



DeSoto County Sheriff's Office

Sheriff James F. Potter

DeSoto County Sheriff's Office, 208 East Cypress Street, Arcadia, Florida 34266

Employment Interest Form

PLEASE READ CAREFULLY AND COMPLETE ALL INFORMATION

Are you currently FDLE/CJSTC Law Enforcement/Corrections certified? Yes No

Are your FDLE/CJSTC Standards currently in good standing? Yes No

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: _____

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, 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.

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, communications, and Certified Corrections Officers applicants), 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, and 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 a photocopy of this release 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 DeSoto County Sheriff's Office to furnish such information for a period of one year of dated signature.

Signature of Applicant

Date



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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 - Application

Position applied for

How do we contact you?

Deputy Sheriff

Name

Corrections Deputy

Mailing Address (Street, City, State, Zip)

Telecommunicator

Phone Number

Support Staff

Email Address

Education

High School

Name of High School

Received Diploma GED Other out of country diploma equivalent verification

Your name, if different while attending school:

College, University or Professional School: Transcripts are required

Your name, if different while attending school:

School Name

Location

Date Attended

Credit Hours

Course of Study

Degree Earned

School Name

Location

Date Attended

Credit Hours

Course of Study

Degree Earned

School Name

Location

Date Attended

Credit Hours

Course of Study

Degree Earned

School Name

Location

Date Attended

Credit Hours

Course of Study

Degree Earned



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Education (continued)

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. Has your law enforcement certificate ever been suspended, revoked, relinquished or subject to discipline or investigation by the CJSTC? (If you are applying for a non-sworn or civilian position, please leave blank and skip to question 5.)

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):



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Periods of Employment

Please list **ALL** previous employment in detail in reverse chronological order. Indicate number of employees supervised, if applicable. Use a separate block to describe each position or gap of employment. If necessary, you may attach additional pages to this application to address additional employment.

1. Name of current or last employer: _____
Employer Address: _____
Job Title: _____
Supervisor Name: _____
Phone Number: _____ Hours per week: _____
Dates Employed: From _____ To _____
Duties and Responsibilities:

Reason for Leaving:

2. Name of current or last employer: _____
Employer Address: _____
Job Title: _____
Supervisor Name: _____
Phone Number: _____ Hours per week: _____
Dates Employed: From _____ To _____
Duties and Responsibilities:

Reason for Leaving:



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Periods of Employment (continued)

3. Name of current or last employer: _____
Employer Address: _____
Job Title: _____
Supervisor Name: _____
Phone Number: _____ Hours per week: _____
Dates Employed: From _____ To _____
Duties and Responsibilities:

Reason for Leaving:

4. Name of current or last employer: _____
Employer Address: _____
Job Title: _____
Supervisor Name: _____
Phone Number: _____ Hours per week: _____
Dates Employed: From _____ To _____
Duties and Responsibilities:

Reason for Leaving:



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Employment (continued)

1. Have you ever been dismissed, asked to resign, or had any disciplinary action taken against you by any employer or related to any position you have held?

Yes No if yes, explain:

2. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?

Yes No if yes, explain:

3. 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, convicted, received a notice or summons to appear, 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

Department	Location	Court	Location
Charge	Date of Charge	Disposition	
Department	Location	Court	Location
Charge	Date of Charge	Disposition	
Department	Location	Court	Location
Charge	Date of Charge	Disposition	



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Arrest History/Court Data (continued)

If you answered yes to questions #5 or #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 or expunged, if any.) Add additional sheets if needed.

7. To your knowledge, has any member of your household ever been arrested for any other offense than traffic violations?

Yes No if yes, 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 yes, 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, 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, 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, explain:

13. Have you ever had automobile insurance refused, withdrawn, or revoked?

Yes No if yes, explain:



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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 also 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 into 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

Date



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Questionnaire

- 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 complete an intensive, comprehensive training program?
- Are you willing to work overtime?
- Are you willing to interact with callers/ citizens who use abusive and offensive language?
- Are you willing to work with callers/ citizens who are intoxicated?
- Are you willing to work with callers/ citizens who speak a foreign language?
- Are you willing to interact with callers/ citizens who are suicidal, stressed, angry, or afraid?
- Are you willing to interact with callers/ citizens who are young children?
- 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/ citizens?
- 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 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?
- For Dispatch - Are you willing to sit for long periods of time without breaks when an emergency situation is occurring?
- For Dispatch - Are you willing to ask questions of the callers to determine exactly what is needed to assist them?
- For Dispatch - Are you willing to operate a multi-line telephone system?

Print Name

Signature

Date



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Residences

Actual places of residence for the past ten (10) years. List in reverse chronological order **ALL** addresses, including residences while at school and in the 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 on the post office.

Dates Mo./Yr.

From	To	Apt. No.	Street Address	City	State	County	Zip



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Military History

14. Are you registered for Selective Service?

Yes No if yes, 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 (M/Y)	To (M/Y)

16. Date of Discharge: _____

Honorable: Yes No

17. Are you now or have you ever been a member of a Reserve Unit, National Guard, or Coast Guard?

Yes No if yes, Branch of Service: _____

18. Was any type of disciplinary action ever taken against you in the service?

Yes No if yes, provide the following information:

Date	Place	Nature of Offense	Action Taken

19. Have you ever served in the armed forces of a foreign country?

Yes No if yes, provide the following information:

Country	Date



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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 Veterans' 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.

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 included in 1 and 2 above, and second to those 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 Veteran's Affairs, P.O. Box 1437, St. Petersburg, FL 33731.

Have you claimed and been employed using Veterans' Preference since 10/1/1987?

Yes No if yes, provide name of employer:



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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



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Organization Membership / Business Interests and Licenses

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

Organization	City/State	Former Member	Present Member	Position Held (description of 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:



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Credit Data

Has a legal judgement been rendered against you for a debt?

Yes

No

if yes, explain:



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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 random drug tests during the term of my employment or appointment with the Sheriff's Office.

I understand that the use of alcohol or legal drugs that impair judgement 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 if considered an exempt employee, any employment or appointment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law.

I understand, however, that the Sheriff has the absolute discretion to periodically substitute cash, in whole or part, for 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 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
who is personally known to me or has produced
as identification and who did (did not) take an oath.

by _____

Signature of Notary

Date

Stamp



DeSoto County Sheriff's Office

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

Pursuant to the 18 U.S.C. § 922(g)(9), any person convicted of a misdemeanor crime of domestic violence 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 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 (DV), 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: _____	Court/Jurisdiction: _____
Docket/Case Number: _____	Docket/Case Number: _____
Statute/Charges: _____	Statute/Charges: _____
Date sentenced: _____	Date sentenced: _____



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Affidavit (continued)

- 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

Stamp

--



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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.

Yes No Are you able to perform the essential functions of the job with or without a reasonable accommodation?

Yes No Can you meet the attendance requirements of this job?

Date

Signature of Applicant

Signature of Witness



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 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).
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



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 _____

Sworn to (or affirmed) and subscribed before me by means of [] physical presence or [] online notarization, this _____ day of _____, 20__, by _____.

Notary Seal

Signature of Notary Public _____

_____ Name of Notary Typed, Printed, or Stamped

Personally Known: _____ -or- Produced Identification: _____

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.

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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 tis

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