



DESOTO COUNTY SHERIFF'S OFFICE

208 East Cypress Street, Arcadia, FL 34266

EMPLOYMENT INTEREST FORM

PLEASE READ CAREFULLY AND COMPLETE ALL INFORMATION

1. Are you currently FDLE/ CJSTC Law Enforcement / Corrections certified? _____

2. Are your FDLE/ CJSTC Standards current and in good standing? _____

Date: _____ Position Applied For: _____

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Social Security Number: _____/_____/_____ Date of Birth: _____/_____/_____

Florida Driver's License Number: _____

Tag Number of Primary Vehicle: _____

Are you currently Employed, if yes provide employer information and type of work done:

Employer: _____ Type of Work performed: _____

You must read and understand the following statements before completing Employment Interest Form.

Renewed members are not eligible to participate in the DROP, and are not eligible to participate in Special Risk Class, and are not eligible for disability retirement. However, the surviving spouse and dependent children of a renewed member may qualify for survivor benefits. Florida Retirement System (FRS) Retirees with an initial reemployment in a regularly established position that occurs on or after July 1, 2010, will not be eligible for renewed membership, and will not earn creditable service towards a subsequent retirement benefit. This restriction from renewed membership includes retirees of the FRS Pension, FRS Investment, State University System Optional Retirement Program, State Community College System Optional Annuity Program, and local government senior managers covered by a separate arrangement with their employees. For more detailed information go to myfrs.com click on 2011 Legislation.

It is the policy of Desoto County Sheriff's Office to distribute Job Application Packages only when actively recruiting for any position. Employment Interest Forms will be utilized to obtain certain information for the purpose of pre-employment criteria. Interest Forms will remain on file for a period of one year. Minimum Qualifications for Law Enforcement and Correctional Deputy Applicants are: Must be 19 years of age (18 years of age for support staff and communications Applicants)and have a high school diploma or its equivalent. Not have been convicted of any felony or certain misdemeanors, must have not received a dishonorable discharge from the Armed Forces, must be fingerprinted by this Agency, must pass a Physical Exam and Drug test, Must pass a Certified Voice Stress Analysis Exam and Psychological Exam, must be of good moral character, must pass an extensive background investigation. DeSoto County Sheriff's Office is an Equal Opportunity Employer. I hereby authorize the bearer or representative thereof, of this release, or the photocopy which shall be considered as effective to obtain any information pertaining to any type of background information to include FCIC/NCIC and the D.A.V.I.D. Systems. I understand and consent is granted to this Agency to furnish such information for a period of one year of dated signature.

Signature of Applicant

Date



DESOTO COUNTY SHERIFF'S OFFICE

208 East Cypress Street, Arcadia, FL 34266

EMPLOYMENT APPLICATION

The Sheriff's Office is an Equal Employment Opportunity Employer AND Drug Free Workplace. We consider applicants for all positions without regard to race, color, national origin, sex, disability, marital status, religion or any other legally protected status.

GENERAL INSTRUCTIONS: Complete all information within this application in its entirety. All information provided will be public record and will be released upon request except what is legally exempt. Print in ink or type written. If space is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as application and number answers to correspond with questions. **PART I of Application**

Position Applied for:

How Do We Contact You?

- Deputy Sheriff
- Corrections Deputy
- Telecommunicator
- Support Staff

Name

Mailing Address

Phone Number

Email Address

EDUCATION

HIGH SCHOOL:

NAME OF SCHOOL: _____

RECEIVED:
 Diploma GED Other (specify) _____

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: TRANSCRIPTS ARE REQUIRED

NAME OF SCHOOL:	LOCATION:	DATE ATTENDED		CREDIT HOURS		MAJOR/MINOR COURSE OF STUDY	DEGREE EARNED
		FROM	TO	FROM	TO		

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

DESOTO COUNTY SHERIFF'S OFFICE

208 East Cypress Street, Arcadia, FL 34266

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

2. Indicate any foreign languages you can :

	Fluent	Good	Fair
Speak:			
Read:			
Write:			

3. Indicate any law enforcement education/ training:

4. If you are applying for a telecommunicator or support staff position disregard this question; Has your law enforcement certificate ever been suspended, revoked, relinquished or subject to discipline or investigation by the CJSTC? Yes No if yes, explain:

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

6. 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):

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

DESOTO COUNTY SHERIFF'S OFFICE

208 East Cypress Street, Arcadia, FL 34266

PERIODS OF EMPLOYMENT

Describe all work experience in detail with your current or most recent job. Indicate number of employees supervised. Use a separate block to describe each position or gap of employment

1 Name of Present or Last Employer: _____

Address: _____ Your job title: _____

Supervisor's Name: _____ Phone No.: (_____)

From: ___/___/___ To: ___/___/___ Hours per week: _____ (_____)

Your Name if Different

Duties and Responsibilities:

Reason for Leaving:

2 Name of Previous Employer: _____

Address: _____ Your job title: _____

Supervisor's Name: _____ Phone No.: (_____)

From: ___/___/___ To: ___/___/___ Hours per week: _____ (_____)

Your Name if Different

Duties and Responsibilities:

Reason for Leaving:

DESOTO COUNTY SHERIFF'S OFFICE

208 East Cypress Street, Arcadia, FL 34266

PERIODS OF EMPLOYMENT

Describe all work experience in detail with your current or most recent job. Indicate number of employees supervised. Use a separate block to describe each position or gap of employment

3

Name of Previous Employer: _____

Address: _____ Your job title: _____

Supervisor's Name: _____ Phone No.: (____) _____

From: ____/____/____ To: ____/____/____ Hours per week: ____ (____)

Duties and Responsibilities: _____
Your Name if Different

Reason for Leaving: _____

4

Name of Previous Employer: _____

Address: _____ Your job title: _____

Supervisor's Name: _____ Phone No.: (____) _____

From: ____/____/____ To: ____/____/____ Hours per week: ____ (____)

Duties and Responsibilities: _____
Your Name if Different

Reason for Leaving: _____

DESOTO COUNTY SHERIFF'S OFFICE

208 East Cypress Street, Arcadia, FL 34266

1. 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:

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

3. Have you ever applied to other agencies within the past year, if so which agencies?

4. In the past, have you ever had your fingerprints taken? Yes No if yes, explain:

ARREST HISTORY/ COURT DATA

5. 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 of whether the record was sealed, expunged, dismissed, Nolle Prosequi, etc.? Yes No

6. Have you ever been convicted of a felony? Yes No

Place & Department	Charge	Court & Place	Date of Charge	Disposition

If you answered yes to questions #5 and #6, list all such matters even if not formally charged, or no court appearance, found not guilty, or pled 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.) Add additional sheets if needed.

DESOTO COUNTY SHERIFF'S OFFICE

208 East Cypress Street, Arcadia, FL 34266

7. To your knowledge, has any member of your household ever been arrested for any other offense than traffic violations? Yes No, If so please explain:

8. 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 investigations?

Yes No, If so please explain:

DRIVING HISTORY AND DRIVER'S LICENSE HISTORY

9. Are you a licensed Florida automobile operator or chauffeur? Yes No

10. 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:

11. 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 reasons:

12. Have you ever received a ticket or been charged with a traffic violation other than a parking citation? Yes No, If yes, please give details:

13. Have you ever had automobile insurance refused, withdrawn, or revoked? Yes No

Please explain:



DESOTO COUNTY SHERIFF'S OFFICE

208 East Cypress Street, Arcadia, FL 34266

DESOTO COUNTY SHERIFF'S OFFICE

STATEMENT OF PURPOSE FOR COLLECTION OF SOCIAL SECURITY NUMBERS

PLEASE READ CAREFULLY AND COMPLETE ALL INFORMATION

Social Security numbers were originally intended solely for the administration of the Social Security System, but have become widely used for a variety of other purposes, including identity verification. Unfortunately, they have been used as a tool to perpetuate fraud and identity theft.

The DeSoto County Sheriff's Office collects social security numbers for various purposes. All social security numbers collected by the Sheriff's Office are confidential and exempt from Florida's Public Records Act. Pursuant to s. 119.071, a public agency in Florida may request a social security number from an individual only when it is specifically authorized by law to do so, or when the collection is imperative for the performance of that agency's duties and responsibilities as prescribed by law. These numbers may be disclosed to another law enforcement agency or government entity if disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities.

The sheriff's Office collects social security numbers under certain circumstances, including, but not limited to, the following:

1. Employment applications.
2. Arrested individuals.
3. Individuals who are Booked in jail.
4. Individuals required by law to register with the Sheriff's Office and required to provide social security numbers as identification.
5. Citizen contracts during a consensual field interview.
6. Traffic stops and the deputy needs to verify of the driver and any other individuals present in the vehicle.
7. Traffic citations are issued.

Social security numbers will be used for verification and even though providing the social security number is optional, its use is imperative for the sheriff's Office to fulfill its duties and responsibilities as prescribed by law.

I acknowledge that the DeSoto County sheriff's Office has provided me a copy of this written statement.

Print Name

Signature and Date

DESOTO COUNTY SHERIFF'S OFFICE

208 East Cypress Street, Arcadia, FL 34266

A Telecommunicator must perform a variety of tasks and deal with issues that are not acceptable to all people. In the past, many people have accepted the position of Telecommunicator without fully realizing the requirements of the job. Below is a list that a Telecommunicator must be willing to do and will be a requirement of the job. CAREFULLY consider whether YOU are prepared to do ALL of these tasks should you be offered the job of Telecommunicator. For each requirement on the list, place an "X" in the "YES" or "NO" to define if you are willing to perform ALL job requirements.

[YES] [NO]

- [] [] Are you willing to work any shift, including nights, weekends and holidays?
- [] [] Are you willing to work all holidays (Christmas, etc.) which are not on your regular off Day?
- [] [] Do you have dependable transportation to get to work on time?
- [] [] Are you willing to sit for long periods of time without breaks when an emergency Situation is occurring?
- [] [] Are you willing to complete an intensive, comprehensive training program?
- [] [] Are you willing to work overtime?
- [] [] Are you willing to interact with callers who use abusive and offensive language?
- [] [] Are you willing to work with callers who are intoxicated?
- [] [] Are you willing to work with callers who speak a foreign language?
- [] [] Are you willing to interact with callers who are suicidal, stressed, angry, or afraid?
- [] [] Are you willing to interact with callers who are young children?
- [] [] Are you willing to ask questions of the callers to determine exactly what is needed to assist them?
- [] [] Are you willing to work to resolve conflicts that may involve the deaths of individuals including Children?
- [] [] Are you willing to calm upset, hysterical, suicidal, concerned, difficult, and angry callers?
- [] [] Are you willing to work in a fast paced, stressful environment?
- [] [] Are you willing to use a computer for long periods of time?
- [] [] Are you willing to operate a multi-line telephone system?
- [] [] Are you willing to communicate over a police radio, knowing that you are being monitored by citizens?
- [] [] Are you willing to maintain confidentiality of department records and sensitive situations?
- [] [] Are you willing to follow and maintain ethical and moral behavior on and off duty?
- [] [] Are you willing to testify in court?
- [] [] Are you willing to make decisions that could affect lives and property?
- [] [] Are you willing to accept the impact that shift work will have on your personal life?
- [] [] The job of Telecommunicator carries with it the possibility of being sued due to a mistake that may be Made that results in injury, death, or property damage. Are you willing to accept personal liability associated with the job tasks?

Please Print Name: _____

Please sign Name: _____

Date: _____

DESOTO COUNTY SHERIFF'S OFFICE

208 East Cypress Street, Arcadia, FL 34266

MILITARY HISTORY

14. Are you registered for Selective Service? Yes No, If yes
Please provide Selective Service number:

15. Have you ever served in the Armed forces of the United States? Yes No

If yes, Branch of Service: _____ Highest Rank: _____

Service #: _____ Duty Dates: From _____ To _____
Mo/Yr _____ Mo/Yr _____
From _____ To _____
Mo/Yr _____ Mo/Yr _____

16. Date of Discharge; _____ Honorable: Yes No

17. Are you now or have you ever been a member of a Reserve Unit or National Guard, Coast Guard,
 Yes No

If yes, state the Branch: _____

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

Date	Place	Nature of Offense	Action Taken

19. Have you ever served in the Armed forces of a foreign country? Yes No
If yes, please specify countries and dates:

DESOTO COUNTY SHERIFF'S OFFICE

208 East Cypress Street, Arcadia, FL 34266

20. VETERANS' PREFERENCE:

Information: Preference ensures that veterans and eligible spouses of veterans are given consideration at each step of the selection process. However, preference does not guarantee that a veteran or the eligible spouse of a veteran will be the candidate selected to fill the position. Completion of the veteran's preference below is made a voluntary basis and kept confidential in accordance with the American with Disabilities Act. Listed below are the five (5) Veterans Preference categories.

A. 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. Veterans' 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.
- 5. A veteran who has served in a qualifying campaign or expedition for which a campaign badge or expeditionary medal has been authorized, including any Armed forces Expeditionary Medal or Global War on Terrorism Expeditionary Medal.

NOTE: Under Florida law, preference in appointment shall be given first to those persons including in 1 and 2 above, and second to those including 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 Veteran's Affairs, P.O. Box 1437, St. Petersburg, FL 33731.

B. Have you claimed and been employed using veterans' preference since 10/1/1987?

Yes No, If yes, please give name of employer:

DESOTO COUNTY SHERIFF'S OFFICE

208 East Cypress Street, Arcadia, FL 34266



**DESOTO COUNTY SHERIFF'S OFFICE
AFFIDAVIT OF NON-MILITARY SERVICE**

I, _____ Do hereby swear

**And affirm that I have never served in the Armed
Forces of the United States of America.**

Date: _____

Signature of Applicant

Signature of Witness

DESOTO COUNTY SHERIFF'S OFFICE

208 East Cypress Street, Arcadia, FL 34266

ORGANIZATION MEMBERSHIP/ BUSINESS INTERESTS & LICENSES

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

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, please explain, including name of organization and location:

6. 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

7. Are you now issued or have you ever been issued a license to engage in a business or profession? Yes No

If yes, to question #6 or #7, please provide details including the type of license or certificate, the agency that issued the license, effective date of the license and license number:

DESOTO COUNTY SHERIFF'S OFFICE

208 East Cypress Street, Arcadia, FL 34266

CREDIT DATA

Has a legal judgment been rendered against you for a debt? Yes No

Explain:

DESOTO COUNTY SHERIFF'S OFFICE

208 East Cypress Street, Arcadia, FL 34266

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/ CVSA examination concerning the veracity of my response 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 be 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 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 legal drugs that impair judgement 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 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 (HIPPA) 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, if considered an exempt employee.

I understand, however, that the Sheriff has the absolute discretion to periodically substitute cash, in whole or part, for the 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, I am aware that any information about myself or any person with whom I am or have been closely associated (including relatives, roommates) which might tend to reflect unfavorably on my reputation, morals, character or ability are subject to this investigation.

By signing this certificate 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.

Applicant Signature _____ Date

The foregoing was acknowledged before me this date _____ by _____
Who is personally known to me or has produced _____
As identification and who did (did not) take an oath.

Signature of Notary _____ Date

Stamp

DESOTO COUNTY SHERIFF'S OFFICE

208 East Cypress Street, Arcadia, FL 34266



DESOTO COUNTY SHERIFF'S OFFICE OMNIBUS CONSOLIDATED APPROPRIATIONS ACT OF 1997 DOMESTIC VIOLENCE AFFIDAVIT

Pursuant to the Omnibus Consolidated Appropriations Act of 1997, WHICH AMENDS THE Gun Control Act of 1968, any person convicted of a misdemeanor crime of domestic violence as defined by the Act is prohibited from shipping, transporting, possessing or receiving firearms or ammunitions. There is no "official use" exemption to this prohibition. Accordingly, the Desoto County Sheriff's Office is requiring every officer granted authority to bear arms by the Sheriff, submit the following affidavit in compliance with the new law. In addition, a FCIC NCIC check on each applicant will be conducted.

NOTE: A conviction shall not apply for purposes of this law UNLESS:

- A. The person was represented by counsel in the case or knowingly and intelligently waived the right to counsel in the case; and
- B. If the person was entitled to trial by jury under the laws of convicting jurisdiction, then the conviction must have resulted from:
 - 1. A trial by jury; or
 - 2. The person knowingly and intelligently waived the right to have the case tried by a jury, by guilty plea or otherwise.

Affidavit

I, _____ do solemnly swear and affirm that the following information is true and correct to the best of my knowledge. (for statements (1) and (2) below, in the space provided, please state True or False, followed by your initials.):

(1) _____ That I have never been convicted of a misdemeanor crime of Domestic violence, including convictions where adjudication has been withheld, but not including those convictions that have been expunged or otherwise set aside or pardoned. A conviction of a misdemeanor crime of DV is a conviction that:

- a. Is a misdemeanor under Federal or State Law; and
- b. Has, as an element, the use or attempted use of physical force, or threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

(2) _____ That I have been convicted of a misdemeanor crime of domestic violence, as defined in (1) above, as follows (please provide the following information for each conviction):

Court/ Jurisdiction: _____
Docket/ Case Number: _____
Statute/ Charge: _____
Date sentenced: _____

Court/ Jurisdiction: _____
Docket/ Case Number: _____
Statute/ Charge: _____
Date sentenced: _____

DESOTO COUNTY SHERIFF'S OFFICE

208 East Cypress Street, Arcadia, FL 34266

(3) That I understand that violating this law will subject me to a fine of up to \$250,000. , imprisonment for not more than 10 years, or both.

I am aware that any omission, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date.

Date: _____
Signature of Applicant

STATE OF FLORIDA
DESOTO COUNTY

Sworn to or affirm and subscribed by _____, who is personally known or who presented _____ as identification on this date _____

Signature of Notary

Date

Print or Stamp

DESOTO COUNTY SHERIFF'S OFFICE

208 East Cypress Street, Arcadia, FL 34266



DESOTO COUNTY SHERIFF'S OFFICE

RECEIPT OF JOB DESCRIPTION

I, _____, Acknowledge receipt of a copy of the Job description for the position being applied for and a copy of the applicant information sheet, which lists the basic requirements for employment with the DeSoto County Sheriff's Office.

_____ Are you able to perform the essential functions of the job with or without a reasonable accommodation?

_____ Can you meet the attendance requirements of this job?

Date: _____

Signature of Applicant

Signature of Witness



Florida Department of Law Enforcement

**AUTHORITY FOR RELEASE
OF INFORMATION**

**NON-SWORN / CONTRACTOR APPLICANT
(Background Investigation Waiver)**

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: Florida Department of Law Enforcement
ADDRESS: _____

I hereby authorize for one year, from the date of execution hereof, any authorized representative of the Florida Department of Law Enforcement 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 the Florida Department of Law Enforcement in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies 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: The Florida Department of Law Enforcement.

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 _____

Before me 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_____.

Known _____ - or - Produced Identification _____ Personally _____
Notary Public

Type of Identification Produced: _____



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: _____

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 _____

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 _____



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: _____

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.
• 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 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).
11. I authorize the employing agency listed above to apply for my certification. Please check the appropriate box(es).

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. _____ Applicant's Signature 13. _____ 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