



Auburndale Police Department

Auburndale, Florida 33823-3497

Office of Chief of Police

2 Bobby Green Plaza
Phone 863-965-5555
Fax 863-965-6275

Dear Applicant:

While preparing your application, please note that COMPLETE and ACCURATE MAILING ADDRESSES are required. Personnel will review your application to ensure all information is complete. And all necessary Documentation is included prior to its acceptance.

For Sworn Police Officer Applicants the Auburndale Police Department application process presently requires all police applicants to be Florida certified before being able to submit an employment application.

Applicants are encouraged to enroll at a Florida Department of Law Enforcement (FDLE) approved Criminal Justice Academy and obtain certification which will allow them to apply with our agency. Once the individual has completed all requirements set forth by the Police Academy and can provide our Department with a copy of FDLE state certificates and proof of passing the State certification test, the applicants are then considered for employment with the Auburndale Police Department.

Photocopies of the following items MUST be included with your Application:

1. Current Florida driver's license
2. Current vehicle insurance
3. Social Security card
4. Birth Certificate issued by State
5. High school diploma, G E D (if not Florida GED, must have transcript) or college Transcripts
6. If a veteran, copy of Form DD-214 stating "Honorable" discharge
7. Proof of registration as required by Federal Military Selective Service Act (Males aged 18-26)
8. Copy of FDLE state certificate and proof of passing State certification test
9. Any other applicable diplomas and/or Certificates may be included

Prior to hiring, the following requirements must be successfully met:

1. Background investigation and reference checks
2. Oral interview
3. Polygraph examination
4. Urinalysis examination
5. Physical examination and EKG
6. Physical agility test (Sworn Police Officer Applicants)
7. Psychological test (Sworn Police Officer Applicants)
8. Fingerprints submitted

Many aspects of your application will become public record per Florida State Statute 119.

City of Auburndale and the Auburndale Police Department policy prohibits the offer of employment to any applicant who has:

Within the past twenty-four (24) months used, tried, experimented with or otherwise possessed any illegal controlled substance including marijuana;

Within the past sixty (60) months used, tried, experimented with or otherwise possessed any illegal controlled substance classified by Florida statutes as a Schedule I or Schedule II illegal substance ("hard" drugs).

Sold or delivered any illegal controlled Substance at any time.

Any visible tattoos.

Anyone with relatives currently employed by the City of Auburndale.

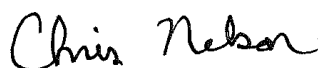
Please return the completed application to;

City of Auburndale Police Department
2 Bobby Green Plaza
Auburndale, FL 33823

Phone: (863) 965-5555

If I can be of any further assistance, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Chris Nelson".

Chris Nelson
Chief of Police

APPLICATION FOR EMPLOYMENT

2 Bobby Green Plaza
Auburndale, FL 33823



(NAME)

Auburndale Police Department

2 Bobby Green Plaza
Auburndale, FL 33823

POSITION DESIRED _____ DATE _____

INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. 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.

PERSONAL HISTORY

1. Full Name:

Last Name First Middle Nickname

Residence Address (Apt. # if applicable) Mailing Address (Apt. # if applicable)

City County State ZIP Code

() ()
Telephone Number (Home) (Other)

2. Social Security Number: _____ - _____ - _____ Date of Birth: _____

Driver's License Number: _____ State Issued: _____

3. Place of Birth:

City County State Country (if not United States)

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

Name	Circumstance	Dates From - Mo. / Yr.	Dates To - Mo. / Yr.

The City of Auburndale is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, handicap, marital status, religion or any other legally protected status.

5. Are you a United States citizen? Yes No Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

If naturalized, please provide _____
Date Place

Court Naturalization Number

6. Do you have or have you ever applied for a passport? Yes No Passport Number _____

7. Have you ever filed an application with us before? Yes No Date _____

8. Have you ever been employed by us before? Yes No Dates _____

EDUCATION / TRAINING

1.

High School Name / Address	Dates Attended – Mo. / Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	To			

2.

College / University Name / Address	Dates Attended – Mo. / Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

Major _____ Minor _____

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

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

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

5. Indicate any foreign languages you can: Speak _____
Read _____
Write _____

6. Indicate any law enforcement education / training:

7. Did you receive a certificate for this training? Yes No
certificate number _____

8. Indicate any special skills you possess and equipment you can use which may be related to the position for which you are applying: (i.e., breathalyzer, speed detection equipment, firearms, computers):

9. Describe any word processing or computer skills and list all software used:

10. State approximate number of words per minute: Typing _____

11. On what date are you available for work? _____

12. Are you available to work? Full Time Part Time

13. Are you available to work rotating shifts? Yes No

14. Do you have any relatives, as defined below, currently employed by the City of Auburndale? Yes No
If yes, you are ineligible for employment with the City of Auburndale per the Personnel Policy Handbook.

If yes, please list their names: _____ Relationship to you: _____
Relative- Father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, half sister (State Statue definition).

15. Do you have any visible tattoo(s)? If so, where is (are) the tattoo(s) located? _____
Can it (they) be seen while wearing a short sleeve button-up dress shirt? Yes No

EMPLOYMENT HISTORY

1. List chronologically all employment including current 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.		Salary	Your Title or Position	Name of Supervisor	Reason for Leaving
	From	To				
Name						
Address Phone						
City State ZIP						
Name						
Address Phone						
City State ZIP						
Name						
Address Phone						
City State ZIP						
Name						
Address Phone						
City State ZIP						
Name						
Address Phone						
City State ZIP						
Name						
Address Phone						
City State ZIP						

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 If yes, please explain. _____

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

4. May we contact your present employer? Yes No

5. 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. _____

6. 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 or 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.

Dates - Mo. / Yr.		Apt. No.	Street Address	City	County	State	Zip
From	To						

ARREST HISTORY / COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear, charged, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? Yes No
If yes, explain _____
2. Have you ever been convicted of a felony? Yes No
3. To your knowledge, has any member of your 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 charges and charges which have been sealed, if any.)

Applicant	Place & Department	Charge	Court & Place	Date of Charge	Disposition
Relative's Name	Place & Department	Charge	Court & Place	Date of Charge	Disposition

4. Have you or your spouse ever been a plaintiff or defendant in a court action? Yes No
(Law Enforcement and Detention Deputy applicants)
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
6. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No
If yes to question #4, #5 or #6, please provide details.

DRIVING HISTORY

Answer if you will be required to operate a vehicle as part of your job duties.

1. Are you a licensed Florida automobile operator or chauffeur? Yes No License No.: _____
Date of Expiration: _____ Restrictions: _____
2. Do you hold or have you ever held an operator or chauffeur license in another state? Yes No If yes, please provide state(s), name used and approximate dates license(s) was/were held.

3. Have you ever received a ticket or been charged with a traffic violation? Yes No Give details.

4. 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 reason.

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 _____
- | | | | |
|-----------|-----------------------------------|-----------------------|-----------------------|
| Service # | Duty Dates: From: _____ To: _____ | From: _____ To: _____ | From: _____ To: _____ |
| | From: _____ To: _____ | From: _____ To: _____ | From: _____ To: _____ |

2. Date and type of discharge: _____

3. Are you now or have you ever been a member of the Reserve Unit or the National Guard? Yes No

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

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

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

6. Are you designated as disabled because of any military service? Yes No

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

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense, or

2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or

3. A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or

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

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

If "yes", please give name of employer: _____

NOTE: Under Florida law, preference in appointment shall be given first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 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 Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL 33731.

ORGANIZATION MEMBERSHIP

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

Name	City & State	Former Member	Present Member List position held (describe activity)

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 questions #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 questions #2, #3, #4, or #5, explain including name of organization and location.

BUSINESS INTERESTS & LICENSES

(Law Enforcement Applicants)

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? 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. Was license ever canceled, 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 of license and license number.

PERSONAL REFERENCES & ACQUAINTANCES

1. Personal References: Give three (3) references (not relatives, former or present employer, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete Name		Home Address: _____
(Last, First Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____
Complete Name		Home Address: _____
(Last, First Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____
Complete Name		Home Address: _____
(Last, First Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____

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.

Complete Name		Home Address: _____
(Last, First Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____
Complete Name		Home Address: _____
(Last, First Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____
Complete Name		Home Address: _____
(Last, First Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____

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.

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

3. Have you, your spouse, or a company owned by you filed for bankruptcy? Yes No, or declared bankrupt?
 Yes No, or had a legal judgment rendered against you for a debt? Yes No
 If yes to any of these questions, please provide details.

POLYGRAPH EXAMINATION

Prior to final approval for hiring, you will be required to undergo a polygraph examination regarding your background and aspects of your character.

The following, is a list of subject areas from which polygraph questions will be drawn:

- i. FINANCIAL STATUS
- ii. PHYSICAL CONDITION
- iii. WORK RECORD
- iv. HONESTY
- v. USE OF ALCOHOL
- vi. DRIVING RECORD
- vii. ARRESTS AND CONVICTIONS
- viii. DRUGS, NARCOTICS, AND MARIJUANA
- ix. GAMBLING
- x. BLACKMAIL
- xi. FRIENDS, RELATIVES AND ASSOCIATES
- xii. LOYALTY TO THE UNITED STATES

APPLICANT'S CERTIFICATION

I understand that, in submitting this application for employment or appointment, I agree to abide by the following terms and conditions:

My appointment or employment will be contingent upon the results of a complete background investigation. Any omission, falsification, misstatement or misrepresentation may disqualify me as an applicant or cause my dismissal from the Auburndale Police Department. All statements made by me on this application are true, correct and complete, to the best of my knowledge.

I consent to a polygraph examination concerning the veracity of this information or that which is discovered as a result of the background investigation or any physical examination or drug test.

My employment or appointment will be contingent upon the results of a complete drug test. I may be required to take drug tests during the term of my employment or appointment with the Auburndale Police Department.

I authorize all persons and organizations referenced in this application to furnish the Auburndale Police Department information, personal or otherwise, regarding my ability and fitness for employment or appointment. I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Auburndale Police Department.

I understand that this employment application shall become the property of the Auburndale Police Department. The application and information received in response to the background investigation are public records.

If employed by the Auburndale Police Department, I accept and agree to abide by the following conditions:

I will obey and abide by all directives, procedures, rules, regulations and General Orders issued by the Auburndale Police Department and its official representatives.

Any property or equipment issued or loaned to me by the Auburndale Police Department shall be maintained in good repair at all times. I will report any discrepancies to my supervisor immediately. I may be required to reimburse the Auburndale Police Department for any property or equipment that is damaged or lost through my own negligence or misconduct. If funds from the damage or loss of such property are due and owing at the termination of my employment, I agree that said funds may be deducted from my final paycheck.

I acknowledge that all property belonging to the Auburndale Police Department, or utilized by me in the course and scope of my employment, is subject to search or inspection at any time without notice. I also agree to, and fully realize that, I have no expectation of privacy, whether subjective or objective, in the use of such property.

I acknowledge that, in accordance with Florida Statute 943.16, if I should voluntarily leave the Auburndale Police Department within one (1) year of entering or completing (whichever is later) an approved Criminal Justice Standards Training Program, the tuition and any related educational costs paid by the agency will be deducted from my final paycheck.

Sign in the presence of a notary.

Applicant's Signature

Date

STATE OF FLORIDA
COUNTY OF POLK

The foregoing was acknowledged before me this _____ day of _____
Month Year
by _____, who is personally known to me or who has produced
_____ as identification and who did (did not) take an oath.

Signature of person taking acknowledgment

Printed Name

Title or Rank

**Auburndale Police Department
2 Bobby Green Plaza
Auburndale, Fl. 33823**

**AUTHORITY FOR RELEASE OF MEDICAL AND PSYCHOLOGICAL
INFORMATION AND DOCUMENTATION**

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

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____

EMPLOYING AGENCY REQUESTING INFORMATION: AUBURNDALE POLICE DEPARTMENT

I, the undersigned affiant, hereby authorize any employee or authorized representative bearing this release, or a copy thereof, to obtain any information or documentation from all physicians, psychologists, psychiatrists, therapists, medical attendants, and any other health care providers as well as all hospitals, treatment facilities and any and all other sources who have treated me to furnish copies of my full and complete medical, psychological and psychiatric records and any other information requested to any representative of the Auburndale Police Department.

This authorization also includes examination of all hospital records, psychological and psychiatric records, x-ray film and the furnishing of any other information which may be requested by any representative of the Auburndale Police Department, including opinions, which have been rendered or acquired by you while attending me in a professional capacity.

I hereby waive as to the Auburndale Police Department and the City of Auburndale all provisions of law relating to the disclosure of the medical, mental and psychological records requested, and do hereby release you, as the custodian of such records, and any physician, psychologist, psychiatrist, therapist, medical attendant or other health care provider as well as all attended hospitals, treatment facilities and any and all other sources who have treated me, including each of their 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 photostat copy of this form will be as valid as the original.

Pursuant to Section 943.13 (4), (5) and (7), Florida Statutes, 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

Date

Applicant's Address

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF POLK

BEFORE ME, the undersigned authority, personally appeared _____,

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 _____ day of _____, 20____.

My Commission expires on _____, 20____.

Notary Public

(Seal)

_____ Personally Known

_____ Produced Identification

Type of Identification Produced

Neighborhood References

List a minimum of four non-related people that live in your immediate neighborhood, this is required. Neighborhood references do not have to be acquaintances.

1. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: A.C. _____ Number: _____

2. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: A.C. _____ Number: _____

3. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: A.C. _____ Number: _____

4. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: A.C. _____ Number: _____

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

Employees are treated during employment without regard to race, color, religion, sex, national origin age, marital or veteran status, medical condition or handicap, or any other legally protected status. The information in this section is needed for statistical purposes only, to satisfy Federal Equal Employment Opportunity reporting and research requirements. This information is NOT used to evaluate your application.

Name: _____

Date: _____

Address: _____

Zip: _____

City/State: _____

Social Security Number: ____ - ____ - ____

Sex: M or F

Age: ____

Racial/Ethnic Origin:

White Black Hispanic Asian/Pacific Islander American Indian

Check if applies to you:

Handicapped Non-Veteran Veteran

WWII/Korea WWII/Korea Disabled

Vietnam Vietnam Disabled

How did you learn of the position you are applying for:

Walk In (General Job Search) Winter Haven News Chief

Search Firm/Employment Agency Lakeland Ledger

Florida State Employment Services Other



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)



CJSTC 58

Incorporated by Reference in Rule 11B-27.0022(2)(b), F.A.C.

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records APPLICANT'S NAME: DATE OF BIRTH:

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:

AGENCY REQUESTING BACKGROUND INFORMATION:

ADDRESS:

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability: disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature Date

Applicant's Address

AFFIDAVIT

STATE OF COUNTY OF The forgoing instrument was acknowledged before me this date

By: who is personally known

or who has produced identification. Type of identification:

Notary's Signature Print, type, or stamp Commissioned Name of Notary

Notary Seal: Upon witnessing the applicant signing of this affidavit, the notary public shall complete the notary block.

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



CJSTC
68

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

Social Security Number: _____

Applicant's Legal Name: _____
Last
First
MI

Employing agency: _____

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

- Be at least 19 years of age.
 - Be a citizen of the United States.
 - Be a high school graduate or equivalent.
 - Not have been convicted of any felony or of a misdemeanor involving perjury or false statement. Any person who, after July 1, 1981, pleads guilty or nolo contendere to or is found guilty of a felony or of a misdemeanor involving perjury or a false statement
- shall not be eligible for employment or appointment as an officer, notwithstanding suspension of a sentence or withholding of adjudication.
 - Have been fingerprinted by the employing agency.
 - Have passed a physical examination by a licensed medical specialist approved in Rule 11B-27.002(1)(d), F.A.C..
 - Be of good moral character.
 - Have not received a dishonorable discharge from the U.S. Military.

True False NA In addition, I attest to the following statements: Each statement shall be checked "True" "False" or "NA"

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. I completed my employment application and it is true and correct, and all other information I furnished in conjunction with my application is true and correct.
<input type="checkbox"/>	<input type="checkbox"/>		2. I provided documentation of proof of my qualifications to the above listed employing agency.
<input type="checkbox"/>	<input type="checkbox"/>		3. I meet the qualifications as specified above.
<input type="checkbox"/>	<input type="checkbox"/>		4. I had a criminal record sealed pursuant to Section 943.059(4)(a), F.S., or expunged pursuant to Section 943.0585(4)(a), F.S.
<input type="checkbox"/>	<input type="checkbox"/>		5. I am under investigation by a local, state, or federal agency or entity for criminal, civil, or administrative wrongdoing to the best of my knowledge and belief.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. I separated or resigned from a previous criminal justice employment while under investigation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. I am currently serving in good standing in the U.S. Military.
<input type="checkbox"/>	<input type="checkbox"/>		8. I previously served in the U.S. Military.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. I received a dishonorable discharge from my previous U.S. Military service.
<input type="checkbox"/>	<input type="checkbox"/>		10. I am currently certified as a Florida criminal justice officer in the following area(s): Please check the appropriate box(es). <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. I authorize the employing agency listed above to apply for my certification. Please check the appropriate box(es). <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation

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

PLEASE READ CAREFULLY BEFORE SIGNING. You must complete the remainder of this affidavit in the presence of a notary public. Upon witnessing your signing of this affidavit, a notary public shall complete the notary block by entering the same date the affidavit is signed. I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.

Applicant's Signature _____
Date Signed

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____ The forgoing instrument was acknowledged before me this date _____

By: _____ who is personally known _____

or who has produced identification. Type of identification: _____

Notary's Signature _____
Print, type, or stamp Commissioned Name of Notary

Notary Seal: _____ Upon witnessing the agency administrator or designee's signing of this affidavit, the notary public shall complete the notary block.

*NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliance Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section



GENERAL INQUIRY/RELEASE FORM

Please Print

California, Massachusetts, Minnesota and Oklahoma Resident Only:
 If a consumer credit report is ordered, would you like a free copy of the report
 mailed to your home
 YES NO

APPLICANT PLEASE PRINT

NAME FIRST	MIDDLE	LAST
CURRENT ADDRESS:		DATES FROM:
CITY:	STATE:	ZIP CODE:
HOME PHONE NUMBER	CELL PHONE NUMBER	E-MAIL
SOCIAL SECURITY NUMBER:	RACE/SEX:	DATE OF BIRTH:
DRIVERS LICENSE NUMBER	STATE OF ISSUE:	
1ST PREVIOUS ADDRESS:		DATES FROM: TO
CITY:	STATE:	ZIP CODE:
2ND PREVIOUS ADDRESS:		DATES FROM: TO
CITY:	STATE:	ZIP CODE:
3RD PREVIOUS ADDRESS:		DATES FROM: TO
CITY:	STATE:	ZIP CODE:
LAST SCHOOL TO RECEIVE A DEGREE		DEGREE STATE
CITY	DATES ATTENDED (FROM/TO)	LAST NAME USED IN SCHOOL (IF DIFFERENT)
EMPLOYER	POSITION	FROM/TO
ADDRESS	CITY	STATE ZIP PHONE
EMPLOYER	POSITION	FROM/TO
ADDRESS	CITY	STATE ZIP PHONE

Please Read Carefully and Sign

AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION REPORTS, DRUG OFFENSE, VIOLENCE REPORTS, CREDIT BUREAU REPORTS, AND/OR MOTOR VEHICLE REPORTS, I ACKNOWLEDGE I MAY BE SUBJECT TO A "CONSUMER REPORT" and/or AN "INVESTIGATIVE CONSUMER REPORT" (which may include information about my character, general reputation, personal characteristics and/or mode of living, and which can involve personal interviews with sources such as neighbors, friends and associates.) For and in consideration of my being considered for Employment or Advancement, I hereby authorize the Company designated below to make inquiries to MAF Background Screening ("MAFBS"), a consumer reporting agency, concerning my Employment suitability and qualification; including: (i) any public record of any incidents of crimes of violence or dishonesty; (ii) any incidents of employment dishonesty, or other employment related acts of violence or drug related offenses or drug test results reported to MAFBS by any employer where such acts occurred; or (iii) any credit bureau reports; any driving record history. I further authorize any governmental agency where such information is on file, or any company ("Prior Company") where such incident or credit transaction occurred, and MAFBS to disseminate such report(s) to Company. During any period(s) while I may be engaged by Company, I hereby authorize Company to make further like inquiries to MAFBS as Company may from time to time, deem necessary for Employment purposes. I also hereby authorize MAFBS, any such governments agency, any such credit bureau and any such Prior Company to issue such reports in response to Company's inquiry(ies). I waive any further notice with respect to Company's inquiries or with respect to such governmental agency's, such Prior Company's, such credit bureau's or MAFBS's dissemination of any such report(s). I hereby generally release and fully discharge MAFBS every such government's agency, every such credit bureau, and every such Prior Company from and against any and all liability with respect to, or arising from, the release or dissemination of any such information for such purposes. I understand and agree that my Employment or retention may be determined, in whole or in part, based on the report(s) so issued to Company by MAFBS. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to Company by writing or calling MAFBS at the address or telephone numbers listed below.

(X) _____
 SIGNATURE OF APPLICANT DATE SIGNED

COMPANY NAME:	MEMBER NUMBER:
TELEPHONE NUMBER:	FAX NUMBER:
AUTHORIZED COMPANY REPRESENTATIVE:	
<p><u>Company's Certification:</u> Company hereby certifies to MAF Background Screening that it is requesting a consumer report(s) on the applicant named above and that Company will use that report(s) for PERMISSABLE purposes. MAF BACKGROUND SCREENING 800-226-4483 134 S Tampa St, Tampa FL 33602</p>	