



SEMINOLE PUBLIC SAFETY DEPARTMENT

3101 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021 • (954)967-8900 • www.semtribe.com

The Seminole Public Safety Department operates in a DRUG FREE Environment. Any unlawful use, sale, possession, or distribution of any controlled substance may disqualify applicants for consideration regarding employment.

This application must be typed or printed in legible form or it will become inactive. This application should be completed in accordance with the directions provided. Please be thorough, as applicants are judged in their ability to follow directions.

Please complete the application as follows:

1. Answer all questions. If they do not apply to you, place N/A by the number.
2. Fully complete section # 7 "Employment" including ***all*** requested information.
3. Notarize the last three pages or the application will become inactive.

You are informed that a thorough background investigation, including your character, general reputation, personal characteristics, and mode of living will be part of your processing. This information is solely for the purpose of evaluating your qualifications for employment within this agency.

Any falsification of any information on your application may disqualify you for consideration of employment with this agency.

The submission of this application carries the understanding that you are authorizing this agency to contact any and all available sources for the purpose of obtaining information as to your qualifications.

This application, when submitted, must be accompanied with the following documents:

1. Birth Certificate (Original/returned upon review)
2. High School Diploma (Original/returned upon review)
3. Passport size photo taken within six (6) months of the date of the application
4. DD Form 214 (if applicable)
5. Official College Transcripts (Sealed by Institution if applicable)
6. Florida Driver's License (Original/returned upon review)
7. Social Security Card (Original/returned upon review)
8. Any information you feel will enhance your application
9. Copy of all marriage licenses and divorce documents

Application questions may be directed to 954-967-8900 - extension: 10417

APPLICATIONS SHOULD BE SUBMITTED BY:

MAIL: 3101 NORTH STATE ROAD 7
HOLLYWOOD FL 33021
FAX: (954) 963-9134



SEMINOLE PUBLIC SAFETY DEPARTMENT

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Reservation: _____ (Hollywood, Big Cypress, Immokalee, Brighton, Tampa, and Ft. Pierce)

PLEASE USE BLACK INK AND PRINT CLEARLY OR TYPE. DO NOT leave any areas blank. Résumé's may NOT SUBSTITUTE for any information requested on this application.

Position you are applying for: Certified Police Officer Dispatcher Fire Fighter/ Medic Clerical

E-mail address: _____

PERSONAL INFORMATION

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

Last Name First Name Middle Name

Residence Address (No PO Box) Apt. Number Apartment Complex Name

City State Zip Code

Mailing Address (If different from above)

City State Zip Code

Home Phone Work Phone Extension Cell Phone/Other

U.S. Citizen: YES NO

Have you EVER applied for employment with the Seminole Public Safety Department? YES NO

If YES, please supply dates: _____

Have you ever used any other name? YES NO If YES, please list those names here:

Last Name First Name Middle Name

MILITARY HISTORY

Have you ever been a member of the Armed Forces of the United States (include reserve status and National Guard)? YES NO

Branch Highest Rank

Entry Date Discharge Date

Was any type of disciplinary action taken against you in the Service? YES NO

If yes, explain: _____

EDUCATION/TRAINING

Are you a high school graduate? YES NO GED

Date of Graduation _____

High School Name _____

City _____

State _____

Colleges/Universities Attended

Check here if not applicable

College/University	City	State
To (mm/yy)	Total Credit Hours _____	
From (mm/yy)		
Type of Degree Earned		
Date of Degree (mm/yy)	Field of Study	
College/University	City	State
To (mm/yy)	Total Credit Hours _____	
From (mm/yy)		
Type of Degree Earned		
Date of Degree (mm/yy)	Field of Study	
College/University	City	State
To (mm/yy)	Total Credit Hours _____	
From (mm/yy)		
Type of Degree Earned		
Date of Degree (mm/yy)	Field of Study	

Academy, Business, Trade or Other Schools Attended

Check here if not applicable

Academy/School Name	City	State
To (mm/yy)	Total Class Hours _____	
From (mm/yy)		
Type of Certificate Earned		
Date of Graduation (mm/yy)	Field of Study	
Academy/School Name	City	State
To (mm/yy)	Total Class Hours _____	
From (mm/yy)		
Type of Certificate Earned		
Date of Graduation (mm/yy)	Field of Study	

Current Professional Licenses or Certifications

Check here if not applicable

Type of License/Certification	State	
Date Issued (mm/yy)		
Expiration (mm/yy)	Issuing Agency	
Type of License/Certification	State	
Date Issued (mm/yy)		
Expiration (mm/yy)	Issuing Agency	

Other Languages Spoken

Check here if not applicable

List Other Languages Spoken	
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EMPLOYMENT HISTORY

List your most recent employer first. If currently unemployed, leave present employer section of this application blank. Include voluntary unpaid work experience as well as military service, if any, and any period of unemployment. If you held more than one position with the same employer, list each position separately. You must account for all periods of time for at least the last ten (10) years. **However, you must list all law enforcement agencies you have ever worked for (even if it was longer than 10 years).** Also, list any business which you own, are a partner, or corporate officer in the work history section. If you need additional space, please photocopy this form and provide all information.

May we contact your present employer? YES NO

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____	From _____ To _____
Employer Phone		Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	
Position		Starting Salary \$ _____	Last Salary \$ _____
Detailed Job Duties			
Reason for Leaving		Name When Employed	

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____	From _____ To _____
Employer Phone		Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	
Position		Starting Salary \$ _____	Last Salary \$ _____
Detailed Job Duties			
Reason for Leaving		Name When Employed	

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____	From _____ To _____
Employer Phone		Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	
Position		Starting Salary \$ _____	Last Salary \$ _____
Detailed Job Duties			
Reason for Leaving		Name When Employed	

EMPLOYMENT HISTORY (Continued)

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Starting Salary \$ _____ Last Salary \$ _____	
Position		Supervisor's Name _____	
Detailed Job Duties			
Reason for Leaving		Name When Employed _____	

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Starting Salary \$ _____ Last Salary \$ _____	
Position		Supervisor's Name _____	
Detailed Job Duties			
Reason for Leaving		Name When Employed _____	

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Starting Salary \$ _____ Last Salary \$ _____	
Position		Supervisor's Name _____	
Detailed Job Duties			
Reason for Leaving		Name When Employed _____	

Please initial to certify that you have provided at least ten (10) years of employment history. _____

PERSONAL REFERENCES

List five (5) references (not relatives, former or present employers, 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. You must give *complete* information for each reference. If retired, give former occupation.

Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.				
Address City, State, Zip					
Home Phone			Cell Phone		
Occupation		Relationship		Years Known	
Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.				
Address City, State, Zip					
Home Phone			Cell Phone		
Occupation		Relationship		Years Known	
Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.				
Address City, State, Zip					
Home Phone			Cell Phone		
Occupation		Relationship		Years Known	
Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.				
Address City, State, Zip					
Home Phone			Cell Phone		
Occupation		Relationship		Years Known	
Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.				
Address City, State, Zip					
Home Phone			Cell Phone		
Occupation		Relationship		Years Known	

RESIDENCES

List chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street addresses, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Dates (mm/yy)		Apt. No.	Street Address	City	Zip Code	County	State
From	To						

CONTROLLED SUBSTANCES

Drug testing is required for this position. All applicants must complete a drug use questionnaire when applying for a position. This questionnaire is part of the application process and must be completed before the application will be reviewed. Failure to submit this form will result in disqualification of your **application**. Applicants who are found, through investigation or personal admission, to have experimented with or used narcotics or dangerous drugs, except those medically prescribed, will not be considered for employment with the Seminole Public Safety Department. Exceptions to this policy may be made for applicants who admit to limited youthful and experimental use of marijuana, although any use of marijuana within the three years immediately preceding the date of your employment application will disqualify your application. Such applicants may be considered for employment if there is no evidence of regular, confirmed usage, and the full-field background investigation and results of the other steps in the process are otherwise favorable. Compliance with this policy is an essential requirement of the position.

Do you NOW, or have you EVER tried, purchased or sold any illegal drugs or controlled substances? ("Tried" includes smoking; inhaling; swallowing; placing/rubbing on gums, lips, or tongue; injecting; or ingesting by any other means as a juvenile or as an adult.) YES NO

If you answered YES, list details below.

Name of Drug or Controlled Substance	Tried	Purchased	Sold	First Time (mm/yy)	Last Time (mm/yy)
Marijuana/"Pot"	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Cocaine/"Crack"	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Steroids	Total # of cycles _____	Total # of times purchased _____	Total # of times sold _____		
Ecstasy	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Methamphetamine/"Meth"	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
LSD/"Acid"	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Heroin	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Other: Name drug _____	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Other: Name drug _____	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		

CRIMINAL HISTORY

CHARGES When applying for a position with a law enforcement agency, Florida law requires that **ALL** arrests and charges be disclosed, regardless of the disposition. These include, but are not limited to all such matters, even if not formally charged or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (Include your juvenile record and records of your arrest which have been sealed, if any.)

CONVICTIONS The circumstances surrounding the conviction are considered, such as: the nature, number, severity, date of the offense, subsequent history, efforts at rehabilitation, and relation of the offense to the requirements of the position for which you are applying.

Have you EVER been arrested by ANY law enforcement agency for ANY reason? This includes arrests or detentions [held for questioning] as a juvenile or for violations which were not prosecuted or where some type of pre-trial intervention was offered, and includes all arrests regardless of your plea. YES NO

Have you EVER been convicted of, or have you EVER been found to have committed any civil or criminal law violation other than minor traffic violations? YES NO

Have you EVER had a criminal charge or record sealed, expunged or purged? YES NO

IF YES, LIST ALL CRIMINAL AND CIVIL LAW VIOLATIONS. INCLUDE DISPOSITIONS (Copies of all court dispositions must be submitted with application.) Be sure to include charges from all states, regardless of the outcome or timeframe. **Attach additional pages if necessary.**

Charge		Date (mm/yy)
Arresting Agency		
Disposition or Outcome		Date (mm/yy)

Charge		Date (mm/yy)
Arresting Agency		
Disposition or Outcome		Date (mm/yy)

Charge		Date (mm/yy)
Arresting Agency		
Disposition or Outcome		Date (mm/yy)

Please list all Internal Affairs Investigations that you have been involved or are currently involved in below. If additional space is necessary please use a separate sheet of paper to describe in detail the charges, agency conducting the investigation and the outcome.

Charges		Date (mm/yy)
Agency		
Disposition or Outcome		Date (mm/yy)

Charges		Date (mm/yy)
Agency		
Disposition or Outcome		Date (mm/yy)

Please indicate below how you heard about this position(s):

Employee Referral (please provide name): _____

Our Web Site or other Site (please specify the site): _____

News Ad (please specify): _____

Walk-in: _____

Other Source (please provide details): _____

Date available to report to work: ___/___/___

Shifts willing to work (check all that apply):

___ Full Time ___ Day Shift ___ Night Shift

Annual salary expected: \$ _____

Are you a Seminole of Florida Tribal Member? _____

If not Seminole, are you a registered member of another federally recognized Native American Tribe?

If Yes, please specify which Tribe: _____

Are you currently employed? ___ Yes ___ No

Have you ever **applied** for employment with The Seminole Tribe of Florida or one of its divisions?

___ Yes ___ No

If Yes, Division/Location: _____ Approx. Date: _____

Have you ever been **employed** with The Seminole Tribe of Florida or one of its divisions?

___ Yes ___ No

If Yes, Job Title/Location/Division: _____

If Yes, Were you enrolled in the 401 K Plan for your division? ___ Yes ___ No

Does The Seminole Tribe of Florida or one of its divisions presently employ any of your relatives?

___ Yes ___ No

If Yes, Name of Relative(s) and Division(s): _____

Are you a U.S. Citizen? ___ Yes ___ No

If hired, can you provide valid documentation establishing your identity and eligibility to be legally employed in the United States? ___ Yes ___ No (Proof of citizenship or immigration status is required upon employment)

Do you have any physical disabilities that would require special accommodations? ___ Yes ___ No
(Physical Disabilities will not disqualify an applicant from employment)

Consistent attendance and punctuality are essential requirements of every position with The Seminole Tribe of Florida. Is there anything that would interfere with your regular attendance and punctuality if you were hired? ___ Yes ___ No

If Yes, please describe: _____

ADDITIONAL PERSONAL INFORMATION

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you ever been discharged for any reason from any job? If yes, explain below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been asked to resign in lieu of termination from any job? If yes, explain below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been denied employment with a law enforcement agency? If yes, explain below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been employed by Seminole Public Safety Department? If yes, indicate below dates(s) of employment, position(s), and reason for leaving. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are any members of your family or relatives (by blood or marriage) employed by Seminole Public Safety Department? If yes, indicate below their name(s), position, and relationship. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. List all law enforcement agencies and/ or Fire Departments (state, local or federal) that you have ever applied to below. | | |

Space for detailed answers. Indicate item number to which answers apply.

Item No.	

APPLICANT CHECKLIST

Along with your application, please submit copies of any of the documents listed below which apply to you. Copies should be on 8.5" by 11" paper and should be inserted in the order listed. Failure to submit all of the items listed below may disqualify your application. **Please note that the Public Safety Department will not make copies of documents nor provide notary service for the Background Investigation Waiver form.**

- | | |
|--|--|
| <input type="checkbox"/> Valid Florida Driver's License
<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Birth Certificate issued by State Vital Records (not hospital)
<input type="checkbox"/> High School Diploma or GED
<input type="checkbox"/> College degree; college transcripts if no degree (If applicable)
<input type="checkbox"/> Proof of legal name change | <input type="checkbox"/> DD214/military discharge character of service and re-enlistment code
<input type="checkbox"/> Completed Physician's Clearance to Test Form (if applicable)
<input type="checkbox"/> Certificate of Completion from Training Academy(if applicable)
<input type="checkbox"/> State of Florida Certificate of Compliance (if applicable)
<input type="checkbox"/> F.D.L.E. Examination Results (if applicable)
<input type="checkbox"/> Court Disposition Papers (if applicable) |
|--|--|

APPLICANT'S CERTIFICATION

The Seminole Public Safety Department is authorized to verify any or all of the information contained on the application form. A false answer to any question (s) in this application may be grounds for non-selection or for termination after you begin work. All statements are subject to investigation, including a check of your training and experience statements. All information you give will be considered in reviewing your application. Your application may be subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes.

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement, misrepresentation or falsification of facts shall cause forfeiture of all rights to employment with the Seminole Public Safety Department. If accepted for employment I agree to abide by and comply with all rules, regulations, and policies and procedures of the Seminole Public Safety Department. I understand and agree that I am free to terminate my employment at any time. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the rules, regulations, policies and procedures of the Seminole Public Safety Department.

Signature

Date

FAMILY BACKGROUND

Please list alphabetically; by last names first, all members of your immediate family to include your spouse's immediate family. Immediate family is to include: children, parents, stepparents, brothers, sisters, guardians, and foster parents (even if deceased). Also include all significant others that you have a child in common with. Attach additional sheets if the space provided is not adequate.

	Name (Surname)	Address	Phone Number	Relationship
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				



SEMINOLE PUBLIC SAFETY DEPARTMENT

3101 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021 • (954)967-8900 • www.semtribe.com

I hereby give permission to the Seminole Public Safety Department or authorized representative of the Seminole Public Safety Department bearing this release or copy thereof to obtain any information in your files pertaining to, but not limited to other law enforcement agencies records, employment records, military service, criminal history, education records polygraph examinations, psychological examinations, medical records and any other personal information which may not otherwise be obtained without any prior agreement.

I further give consent to the Seminole Public Safety Department to furnish third parties with the above information in the course of fulfilling its official responsibilities. I hereby release you as the custodian of these records and information, both individually and collectively, from any and all liability for damages of whatever kind, kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request of information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I am also providing my Social Security number to the Seminole Public Safety Department for use in conducting my background investigation.

Full Name: _____ SS#: _____
(Signature)

Full Name: _____
(Type of Print Name)

Current Address: _____

Telephone Number: _____ Date: _____

Sworn to and subscribed before me this _____ day of _____ 20____.

Notary Public, _____ County, State of Florida

Commission Expires: _____



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: SEMINOLE PUBLIC SAFETY DEPARTMENT

ADDRESS: 3101 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021

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 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 _____

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



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

Social Security Number: _____

Applicant's Legal Name: _____
Last First MI

Employing agency: _____

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

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

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

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

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

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

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 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