

**Section 11: Legal Action**

1. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violation? \_\_\_\_ Yes  No If yes, please provide details below: List all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. **(Include all juvenile record(s) or records which have been sealed/expunged)**

Date	Place & Dept.	Charge	Court & Location	Disposition

2. To your knowledge, has any member of your family ever been arrested for other than traffic violations? \_\_\_\_ Yes \_\_\_\_ No If yes, please provide details below:

Date	Place & Dept.	Charge	Court & Location	Disposition



**Background Screening Disclosure Affidavit** Social Security Number \_\_\_\_\_

The Collier County Sheriff's Office screens prospective members, including volunteers, to evaluate whether an applicant poses a risk of harm to the children, youth, and citizens it serves. Information obtained is not an automatic barrier to appointment to a position, however, the information is considered in view of all relevant circumstances. This disclosure is required to be completed by all applicants who receive a conditional offer of appointment. Any falsification, misrepresentation, or incompleteness of this disclosure form is grounds for disqualification or termination.

**Initial answer under "yes" or "no" and provide brief explanation for a "yes" answer in the "Explanation" section. Identify "yes" answer by number. Questions apply to your entire life -- whether as an adult or a juvenile and whether sealed or expunged.**

I have been convicted of:

- | Yes | No                                  |  |
|-----|-------------------------------------|--|
| ___ | <input checked="" type="checkbox"/> | 1. a felony.   |
| ___ | <input checked="" type="checkbox"/> | 2. rape or other sexual assault.   |
| ___ | <input checked="" type="checkbox"/> | 3. drug or alcohol offenses.   |
| ___ | <input checked="" type="checkbox"/> | 4. abuse of a minor or child, whether physical or sexual.  |
| ___ | <input checked="" type="checkbox"/> | 5. incest.   |
| ___ | <input checked="" type="checkbox"/> | 6. kidnapping, false imprisonment, or abduction.   |
| ___ | <input checked="" type="checkbox"/> | 7. sexual harassment.  |
| ___ | <input checked="" type="checkbox"/> | 8. sexual exploitation of a minor.   |
| ___ | <input checked="" type="checkbox"/> | 9. sexual conduct with a minor.  |
| ___ | <input checked="" type="checkbox"/> | 10. annoying/molesting a child.  |
| ___ | <input checked="" type="checkbox"/> | 11. lewdness and/or indecent exposure.   |
| ___ | <input checked="" type="checkbox"/> | 12. lewd and lascivious behavior.  |
| ___ | <input checked="" type="checkbox"/> | 13. obscene literature.  |
| ___ | <input checked="" type="checkbox"/> | 14. assault, battery, or other offense involving a minor.  |
| ___ | <input checked="" type="checkbox"/> | 15. endangerment of a child  |
| ___ | <input checked="" type="checkbox"/> | 16. any misdemeanor or other offense classification involving a minor or to which a minor was a witness. |
| ___ | <input checked="" type="checkbox"/> | 17. unfitness as a parent or custodian.  |
| ___ | <input checked="" type="checkbox"/> | 18. removing children from a State or concealing children in violation of a law or court order.          |
| ___ | <input checked="" type="checkbox"/> | 19. restrictions or limitations on contact or visitation with children or minors.                        |
| ___ | <input checked="" type="checkbox"/> | 20. domestic violence -- any family member or significant other.   |
| ___ | <input checked="" type="checkbox"/> | 21. accusation of any of the above.  |
| ___ | <input checked="" type="checkbox"/> | 22. any misdemeanor involving false statement under oath or in official capacity.                        |

Resigned under threat of termination of employment or volunteer work for:

- | Yes | No                                  |  |
|-----|-------------------------------------|--|
| ___ | <input checked="" type="checkbox"/> | 23. sexual harassment.                     |
| ___ | <input checked="" type="checkbox"/> | 24. drug or alcohol-related offenses.      |
| ___ | <input checked="" type="checkbox"/> | 25. use of force.                          |
| ___ | <input checked="" type="checkbox"/> | 26. excessive absenteeism or tardiness.    |
| ___ | <input checked="" type="checkbox"/> | 27. theft.                                 |
| ___ | <input checked="" type="checkbox"/> | 28. threatening a co-worker or supervisor. |

Pleaded guilty to (whether or not resulting in a conviction) or nolo contendere or no contest to:

- | Yes                      | No                                  |  |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 29. any felony.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 30. rape or other sexual assault.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 31. drug or alcohol offenses.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 32. abuse of a minor or child, whether physical or sexual.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 33. incest.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 34. kidnapping, false imprisonment, or abduction.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 35. sexual harassment.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 36. sexual exploitation of a minor.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 37. sexual conduct with a minor.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 38. annoying/molesting a child.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 39. lewdness and/or indecent exposure.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 40. lewd and lascivious behavior.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 41. obscene literature.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 42. assault, battery, or other offense involving a minor.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 43. endangerment of a child  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 44. any misdemeanor or other offense classification involving a minor or to which a minor was a witness. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 45. unfitness as a parent or custodian.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 46. removing children from a State or concealing children in violation of a law or court order.          |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 47. restrictions or limitations on contact or visitation with children or minors.                        |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 48. domestic violence -- any family member or significant other.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 49. accusation of any of the above.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 50. any misdemeanor involving false statement under oath or in official capacity.                        |

**Explanation Section:**

*If you answered "yes" to any of the above, please explain. Refer to question number.*

**Question Number Description (include dates)**


**Personal Inquiry Waiver  
Authority for Release of Information**

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

Applicants Name: Carm D Marcano Jr.  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

I respectfully request and authorize you to furnish the Collier County Sheriff's Office any and all information that you may have concerning my employment and pre-employment records, Internal Affairs investigations, school record, military record, criminal investigations, reputation, and financial, credit status, background reports and polygraph examinations. All medical information will be requested post conditional offer. I authorize medical care provider to release information for the purpose of determining fitness for duty. Please include any and all reports including all information of a confidential or privileged nature, and photostats of same, if requested. This information is to be used to assist in determining my qualifications and fitness for the position I am seeking with the Collier County Sheriff's Office.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

**Must be signed in the presence of a Notary Public.**

Carm D Marcano Jr.  
Applicant's Signature

11/19/02  
Date

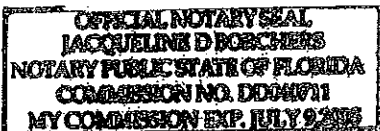
7564 Silver trumpet lane #203  
Address  
Naples FL 34119  
City State Zip Code

**Affidavit**

State of Florida  
County of Collier

Subscribed and sworn to (or affirmed) before me on 11/19/02 by \_\_\_\_\_  
Date

Carmine Marcano (name of applicant). He or she is personally known to me or has  
presented FDI (type of identification) as identification.



Signature of Notary: Jacqueline D Borchers

Name: \_\_\_\_\_  
Title: Notary Public  
Commission Number: \_\_\_\_\_ Expires: \_\_\_\_\_

## Applicant Certification

My appointment or employment will be contingent upon the results of a complete background investigation. Any omission, falsification, misrepresentation on this background packet will be the basis for my disqualification as an applicant or my dismissal from the Collier County Sheriff's Office.

I consent to a polygraph examination concerning the truthfulness of my responses to the information requested on the application and background information, any physical examination, psychological examination, or drug test. I will be fingerprinted. My employment or appointment will be contingent upon the results of a complete drug test. I will be required to take drug tests during the term of my employment or appointment with the CCSO. 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.

Continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to perform satisfactorily the essential functions of my position or assignment.

Any employment or appointment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. The Sheriff has the absolute discretion to substitute cash periodically, in whole or part, for accrued compensatory time.

The following types of information will be collected during the appointment process: employment and education histories; medical, military, insurance, credit and financial information; motor vehicle and police records; information about my abilities, family, character, lifestyle, and organization memberships. Information will be obtained by letter, by telephone, and by personal interview with both primary and secondary sources. I may be required to furnish the CCSO with a copy of my Income Tax Return for the year preceding this application and each year during my employment or appointment. This information is used as one element for appointment or employment decisions.

I authorize any of the persons or organizations referenced in my application and background packet to furnish information, personal and otherwise, regarding my ability and fitness for appointment to a position with the CCSO. I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the CCSO.

I agree to conform to the rules, regulations and orders of the CCSO and acknowledge that such rules, regulations and orders may be changed, interpreted, withdrawn or added to by the CCSO, at its discretion, at any time and without any prior notice to me. This form shall become the property of the CCSO and it, and the information received in response to the background investigation, are subject to Florida's public record laws and possible disclosure.

I understand and agree to the above conditions and certify that all statements made by me on this background packet and application are true, correct and complete, to the best of my knowledge.

I understand that my obligation to provide information is continuing in nature and that any changes, additions, deletions, or corrections in the information provided shall be submitted as soon as possible.

Carmen Monahan Jr.  
Signature

11/18/02  
Date

Witnessed by Jackie Sanchez



Date Received 6/7/13  
Office Use Only

### LEE COUNTY SHERIFF'S OFFICE EMPLOYMENT APPLICATION FORM

The 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.

**NOTICE:** Please provide originals of the following documents:

1. Valid Florida Driver's License	7. Military discharge (s) and all DD-214's
2. Social Security Card	8. Selective Service Card (if applicable)
3. Birth Certificate (from Vital Statistics)	9. If LE/CO certified, copies of certification
4. High School Diploma or G.E.D.	10. Official college transcripts (if applicable)
5. Proof of marriage(s), divorce(s) or adoption	11. Original naturalization papers (if applicable)
6. All Florida vehicle registration (s) in applicant's name	12. Passport (if applicable)

#### POSITION APPLYING FOR:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Deputy Sheriff        | <input type="checkbox"/> Corrections Clerk           |
| <input type="checkbox"/> Correctional Officer             | <input type="checkbox"/> Communications/Dispatch/911 |
| <input type="checkbox"/> Law Enforcement Sponsorship      | <input type="checkbox"/> Community Service Aide      |
| <input type="checkbox"/> Corrections' Academy Sponsorship | <input type="checkbox"/> Auxiliary Deputy            |
|   | <input type="checkbox"/> Other _____                 |

#### 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, attach sheets of the same size as this application and number answers to correspond with questions.

I understand that the submission of this application does not constitute acceptance of employment or appointment with the Lee County Sheriff's Office. Moreover, I understand the Lee County Sheriff's Office is under no obligation to sponsor me as a candidate for any law enforcement training program.

#### PERSONAL HISTORY

1. Full Name  
MARCENO                      CARMINE                      D                      JR  
Last Name                      First                      Middle                      Suffix

2. Other: List all other names you have used including circumstances and time periods you used them. (For example: maiden name, former name(s), alias(es), or nickname(s).)

Name	Circumstances	Dates From Month/Year	Dates To Month/Year

3. Date and Place of Birth:

Date of Birth	City	County	State	Country (If not USA)
	<u>Bronx</u>		<u>Ny</u>	

4. Are you a United States citizen?  Yes  No If naturalized, please provide:

Date	Place	Court	Naturalization No.

5. Marital Status:  Married  Divorced  Separated  Widowed  Never Married

6. Applicant's Current Address and Phone Number

Address: [REDACTED]			
City: [REDACTED]	County: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
Home Phone : N/A		Cell Phone: [REDACTED]	

7. Applicant's Social Security Number: [REDACTED]

8. Spouse's Name, Address and Phone Number:

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

9. Children's Names and Ages:

Name	Age	Address

10. Former Spouse(s) Name and Address and Phone Number:

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

11. Are you currently related to any person employed by the Lee County Sheriff's Office?  Yes  No  
If, yes please provide names (s) and current position held.

12. Are you now able to participate with or without accommodation in defensive tactics, firearms, physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description of the position for which you applied?  Yes  No

13. This position may require a physical agility test. If such a test or examination is required, would you need special accommodations to perform the agility test?  Yes  No

14. Explain what accommodation(s) you would need to perform these tasks or take the test/examination.

N/A

**ARREST HISTORY/COURT DATA** (approx in 1989)

1. 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 *Appr. age 17 ticket for poss. of alcohol.*
2. Have you ever received a ticket or been charged with a traffic violation (excluding parking tickets)?  Yes  No
3. To your knowledge, has any member of your family ever been arrested for anything other than traffic violations?  Yes  No

If yes to question #1, #2, or #3, list all such matters even if:

- You were not formally charged;
- You had no court appearance;
- You were found not guilty;
- You pleaded *nolo contendere* to any charge for which adjudication was withheld; or
- The matter was settled by payment of fine or forfeiture of collateral.

(Include your juvenile record and records of your arrest(s), which have been sealed, if any).

Date	Place & Department	Charge	Court & Place	Disposition
1989 (approx)	Suffolk Co	Poss alcohol	Suffolk	Dismissal
Relative's Name	Place & Department	Charge	Court & Place	Disposition

Provide details for each response to questions #1, #2, or #3: Appr. 1987-1990 speeding ticket, in state of Florida

4. Have you or your spouse ever been a plaintiff or defendant in a civil court action?  Yes  No
5. Has any law enforcement officer ever detained you for investigative purposes?  Yes  No *(approx 1989) poss. of alcohol juvenile*
6. To your knowledge, have you ever been, or are you now the subject of, or a suspect in, any criminal investigation?  Yes  No

7. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)?  Yes  No
- If yes to questions #4, #5, #6, please provide details. Fingerprinted for Law Enforcement Job's

**BUSINESS INTERESTS AND LICENSES**

1. Do you or have you ever owned any stock or interest in any firm, partnership, or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages or pawn shops?  Yes  No
2. Are you now issued or have you ever been issued a license to engage in a business or profession?  Yes  No
3. Do you own a business or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer?  Yes  No
4. Was your license ever cancelled, suspended, or revoked?  Yes  No

If yes to question #1, #2, or #3, please provide details including the type of license or certificate, the agency that issued the license, effective date and license number.

Type of License/Certificate	Issuing Agency	Effective Date	License Number
Cancelled weapons	State of Florida	9/20/11	W1171636
Real-estate license	State of Florida	(approx 2006)	SL3161634

### EMPLOYMENT HISTORY

Starting with your current employer, please list all previous employers, from the age of eighteen (18). If unemployed for a period of time, set forth dates of unemployment. If the applicant does not wish for us to contact the current employer, please note in the margin "DO NOT CONTACT." It will be necessary to contact your current employer when it comes time to do your final background investigation.

DO NOT CONTACT

DO NOT CONTACT

Closed

Name & Address of Employer	Dates Worked		Salary	Your Title/Position	Name of Supervisor	Reason for Leaving
	From	To				
Name <i>Mccarick's Dairy</i> Address <i>751 Route 25A</i> City, State, Zip <i>Rocky Point NY 11778</i> Area Code & Phone <i>631-744-2502</i>	<i>6/88</i>	<i>6/92</i>	<i>275<sup>00</sup></i>	<i>clerk</i> <input checked="" type="checkbox"/> Part Time <input checked="" type="checkbox"/> Full Time	<i>Kevin Mccarick</i>	<i>increase salary</i>
Name <i>CM Production</i> Address <i>157 meagher ave</i> City, State, Zip <i>Bronx NY 10467</i> Area Code & Phone <i>N/A (closed)</i>	<i>6/92</i>	<i>5/98</i>	<i>600<sup>00</sup></i>	<i>Sales</i> <input checked="" type="checkbox"/> Part Time <input checked="" type="checkbox"/> Full Time	<i>Carmine Marceno SR.</i>	<i>LAW enforcement</i>
Name <i>Suffolk County Park Police</i> Address <i>1491 William Ford Hwy</i> City, State, Zip <i>Shirley NY</i> Area Code & Phone <i>(631) 852-8700</i>	<i>5/98</i>	<i>8/99</i>	<i>400<sup>00</sup></i>	<i>Patrol</i> <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	<i>Sgt. Webster (retired)</i> <i>LT. Shepard mika</i>	<i>move to florida</i>
Name <i>Naples Police</i> Address <i>355 Riverside Circle</i> City, State, Zip <i>Naples FL 34102</i> Area Code & Phone <i>239-213-4890</i>	<i>8/99</i>	<i>4/00</i>	<i>400<sup>00</sup></i>	<i>Patrol</i> <input type="checkbox"/> Part Time <input checked="" type="checkbox"/> Full Time	<i>Sgt. Phil Vardario (retired)</i> <i>Chief T. Wisher</i>	<i>re-take exam help family business</i>
Name <i>Collier Co. Sheriffs</i> Address <i>3319 Tamiami trail bldg</i> City, State, Zip <i>Naples FL 34112</i> Area Code & Phone <i>(939) 793-9300</i>	<i>1/03</i>	<i>Present</i>	<i>63k annual</i>	<i>Admin. Ass to Sheriff</i> <input type="checkbox"/> Part Time <input checked="" type="checkbox"/> Full Time	<i>Sheriff Rambosik</i> <i>LT. Andrew Prisco</i>	<i>Still employed</i>
Name <i>Island Tan of Naples</i> Address <i>Pine Ridge rd</i> City, State, Zip <i>Naples FL</i> Area Code & Phone <i>(239) 353-8266</i>	<i>4/00</i>	<i>1/03</i>	<i>500<sup>00</sup></i>	<i>admin. clerk, etc</i> <input type="checkbox"/> Part Time <input checked="" type="checkbox"/> Full Time	<i>Carmine Marceno SR</i>	<i>- family business</i>
Name Address City, State, Zip Area Code & Phone				<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	<i>Please Do NOT contact CCSU until applicant has chance to give</i>	
Name Address City, State, Zip Area Code & Phone				<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	<i>notice to Sheriff. Thankyou</i>	
Name Address City, State, Zip Area Code & Phone				<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time		



20. Please provide name and address of next of kin or other person to be contacted in case of emergency:

Name:	[REDACTED]			Relationship:	[REDACTED]
Address:	[REDACTED]				
City:	[REDACTED]	State:	[REDACTED]	Zip:	[REDACTED]
Home Phone	[REDACTED]	Business Phone	[REDACTED]		

**EDUCATION/TRAINING**

High School Name/Address	Dates Attended Month/Year		Years Completed	Did You Graduate ?	Type of Diploma	
	From	To				
Rocky Point High School	Sept 88	Jun 90	12 <sup>th</sup> grade	Yes	Regents	
College/University Name/Address	Dates Attended Month/Year		Credit Hours Earned		Did You Graduate ?	Type Of Diploma
	From	To	Qtr.	Sem.		
Suffolk County Community	1990	1998			No	Just under 2yr degree
Major			Minor			
Other Schools (Trade, Vocational, Business or Military) Name/Address	Dates Attended Month/Year		Credit Hours Earned	Area Of Study	Did You Graduate ?	Type of Degree or Certificate
	From	To				
Suffolk County Police academy	96	97	18	law	Yes	N.Y.S. Cert.
St. Pete Jr College	5/00		unk	law	Yes	Florida state cert.

1. Indicate any law enforcement education/training: Copies delivered to H.R.
2. Did you receive a certificate for this training?  Yes  No Certificate Number: S.A.A. to LEE.CO. HR
3. Describe any special abilities, interests, and hobbies including the degree of proficiency:  
Outdoor sports, Ice hockey

4. Indicate any type of special license(s):

Type of License	Licensing Authority	Location First Issued	Expiration Date

5. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two way radio communications, breathalyzer, speed detection equipment, firearms, computers).  
Copies delivered to H.R.

6. Are you willing to work the following: Days  Yes  No Nights  Yes  No Weekends  Yes  No  
Holidays  Yes  No Evenings  Yes  No

1. Have you ever been dismissed, asked to resign, or had any disciplinary action taken against you from any employment or position you have held?  Yes  No  
 If yes, explain: \_\_\_\_\_

2. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?  Yes  No  
 If yes, explain: \_\_\_\_\_

3. What other law enforcement agencies have you applied to?

Name of Agency	Application Date	Application Status
NONE		

4. 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

**RESIDENCES**

Actual places of residences - Start with your current address. Continue in chronological order, listing all past residences to your date of birth, including residences while at school and in the military. For college on-campus residence, give dormitory name, city and state. If residence in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Dates Month/Year		Apt. #	Street Address	City	County	State
From	To					
5/2003	Present					
5/2002	2003					
11/2001	5/2002					
4/1979	11/2001					
4/1972	4/1979					

### DRIVING HISTORY

1. Do you have a Florida operator or chauffeur driver's license?  Yes  No

License Number	Expiration Date	Restrictions
[REDACTED]	2019	None

2. Do you hold or have you ever held an operator or chauffeur license in another state?  Yes  No

Operator	Chauffeur	State	Name Used	Approximate Date License Held
✓		NY	CARMINE D MARCENO JR	1989-1999

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?

Yes  No

If yes, please provide complete details including why license was revoked. N/A

4. Have you ever been denied automobile insurance?  Yes  No

### MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces of the United States?  Yes  No

Branch of Service	Highest Rank	Serial Number	Duty Dates	
			From	To

Type of Discharge:  Honorable  Dishonorable  General  Medical  Honorable Condition  Uncharacterized

2. Are you now or have you ever been a member of a reserve unit or the National Guard?  Yes  No

If yes, please provide details:

Branch of Service	Name of Unit	Location of Unit	Attends Drills, Meetings, or Camps

3. Were you ever court-martialed, tried on charges, or were you ever a subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action while a member of the Armed Forces?

Yes  No

If yes, please provide details:

Date	Place	Nature of Offense	Action Taken

4. **VETERANS' PREFERENCE:** Check the appropriate block if you are claiming veterans' preference.  
Documentation substantiating your claim must be furnished at the time of application.

**NOTE:** Under Florida law, veterans' preference in employment is not uniformly applicable to all positions in the Sheriff's office; therefore, further information may be obtained from the Division of Veterans Affairs, P.O. Box 1437, St. Petersburg, Florida 33731.

5. Are you claiming veteran's preference?  Yes  No

6. Have you claimed and been employed using veterans' preference since October 1, 1987?  Yes  No

If "yes", please give name of employer: \_\_\_\_\_

**ORGANIZATION MEMBERSHIP**

1. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?  Yes  No
2. Have you ever made a financial or other material contribution to any organization of the type described in question #1 above?  Yes  No If yes to question #1 or #2, answer questions #3 and #4.
3. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?  Yes  No
4. Did you intend to promote any unlawful aims of the organization?  Yes  No

If yes to question #1, #2, #3, or #4, explain. Include name of organization and location:

Name of Organization	Location	Explanation

**CREDIT DATA**

1. Do you have any sources of income other than your salary or the salary of your spouse?  Yes  No  
Specify each with an estimated annual amount.

Source of Income	Estimated Annual Amount
[REDACTED]	

2. Are you or your spouse indebted to anyone?  Yes  No  
If yes, please list all debts over \$500. Be sure to include student loans and charge accounts. Also, list any debt where payment is *past due*, regardless of amount.

Creditor	Address	Amount	Loan or Account Number
[REDACTED]			

3. Have you, your spouse, or a company controlled by you
- a. Filed for or declared bankruptcy?  Yes  No
  - b. Had a legal judgment rendered against you for a debt?  Yes  No

If yes to any of these questions, please provide details (including the state where it occurred): \_\_\_\_\_

[REDACTED]

15. Do you now, or have you ever possessed, handled, used, or experimented with, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroids, designer drugs (such as synthetic marijuana, K2, spice, bath salts, Bubbles, Bounce, Energy-1, Ivory Wave) or any drug of a similar nature?  Yes  No

- a. Type of Drug: Marijuana - Used 3 times in high school Appr. 23 years ago
- b. Circumstances: Steroid Pills - Used appr. age of 17-18 Appr. 23 years ago
- c. Number of times possessed/supplied/sold: Took Diet pills Junior + Senior year in high school 1988-90 to make weight for wrestling.
- d. Date first time possessed/supplied/sold: \_\_\_\_\_

Date last time possessed/supplied/sold: (1988 Approx)

16. Do you NOW or have you EVER tried, purchased, sold, delivered, manufactured or grown any illegal drugs? ("Tried" includes smoking, tasting, chewing, eating, drinking, sniffing, huffing, inhaling, swallowing, placing/rubbing on gums, lips, or tongue; injecting, or ingesting by any other means.)

Check all that apply below.

Name	Used	First Used	Last Used	# of Times Used	Bought	Sold	Delivered	Made or Grew
Marijuana/THC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<u>in High School</u>		<u>3</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Hash/Hash Oil	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PCP/Angel Dust	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Amphetamines	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Barbiturates	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Speed	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Mushrooms	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Heroin	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Cocaine	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Crack	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Quaaludes	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Opium	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Methodone	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Uppers/Downers	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Rohypnol (Ruffies)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
LSD/Acid	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Crystal Meth	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Thai Stick	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Mescaline (Peyote)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Ecstasy	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Excite	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GHB/GHL/GHC/GBL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Benzadrine/Bennies	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Ketamine/Special K	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Steroids	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<u>Age 17 - Age 18</u>		<u>14 Pills</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

or less

17. Do you NOW or have you EVER sniffed, huffed, or inhaled any household, cleaning, work, or automotive products for the purposes of getting a buzz or a high.

Check all that apply below.

Name	Used to Get Buzz or High	First Used to Get Buzz or High	Last Used to Get Buzz or High	# of Times Used to Get Buzz or High
Nitrous Oxide	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Whippets	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
White Out	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Model Glue	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Spray Paint	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Lighter Fluid	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Shoe Polish	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Gasoline	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Paint Thinner	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Paint Stripper	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Air Duster	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Computer Air	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Aerosol	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Freon	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Felt-tip markers	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Rubber cement	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Spray deodorant	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

18. Do you NOW or have you EVER taken an over-the-counter medication for the purposes of getting a buzz or a high?

Check all that apply below.

Name	Intentionally Used to Get Buzz or High	First Used to Get Buzz or High	Last Used to Get Buzz or High	# of Times Used to Get Buzz or High
Antihistamines	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Decongestants	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Cough Syrup	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Pain Relievers	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Mouthwashes	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Sleeping Aids	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Diet Pills	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Robitussin DM	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Coricidin D	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Dexedrine	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Sudafed	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Dayquil/Nyquil	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Designer Drugs (synthetic marijuana, K2, spice, potpourri, bath salts, Bubbles, Bounce, Energy- 1, Ivory Wave)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

19. Do you NOW or have you EVER taken a prescription medication (whether prescribed to you or someone else) for the purposes of getting a buzz or a high?

Check all that apply below.

Name	Intentionally Used to Get Buzz or High	First Used to Get Buzz or High	Last Used to Get Buzz or High	# of Times Used to Get Buzz or High
Codeine	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Morphine	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Percoet	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Percodan	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Oxycodone	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Hydrocodone	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Demerol	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Vicodin	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Oxycontin	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Ritalin	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Flexural	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Tylenol 3	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Celebrex	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Paxil	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Lorazepam	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Adavan	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Ephedrine	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Darvocet	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Loratab	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Zomeg	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Tylox	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Xanax	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Librium	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Ativan	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Thorazine	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Valium	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Clonopin	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Diazepam	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Phenobarbital	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Flornal	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Amytal	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Secoral	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Butisol	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Tuinal	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Luminal	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Dexedrine	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Preliclin	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Dilaudid	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			



PERSONAL REFERENCES & ACQUAINTANCES

**Personal References** consist of six people **NOT** related to you by blood, marriage, or former marriage. A Lee County Sheriff's Office employee may write you a letter of recommendation or may be used as a reference. We must have **complete** address and phone number information for your references.

Complete Name (Last, First, Middle Initial) Prisco, Andrew	Home Address [REDACTED]
Years Acquainted 10	City [REDACTED] State [REDACTED] Zip [REDACTED]
Occupation Sheriff	Home Phone ( ) N/A
	Business Address N/A
	City N/A State N/A Zip N/A
	Business Phone (239) 253-4907
Complete Name (Last, First, Middle Initial) Priscoll, Dave	Home Address [REDACTED]
Years Acquainted 15	City [REDACTED] State [REDACTED] Zip [REDACTED]
Occupation Police officer	Home Phone ( ) N/A
	Business Address N/A
	City N/A State N/A Zip N/A
	Business Phone (631) 255-1787
Complete Name (Last, First, Middle Initial) Pisano, Frank	Home Address [REDACTED]
Years Acquainted 30 years	City [REDACTED] State [REDACTED] Zip [REDACTED]
Occupation Sheriff	Home Phone [REDACTED]
	Business Address 3319 Tamiami trail bldg J
	City Naples State FL Zip 34112
	Business Phone (239) 253-5426

**Social Acquaintances:** Give three (3) social acquaintances who have known you well for the past five (5) years.

Complete Name (Last, First, Middle Initial) Hobaica Paul	Home Address 4202 Silver fox drive
Years Acquainted 10 plus	City Naples State FL Zip 34119
Occupation Doctor	Home Phone ( ) N/A
	Business Address 455 executive drive #104
	City Naples State FL Zip 34102
	Business Phone (239) 825-6233
Complete Name (Last, First, Middle Initial) Scadato John	Home Address [REDACTED]
Years Acquainted 6	City [REDACTED] State [REDACTED] Zip [REDACTED]
Occupation Sheriff	Home Phone [REDACTED]
	Business Address N/A
	City N/A State N/A Zip N/A
	Business Phone (617) 201-7159
Complete Name (Last, First, Middle Initial) Calabresi Steve	Home Address 5051 Pelican Colony Blvd # 904
Years Acquainted 3	City Bonita Springs State FL Zip 34134
Occupation Real Estate	Home Phone ( ) N/A
	Business Address N/A
	City N/A State N/A Zip N/A
	Business Phone (216) 272-3090