Auburndale Police Department

2 Bobby Green Plaza
Auburndale, FL 33823
Phone: (863)965-5555 Fax: (863)965-6275
Tstorie@auburndalefl.com

Office of the Chief

Dear Applicant:

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

The Auburndale Police Department application process requires all applicants for the position of sworn police officer to be certified in Florida before beginning employment. Applicants who have already completed a basic law enforcement academy and have passed the state certification test are encouraged to apply.

The department will, however, accept applications from individuals enrolled in a law enforcement academy who will graduate and obtain state certification by the time the position is to be filled. In these circumstances, once you have completed all requirements set forth by the law enforcement academy and can provide the police department with a copy of your FDLE state certification and proof of passing the state certification test, you may then be employed by 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 a state government.
5. High school diploma, G.E.D. (if not Florida G.E.D., must have transcript), and college transcripts.
6. If a veteran, copy of Form DD-214 evidencing an "honorable" discharge from military service.
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 employment, the following requirements must be successfully met:

1. Background investigation and reference checks.
2. Oral Review Board interview.
3. Polygraph examination.
4. Psychological assessment (sworn police officer applicants).
5. Urinalysis.
6. Physical examination and EKG.
7. Physical agility test (sworn police officer applicants).
8. Fingerprints submitted.

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

The City of Auburndale and Auburndale Police Department policies prohibit the offer of employment to any applicant who has:

- Within the past twelve (12) 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 tattoos or brands of an obscene, racist, sexist, or vulgar nature, or that depict nudity or sexual acts. Also, any tattoos or brands of a militant or hate group, or related to gangs, gang activity, or gang affiliation. Tattoos or brands that cover more than half of the extremity on which they appear or tattoos or brands visible on the ear, face, head, neck, or hand are also prohibited;

- 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 further assistance, please feel free to contact me.

Sincerely,

Terry J. Storie
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)

_____
Primary e-mail where you can be reached

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 _____

9. Do you use controlled substances or illegal drugs? ☐ Yes ☐ No If Yes, please explain _____

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	Law enforcement agency with jurisdiction	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 of 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	**Relationship**	**Charge**	**Place & Department**	**Date of Charge**	**Disposition**

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

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. Do you have a valid Florida driver's license? ☐ Yes ☐ No License No.: _____

Date of Expiration: _____ Restrictions: _____

2. Do you hold or have you ever held a driver's 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: _____

2. Date and type of discharge: From: _____ To: _____ From: _____ To: _____

_____

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 un-remarried 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 (Last, First Middle) Yrs. Acq. | Occupation	Home Address: _____ City, State & Zip: _____ Home Phone: ( ) _____ Business Address: _____ City, State & Zip: _____ * E-mail for contact: _____
Complete Name (Last, First Middle) Yrs. Acq. | Occupation	Home Address: _____ City, State & Zip: _____ Home Phone: ( ) _____ Business Address: _____ City, State & Zip: _____ * E-mail for contact: _____
Complete Name (Last, First Middle) Yrs. Acq. | Occupation	Home Address: _____ City, State & Zip: _____ Home Phone: ( ) _____ Business Address: _____ City, State & Zip: _____ * E-mail for contact: _____

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 (Last, First Middle) Yrs. Acq. | Occupation	Home Address: _____ City, State & Zip: _____ Home Phone: ( ) _____ Business Address: _____ City, State & Zip: _____ * E-mail for contact: _____
Complete Name (Last, First Middle) Yrs. Acq. | Occupation	Home Address: _____ City, State & Zip: _____ Home Phone: ( ) _____ Business Address: _____ City, State & Zip: _____ * E-mail for contact: _____
Complete Name (Last, First Middle) Yrs. Acq. | Occupation	Home Address: _____ City, State & Zip: _____ Home Phone: ( ) _____ Business Address: _____ City, State & Zip: _____ * E-mail for contact: _____

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.

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

Write anything you want the Review Board to know. (For example, you may wish to write about your career plans and objectives.) **USE YOUR OWN HANDWRITING** and please write at least one or two paragraphs.

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), F1orida'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 number: (___)_____

2. Name: _____
   Address: _____
   City:_____ State:_____ Zip:_____
   Telephone number: (___)_____

3. Name: _____
   Address: _____
   City:_____ State:_____ Zip:_____
   Telephone number: (___)_____

4. Name: _____
   Address: _____
   City:_____ State:_____ Zip:_____
   Telephone 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) ☐ Auburndale Police Department Website

☐ Search Firm/Employment Agency ☐ Newspaper (Name_____)

☐ City of Auburndale Website ☐ Other

FDLE
Florida Department of
Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION
(Background Investigation Waiver)

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

CJSTC 58

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

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: **Auburndale Police Department**

ADDRESS: **2 Bobby Green Plaza, Auburndale, FL 33823**

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

OATH

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

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence ☐ OR Online Notarization ☐ this _____

day of _____, year ____, By _____

_____

Signature of Notary Public – State of Florida

_____

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced _____

FDLE

Florida Department of Law Enforcement

AFFIDAVIT OF APPLICANT

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

CJSTC 68

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

Last Four Digits of Applicant's Social Security Number: _____

Applicant's Legal Name: _____
Last First MI

Employing agency: **Auburndale Police Department**

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

- Be at least 18 years of age for correctional officer or 19 years of age for all others.
- Be a citizen of the United States.
- Be a high school graduate or equivalent.
- Not have been convicted of any felony or of a misdemeanor involving perjury or false statement. Any person who, after July 1, 1981, pleads guilty or nolo contendere to or is found guilty of a felony or of a misdemeanor involving perjury or a false statement shall not be eligible for employment or appointment as an officer, notwithstanding suspension of 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"
☐	☐		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.
☐	☐		2. I provided documentation of proof of my qualifications to the above listed employing agency.
☐	☐		3. I meet the qualifications as specified above.
☐	☐		4. I had a criminal record sealed or expunged.
☐	☐		5. I am under investigation by a local, state, or federal agency or entity for criminal, civil, or administrative wrongdoing to the best of my knowledge and belief.
☐	☐	☐	6. I separated or resigned from a previous criminal justice employment while under investigation.
☐	☐	☐	7. I am currently serving in good standing in the U.S. Military.
☐	☐		8. I previously served in the U.S. Military.
☐	☐	☐	9. I received a dishonorable discharge from my previous U.S. Military service.
☐	☐		10. I am currently certified as a Florida criminal justice officer in the following area(s): Please check the appropriate box(es). ☐ Law Enforcement ☐ Correctional ☐ Correctional Probation
☐	☐	☐	11. I authorize the employing agency listed above to apply for my certification. Please check the appropriate box(es). ☐ Law Enforcement ☐ Correctional ☐ 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.

12. _____ 13. _____
Applicant's Signature Date Signed

14. OATH

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

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence ☐ OR Online Notarization ☐ this _____

day of _____, year ____, By _____

_____
Signature of Notary Public – State of Florida

_____
Print, Type, or Stamp Commissioned name of Notary Public

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced _____

*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

Employment Applicant Disclosure and Release Form

As part of the application process for Employment hiring purposes **from AUBURNDALE POLICE DEPARTMENT**, I understand that they and/or its agents may conduct an investigation of my personal information. The investigation might include but is not limited to names and dates of previous/current addresses and/or employment, education records, database search, criminal history records from state, federal and other agencies. I understand that these records may be used for the eligibility of my employment application. I authorize without reservation the full release of these records for SARMA and/or its agents to obtain information.

I also release and discharge SARMA, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservation, on behalf of this application for employment and if hired throughout the duration of my employment. I also certify that all information provided is correct on the application to the best of my knowledge. Any false statements provided will be considered just cause for termination of my employment.

SARMA will upon request, supply a copy of the report and my rights under the Fair Credit Reporting Act. SARMA can be reached at 1-800-955-5238. (Please note CareerSource Hillsborough Pinellas is not conducting a credit history-the release of criminal history is also covered by the Fair Credit Reporting Act.)

Criminal Release Authorization

I hereby authorize SARMA to obtain a criminal history report in connection with my application at **AUBURNDALE POLICE DEPARTMENT**. I understand that my report and the information therein shall be used in compliance with the Fair Credit Reporting Act or appropriate regulations. I also understand that I have a right to obtain a copy of the results and can dispute any information.

I, _____, hereby authorize, without any reservation, any bureau contacted by SARMA to obtain the above information.

PLEASE PRINT:

_____
Applicant (Last Name) (First Name) (Middle Name)

_____
Applicant (Maiden Name/Former Name)

_____
Current Street Address, City and Zip Code

_____
Last Former Street Address, City and Zip Code (last 7 years needed, use back of paper if needed)

_____ _____
Social Security Number Date of Birth (MM/DD/YYYY)

_____ _____
Applicant Signature Date

NEW EMPLOYEE INFORMATION

Name: _____

Date of Birth: _____

Race/Sex: _____

Telephone Number: _____

Driver's License #: _____

Personal Email: _____

Auburndale Police Department
Applicant/Member/Volunteer
Notification and Acknowledgement

I hereby authorize the Auburndale Police Department to process a set of my fingerprints for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me to determine eligibility for employment, continued employment, licensure, or volunteering.

I understand the following:

- My fingerprints will be retained at the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI) for the purpose of providing notice of any subsequent modifications to my criminal history record.
- If the Auburndale Police Department's policy permits, the Auburndale Police Department may provide me with a copy of my FBI criminal history record for review and possible challenge.
- A copy of any national criminal history record that may pertain to me can be obtained directly from the FBI.
- I am entitled to challenge the accuracy and completeness of any information contained in any such criminal history record pursuant to F.S. 943.056 and Title 28, CFR, Section 16.30-34.
- I am entitled, within a reasonable amount of time, to a determination as to the validity of my challenge before a final decision is made regarding my status as an employee, volunteer, contractor, or subcontractor if it is the sole factor precluding my employment or unescorted access to the secure facility.

Printed Name:_____Date of Birth: _____

Signature:_____Date:_____

Complete the section below if fingerprints being taken are for a minor.

By signing as the legal guardian, you acknowledge you have read and understand the statements above and are agreeing to them on behalf of the minor for whom you serve as legal guardian.

Guardian Printed Name:_____Date of Birth: _____

Guardian Signature:_____Date:_____