[redacted]

·currently in the Academy.
· Graduating in January.
· Fridays off from class.
· self employed

Revised 09/17

SHERIFF'S OFFICE

SWORN LAW ENFORCEMENT

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: The following additional documents must be attached to this application:

1. A certified copy of birth certificate
2. A certified copy of high school diploma or Florida Police Standards approved G.E.D.
3. A copy of military discharge(s).

Walton COUNTY DATE: 09/12/2018

POSITION APPLYING FOR:

- [x] Deputy Sheriff
- [ ] Correctional Officer
- [ ] Law Enforcement Academy Sponsorship or Internship
- [ ] Corrections Academy Sponsorship or Internship

INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or 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 for sponsorship to a law enforcement or corrections academy does not constitute an application for employment or appointment with the sponsor-law enforcement agency. Moreover, I understand this law enforcement agency is under no obligation to sponsor me as a candidate for any law enforcement or corrections training program.

EDUCATION/TRAINING

1.

High School Name/Address	Dates Attended Mo./Yr. From	Dates Attended Mo./Yr. To	Years Completed	Did You Graduate?	Type of Diploma
Pioneer Central School	09/1983	06/1987	4	Yes	Regents
12145 Countyline Road					
Yorkshire, N.Y. 14173					

2.

*College/University Name/Address	Dates Attended Mo./Yr. From	Dates Attended Mo./Yr. To	Credit Hours Earned ~~Qtr.~~	Credit Hours Earned ~~Sem.~~	Did You Graduate?	Type of Degree
Suny Empire State	09/2009	05/2014	128	Total	Yes	B.S.
2 Union Ave						
Saratoga Springs,						
N.Y. 12866						

*Attach diploma or official transcript from last institution of higher education attended.

Major Emergency Management Human Services Minor _____

3. Other Schools (Trade, Vocational, Business or Military):

Name/Address	Dates Attended Mo./Yr. From	Dates Attended Mo./Yr. To	Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate

4. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school:

N/A

5. Indicate any foreign languages you can:

N/A

	Fluent	Good	Fair
Speak:			
Read:			
Write:			

6. Indicate any law enforcement education/training:

N/A

7. Did you receive a certificate for this training? ☐ Yes ☐ No Certificate Number: _____

N/A

8. Has your law enforcement certificate ever been suspended, revoked, relinquished or subject to discipline or investigation by the CJST? ☐ Yes ☒ No If yes, explain

9. Describe any special abilities, interests, and hobbies including the degree of proficiency:

N/A

10. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

N/A

11. 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):

Taser X26P CEW V.20.2 For User Certification AXON Academy

Speed Measurement - 40 Hours Laser & Radar

12. Have you had any training/education with K-9's? ☐ Yes ☒ No If yes, provide details:

13. Would you be willing to be transferred to a K-9 unit, if necessary? ☒ Yes ☐ No

(I understand that there is a lesser rate of pay for non-duty time devoted to the care and maintenance of the animal.)

EMPLOYMENT HISTORY

1. List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	Dates Worked Mo./Yr. From	To	Salary	Title or Position	Name of Supervisor	Reason for Leaving
Name Address City, State, Zip Area Code & Phone No.				☐ Full ☐ Part-time		
Name Address City, State, Zip Area Code & Phone No.				☐ Full ☐ Part-time		
Name Address City, State, Zip Area Code & Phone No.				☐ Full ☐ Part-time		
Name Address City, State, Zip Area Code & Phone No.				☐ Full ☐ Part-time		
Name Address City, State, Zip Area Code & Phone No.				☐ Full ☐ Part-time		

I have been self employed since 1996.

To help verify my professionalism and commitment to my employment I have included three, of my more recent, clients' contact information.

Project value approximately $85,000.00 of cabinetry
Irwin and Stefanie Jackson
5002 Glenrose Court
Tallahassee, Florida 32309
Stefenie Jackson Phone 850-570-7008

Project Value approximately $15,000.00 of cabinetry
Mcleod Contracting
1917 Andora Street
Navarrre, Florida 32566
850-418-5381
Tara Mcleod Phone 850-902-1777

Tom and Lisa Dalton
Project value approximately $35,000.00 of cabinetry
130 Rainbow Drive
Fort Walton Beach, Florida 32548
Lisa Dalton Phone 850-812-1279

EMPLOYMENT HISTORY

1. List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	Dates Worked Mo./Yr. From	To	Salary	Title or Position	Name of Supervisor	Reason for Leaving
Name: 30 Associates, LLC Address: 78 Edgewood Terrace City, State, Zip: Santa Rosa Beach, Fl 32459 Area Code & Phone No.: 850-660-1669	05/2016	Present	Take Draws	☑ Full ☐ Part-time	Self	
Name: Integrity Wood Designs Address: 5848 Michigan Rd City, State, Zip: Arcade, N.Y. 14009 Area Code & Phone No.: 716-984-4860	10/2005	05/2016	Took Draws	☑ Full ☐ Part-time	Self	Moved
Name: Address: City, State, Zip: Area Code & Phone No.	09/2004	10/2005		☐ Full ☐ Part-time		Took Time off to invest in my family
Name: Milestone Restaurant Address: 11439 Olean Rd City, State, Zip: Chaffee, N.Y 14030 Area Code & Phone No.: 716 496 5326	09/1996	09/2004	Took Draw	☑ Full ☐ Part-time	Self	Sold
Name: J.P. Fitzgerald's Address: 4236 Clark Street City, State, Zip: Hamburg, N.Y 14075 Area Code & Phone No.: 716-649-4025	03/1992	09/1996	Base/Tips	☑ Full ☐ Part-time	Bob Bromer	Purchased my own restaurant

6 1 of 2

EMPLOYMENT HISTORY

1. List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	Dates Worked Mo./Yr. From	To	Salary	Title or Position	Name of Supervisor	Reason for Leaving
Name: Sports Services Address: 10296 State Road City, State, Zip: Glenwood, N.Y. 14069 Area Code & Phone No.: 716 592 4963	12/ 1991	03/ 1992	Base TPS	☑ Full ☐ Part-time	Brian Printup	Season Supervisor introduced me to next employer
Name: Holland Willows Address: 177 Savage Road City, State, Zip: Holland, N.Y 14080 Area Code & Phone No.: 716 537 9070	03/ 1990	12/ 1991	Base TPS	☑ Full ☐ Part-time	Ron Rillington	Professional + Personal improvement
Name: Wegman's Food & PHARMACY Address: 3240 McKinley Pkwy City, State, Zip: Buffalo, N.Y 14219 Area Code & Phone No.: 716 362 8400	06/ 1987	03/ 1990	~~Mi~~ 10.75 Hr	☑ Full ☐ Part-time	Mike Mokaley	Professional + Personal improvement
Name: Shop-Fine Food MART Address: RT 39 City, State, Zip: Arcade, N.Y 14009 Area Code & Phone No.: closed	01/ 1985	06/ 1987		☑ Full ☐ Part-time	Dan Hoffman	Professional + personal improvement
Name: Matthusen's Systems Inc Address: 5848 Michigan RD City, State, Zip: Alcade, N.Y. 14009 Area Code & Phone No.	01/ 1985	2000		☑ Full ☐ Part-time	Father George Matthusen	

6 2011

2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? ☐ Yes ☒ No

3. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? ☐ Yes ☒ No If yes to question #2 or #3, please provide details.

_____

_____

_____

4. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? ☐ Yes ☒ No If yes, please provide name of agency and date of application or service.

_____

_____

_____

5. 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 yes, please provide name and address of business, corporation or organization and describe your relationship or position.

_____

_____

_____

RESIDENCES

1. Actual places of residence for past 10 years – list chronologically all addresses, including residences 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 location of post office.

[redacted]

ARREST HISTORY/COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? ☐ Yes ☒ No

2. Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)? ☒ Yes ☐ No

3. To your knowledge, has any member of your immediate family ever been arrested for other than traffic violations? ☐ Yes ☒ No If yes to question #1, #2 or #3, 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 your juvenile record and records of your arrest(s) which have been sealed, if any.)

Date	Place & Department	Charge	Court & Place	Disposition
Relative's Name	**Place & Department**	**Charge**	**Court & Place**	**Disposition**

Provide details for each response to question #1, #2, or #3:

speeding tickets (see attached Driving Record)

5. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? ☐ Yes ☒ No

DRIVING HISTORY

[redacted]

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.

   _____

   _____

   _____

4. Have you ever had automobile insurance refused, withdrawn, or revoked? ☐ Yes ☒ No

   If yes, please provide complete details.

   _____

   _____

   _____

   _____

MILITARY HISTORY

[redacted]

2. 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: _____

   From: _____ To: _____ From: _____ To: _____

3. Date and type of discharge: _____

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

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

   N/A

6. Was any type of disciplinary action taken against you in the service? ☐ Yes ☐ No If yes, please provide:

   Date: N/A Place: _____

   Nature of Offense: _____

   Action Taken: _____

7. Have you ever served in the Armed Forces of a foreign country. ☐ Yes ☒ No If yes, please specify countries and dates.

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

   ☐ 1. A disabled veteran who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veteran's Affairs, or who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Veterans

Affairs and the United States Department of Defense.

☐ 2. The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability, and who, because of this disability, cannot qualify for employment, or the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by by a foreign government or power.

☐ 3. A wartime veteran as defined in section 1.01(14), Florida Statutes, who has served at least one (1) day during a war time period. Active duty for training may not be allowed for eligibility under this paragraph.

☐ 4. The unremarried widow or widower of a veteran who died of a service-connected disability.

☐ 5. The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense.

☐ 6. A veteran as defined in section 1.01(14), Florida Statutes. Active duty for training may not be allowed for eligibility under this paragraph

☐ 7. A current member of any reserve component of the United States Armed Forces of the Florida National Guard.

NOTE: Under Florida law, if a numerically based selection process is used, points shall be added to the earned ratings of persons included in #1-7 above, as set forth in section 295.07, Florida Statues. If a numerically based selection process is not used, preference in appointment shall be given first to those persons included in #1 and #2 above, and second to those persons included in #3 through #7 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Florida Department of Veterans' Affairs, 11351 Ulmerton Road, Suite 311-K, Largo, FL 33778-1630.

BUSINESS INTERESTS & LICENSES

[redacted]

CREDIT DATA

[redacted]

ORGANIZATION MEMBERSHIP

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

Name	City & State	Former	Present (list position held & describe activity)
N/A			

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, or which seeks to alter

the form of government 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 If yes to question #2 or #3, answer questions #4 and #5 also.

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 yes to question #2, #3, #4, or #5, explain including name of organization and location.

_____

PERSONAL REFERENCES & ACQUAINTANCES

[redacted]

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

[redacted]

EMPLOYEE HISTORY

THE INFORMATION CONTAINED HEREIN MAY BE CONFIDENTIAL AND NOT AVAILABLE FOR PUBLIC INSPECTION.

[redacted]

[redacted]

5. Former Spouse(s) Name and Address:

Name

Address

City | County | State | Zip Code

6. Are you now able to participate in defensive tactics, firearms or physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the position for which you applied? ☒ Yes ☐ No

7. This position may require a physical agility test, if such a test or examination is required, would you be able to take this test or examination? ☒ Yes ☐ No

[redacted]

9. Please provide the name and address of your personal or family physician to be contacted in case of an emergency:

Name

Address | City | State | Zip Code

( )

Business Phone

DRUG HISTORY

[redacted]

[redacted]

[redacted]

[redacted]

APPLICANT'S CERTIFICATION

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

I also understand that I may be required to furnish the Sheriff's Office with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment.

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test and that I may be required to take drug tests during the term of my employment or appointment with the Sheriff's Office.

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my 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 satisfactorily perform the duties of my position or assignment with the Sheriff's Office.

I further authorize the Sheriff's Office or agent of the Sheriff's Office, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law.

I further agree to execute any authorization as may be required by the Health Insurance Portability Accountability Act of 1996 (HIPAA) for health care providers to release the necessary medical information to process my application for employment.

I understand and agree that 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. I understand, however, that the Sheriff has the absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Sheriff's Office and I release all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office.

I agree to conform to the rules, regulations and orders of the Sheriff's Office and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me.

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

If yes, provide your version or explain fully any such incident.

Signature of the applicant as usually written

09/17/2018
Date

Witnessed by:

Teresa H. Keen

DOCUMENTS TO BE ATTACHED TO APPLICATION

1. Attach a certified copy of birth certificate.
2. Attach a certified copy of high school diploma or Florida Police Standards approved G.E.D.
3. Attach a copy of military discharge(s).
4. Attach application fee of $15 (check or money order only).

OTHER REQUIREMENTS

When ordered by the Sheriff's Office, applicant will be fingerprinted and shall submit to a complete physical examination and electrocardiogram, if desired.

REMARKS

_____

_____

_____

_____

_____

_____

BACKGROUND INVESTIGATION WAIVER

Authority for Release of Information

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

APPLICANT'S NAME: C. Miles Marthiasen

[redacted]

EMPLOYING AGENCY REQUESTING BACKGROUND INFO: _____

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history 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, and employer, education 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 this authorization and request to release information, or any attempt to comply with it. A photocopy 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 photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

_____

_____

Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: – An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.

Pursuant to Section 943.13 (4), (5) and (7) F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature

09/17/2018
Date

Applicant's Address

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Washington

Before me personally appeared C. Miles Marthinsen who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this 17th day of September, 2018. My commission expires on March 5, 2020, _____.

Teresa H. Keen
Notary Public

☐ Personally Known – or – ☒ Produced Identification

Type of Identification Produced: [redacted]

TERESA H. KEEN
MY COMMISSION # FF 934120
EXPIRES: March 5, 2020
Bonded Thru Budget Notary Services

CJSTC58

Applicant: Marthinsen, C. Miles

Additional Work History

Feel free to contact any of these employers.

Tides at Topsl
550 Topsl Beach Boulevard
Miramar Beach, FL 32550

From: **02/2017 to 03/2017**

Position: Security Part time/full time

Supervisor: Marc Mera
Phone: 850-737-3044

Reason for Leaving: Position was not as advertised

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98 Properties
9375 Emerald Coast Pkwy
Miramar Beach, Florida 32550

From: **03/2016 to 08/2016**

Position: Carpenter part time/full time

Supervisor: David McMahon
Phone: 850-612-1361

Reason for Leaving: I saw the construction department was going to be shutting down. I also was doing well with my own business.

Beaver Wood Works
Arcade, New York 14009

From: **06/2005 to 10/2005**

Position: Cabinet Maker part time

Supervisor:
James Dominick
Business closed

Reason for Leaving: I was only there to help a friend while I was putting my family back together.
I went into business for myself

Milestone Fast Track Pizza
11439 Olean Road
Chaffee, New York 14030

From: 03/2000 to 03/2003

Position: President/Owner

Reason for Leaving: Sold Business

Shamus' Irish Pub
Olean Road
Chaffee, New York 14030

From: **01/1990 to 03/1990**

Position: Bartender part time

Supervisor:
James Carmedy
Business closed

Reason for Leaving: Better Offer from Holland Willows

C. Miles Marthinsen

Accountable, disciplined, organized and flexible

[redacted]

Performance Profile

I am a global thinker with great appreciation for details; focusing on success of the project rather than self accolades. I am a man that values mentors and believes an example is far better that an opinion. While I am a very private person my professional life has been in the public eye. This has afforded me the opportunities to hone a number of skills; such as: communication, conflict resolution, problem solving, adaptive and innovative, time management and most important- valuing others.

With over 30 years of corporate and over 12 years of volunteer management experience I am skilled in developing and implementing Best Practices. I am also, well versed in cultural competence. Both in the corporate and volunteer arenas I have facilitated projects with multiple trades; union & private. I have led teams here in South Walton, Florida, Buffalo, New York; Biloxi, Mississippi; Bangalore, India and Nakuru, Kenya. I attribute my success in network and team building to the fact that I am continuously pouring myself into others; drawing out their gifting.

Core Competencies

- Project Management
- Public Speaking
  - With & without an Interpreter
- Problem Solving
- Conflict Resolution
  - Intoxicated individuals and crowds
  - Difficult People
- Crowd Control
  - Layered Security
- Human Resources
- Customer Service
- Employee/Vendor Relations
- Internal/External Liaison
- Expense Tracking
- Spreadsheets/Reports
- Residential and commercial Building
  - Planning/ design/permitting
  - Life cycle of building process

Technology Competencies

- Computer-aided design (CAD) Software
- Auto Cab
- ECabinets
- Mozaik Cabinet Software
- 2020 Design
- Windows Operating Systems
- Apple Operating Systems
- Microsoft Office Suite
  - Word
  - Excel
  - Power Point
  - Outlook

Education

Florida Panhandle Technical College — Completion; January 2019

- Florida Law Enforcement Academy

The State University of New York Empire State College — *June 2014*

Bachelor of Science (Human Services: Concentration in Emergency Management)

- FDLE...1158 Speed Measurement Course/ Offered at Florida Panhandle Technical College
- Axon Academy Taser X26P CEW V.20.2 For User Certification
- St. Petersburg College: Gangs and the Transnational Threat
- St. Petersburg College: Highway Vehicle Stops and Drug Trafficker- Advanced
- ICS 100 / ICS 200 / IS-700.a / IS-800.b

C. Miles Marthinsen

Accountable, disciplined, organized and flexible

EMPLOYMENT

Closet and Cabinet Center/Integrity Wood Designs 2005-2018

President/Operations Manager (Residential & Commercal Cabinetry and Millwork)

- Project management
- Specifications and Permitting
- Subcontractor Management
  - Interviewing/Qualifying / Certificates of Insurance/ W-9s / Subcontractor Handbook-Expectations
- Key Stakeholder management
- Materials Management
- Invoicing
  - Receivables & Payables
- Customer relations

Crossroad's Christian Church 2007-2016

- Liaison between Crossroads Christian Church and other organizations to coordinate Joint Mutual Projects including International Partnerships
- Special Project Coordinator (facilitate, organize, and carry-out special projects. Such as building construction, ministry planning, vision and mission development)
- Men's Ministry Leader (Co-Led and Coordinate ministry and special events for over 200 men)
- Usher Leader (Manage a team of 30 volunteers, develop & Implement operation procedures and security as well as emergency management processes)

Milestone Restaurant & Taproom 1996-2004

President/Operation Manager (Family Restaurant and Bar)

- All Aspects of Small Business ownership
- Managed and developed a team of 32 employees
- Developed and implemented S.O.P., employee handbook, menu and recipe development, marketing and customer service procedures.
- On-site coordination of over 175 customers
- Off-site catering and Event coordination of hundreds up to 1500 people

Marthinsen's Systems Inc. 1985-2000

Vice President of Customer Relations

- This business focused on Commercial interior environments
  - Office partitioning, Clean rooms, Humidity controlled rooms, Manufacturing enclosures, In-Plant Offices
- Lead Customer Service
- Sales Closer
- Facilitate projects from the design and specifications through to the end punch list phase.
- Support/Direct numerous multimember teams simultaneously
- Multiple Project Manager
  - Simultaneous management of projects valued in the millions of dollars