



SEMINOLE POLICE DEPARTMENT

BIG CYPRESS RESERVATION
30290 Josie Billie Highway PMB #402
Clewiston, Florida 33440
(863) 983-2285

BRIGHTON RESERVATION
600 E. Harney Pond Road
Okeechobee, Florida 34974
(863) 763-5731

FORT PIERCE RESERVATION
3300 Sallie Chupco Tommie Way
Fort Pierce, Florida 34945
(772) 468-1990

IMMOKALEE RESERVATION
304 Lena Frank Drive
Immokalee, FL 34142
(239) 657-6956

HOLLYWOOD RESERVATION
3101 North State Road 7
Hollywood, Florida 33021
(954) 967-8900

TAMPA RESERVATION
5217 Orient Road
Tampa, Florida 33610
(813) 623-5748

The Seminole Police Department operates in a DRUG FREE Environment. Any unlawful use, sale 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. Applications must be returned in person, unless advised by this agency.

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.

Within two weeks of submitting this application you must schedule a ride along on a Friday or Saturday evening. The ride along packet is attached to this application for your convenience.

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

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
10. Applicants who are applying for a "sworn" police position must submit to a psychological exam as part of the pre-employment process.

THIS AGENCY IS AN EQUAL OPPORTUNITY EMPLOYER

Please complete this application and bring it with you to your interview scheduled on _____

This document is the confidential property of the Seminole Tribe of Florida and the Seminole Police Department. This document may not be reproduced by any means, disseminated, or removed from the Seminole Police Department except for authorized purposes at the direction of the Chief of Seminole Police Department. Failure to comply with this Policy may result in disciplinary action which may include termination of employment, and/or the filing of any other action available to the Seminole Tribe of Florida and the Seminole Police Department.



SEMINOLE POLICE DEPARTMENT

Application for Employment

Sworn and Non-Sworn Positions

Seminole Police Department
Human Resources
3101 N State Road 7
Hollywood, FL 33021
954-967-8900
Online: www.semtribe.com

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
 Other

- Dispatcher
 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 Police 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
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_____ Last Name	_____ First Name	_____ Middle Name
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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
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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 _____

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 _____ 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	

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 Police 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: _____

DRIVER'S LICENSE

State of Issue	License Number	Date of Expiration

Restrictions _____

Is your driver's license currently restricted, suspended, or expired? YES NO

If yes, explain: _____

Has your driver's license ever been denied, restricted, revoked, or suspended? YES NO

If yes, explain: _____

Have you received a ticket or been charged with any traffic violation(s) during the past seven (7) years? YES NO

If yes, explain: _____

CREDIT HISTORY

Do you have any sources of income other than your salary or the salary of your spouse? YES NO

Specify each with an estimated annual amount. _____

Please list all debts where payment is PAST DUE, regardless of amount.

Creditor	Address	Amount	Loan or Account Number

Have you, or a company controlled by you, filed for bankruptcy? YES NO Declared bankruptcy? YES NO Had a legal judgment rendered against you for a debt? YES NO If yes to any of these questions, please provide details.

AUTHORIZATION TO RELEASE CREDIT BUREAU REPORTS

For and in consideration of my being considered for employment, I hereby authorize the Seminole Police Department to make inquiries to a consumer reporting agency concerning my employment suitability and qualifications including any credit bureau reports. I hereby waive any privilege or right of confidentiality with respect to any claim or liability arising from the inquiry for any entity, person, or consumer reporting agency providing records to the Seminole Police Department. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to the employer by writing or calling the consumer reporting agency.

Signature _____ Date _____

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 Police 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 Police Department? If yes, indicate below their name(s), position, and relationship. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. List all law enforcement agencies (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 Police 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 Police 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 Police Department. If accepted for employment I agree to abide by and comply with all rules, regulations, and policies and procedures of the Seminole Police 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 Police 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.				



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

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.
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 pursuant to Section 943.059(4)(a), F.S., or expunged pursuant to Section 943.0585(4)(a), F.S.
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 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



**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 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 _____



SEMINOLE POLICE DEPARTMENT

BIG CYPRESS RESERVATION
30290 Josie Billie Highway PMB #402
Clewiston, Florida 33440
(863) 983-2285

BRIGHTON RESERVATION
600 E. Harney Pond Road
Okeechobee, Florida 34974
(863) 763-5731

FORT PIERCE RESERVATION
3300 Sallie Chupco Tommie Way
Fort Pierce, Florida 34945
(772) 468-1990

IMMOKALEE RESERVATION
304 Lena Frank Drive
Immokalee, FL 34142
(239) 657-6956

HOLLYWOOD RESERVATION
3101 North State Road 7
Hollywood, Florida 33021
(954) 967-8900

TAMPA RESERVATION
5217 Orient Road
Tampa, Florida 33610
(813) 623-5748

RELEASE AND AUTHORIZATION FORM

APPLICANT/EMPLOYEE NAME: _____ **POSITION:** _____

(*To the applicant: You are being given this form to complete for the purposes of allowing us to ask other entities for information about you so that we can evaluate whether or not you are suitable for employment with the Seminole Police Department. Without a release of information, other providers may not be willing to provide information that is required by us in order to make a decision on if you should be employed. Your current employer will not be contacted until you authorize us to do so, but you will not be considered for employment until that approval has been given.)

I hereby authorize the Seminole Police Department to conduct an investigation into my personal background for the purpose of evaluating my qualifications for employment, promotion, reassignment or retention as an employee. I acknowledge and agree that the Seminole Police Department may conduct all or part of the investigation. I also acknowledge and agree that the Police Department may obtain information pursuant to such investigation through personal interview with acquaintances, business associates, and any other persons who may have knowledge of my personal and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, credit, medical and psychological history, employment history and public record information (e.g. record of civil judgment, criminal history, motor vehicle violations, tax liens, or bankruptcy information) as well as diplomas, degrees, licenses and transcripts, certificates, and records of criminal justice agencies may be relevant to the Seminole Police Department's evaluation of my qualifications, and that such inquiry will be made pursuant to such investigation to release and disclose it to the Seminole Police Department.

I hereby release the Seminole Tribe of Florida, and the Seminole Police Department and its representatives, and any person providing information in connection therewith, from any and all liability that may arise in connection with the above described background investigation. In authorizing such investigation, I also voluntarily agree to provide any supplemental data required to insure that any records located which refer to a person with a name identical or similar to mine are properly determined as referring to, me, to the exclusion of all others. I understand that I am not required to provide supplemental data and that if I do so, it will be used only in connection with the investigation authorized herewith.

I have also been advised and I understand that this information will become privileged to the Seminole Tribe of Florida and may become part of the confidential record of the Seminole Tribe of Florida to which I will not have access. I hereby release, discharge and exonerate the Seminole Tribe of Florida, its agencies and representatives, and any other person furnishing information from any and all liability, of every nature and kind arising out of the furnishing or inspection of such documents, records and other information, or the investigation made by the Seminole Police Department.

I hereby release you, as the custodian of such aforementioned 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 to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

Applicant Signature _____ Date _____

Applicant Address: _____

Notary Public, State of Florida, County of _____ The foregoing instrument was acknowledged before me this date
by: _____ who is personally known to me, or has produced identification: Type of ID.
Notary's Signature _____ Commission _____