



SEMINOLE PUBLIC SAFETY DEPARTMENT

3101 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021 • (954)967-8900 • www.seminolepd.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 on 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 (copies):

1. Birth Certificate
2. High School Diploma
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
7. Social Security Card
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 – Human Resources

APPLICATIONS SHOULD BE SUBMITTED BY:

MAIL: 3101 NORTH STATE ROAD 7
HOLLYWOOD FL 33021

OR

FAX: (954) 963-9134



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SWORN AND NON-SWORN APPLICATION POSITIONS

Position(s) Applied for: <input type="checkbox"/> Public Safety Officer <input type="checkbox"/> Dispatcher <input type="checkbox"/> Fire Fighter/ Medic <input type="checkbox"/> Clerical/Administrative <input type="checkbox"/> Community Service Aide <input type="checkbox"/> Other: _____ <i>** We DO NOT accept Non-Certified Public Safety Officer Applicants**</i>		Reservation: <input type="checkbox"/> Hollywood <input type="checkbox"/> Immokalee <input type="checkbox"/> Big Cypress <input type="checkbox"/> Brighton <input type="checkbox"/> Tampa	
Last Name:		First Name:	
Middle Name:		Maiden Name: (if applicable)	
Social Security #:		E-mail Address:	
Current Address:			
Home Phone:		Personal Cell Phone:	
Annual Salary or Hourly Rate expected: \$ _____		Year	Hour
Date Available to Report to Work:		Date:	
Are you a Member of the Seminole Tribe of Florida?		Yes	No
<i>If you are not a member of the Seminole Tribe of Florida, are you a registered member of another federally recognized Native American Tribe? If Yes, please specify Tribe: _____</i> Note: A Native American Tribal Document is not required to establish work eligibility, but it must be presented upon hire for classifications purposes.			
Other languages spoken?			
Please check the appropriate box if you can speak the following Native languages:		Creek	Miccosukee
Are you 18 Years of age or older?		Yes	No
Do you have a valid Florida Driver's License?		Yes	No
If Yes, list license number and date of expiration: _____ Expires: _____			
Please indicate below how you heard about this position(s): Employee Referral (Please provide name): _____ News Ad (Please specify paper): _____ Our Web or Other Site (Please specify site): _____ Other Source (Please provide detail): _____			

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
<i>If Yes</i> , Division/Location: _____		Approx. Date: _____		
Have you ever been employed by the Seminole Tribe of Florida or one of its divisions?		Yes		No
<i>If Yes</i> , Job Title/Location/Division: _____		Approx. Date: _____		
<i>If Yes</i> , 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
<i>If Yes</i> , Name of the Relative(s) and Division(s): _____				
Are you or any of your family members or relatives, currently a business vendor of the Tribe (i.e. as an independent contractor; employee, salesperson, or business owner/partner)? <i>If Yes, you will be required to complete a Purchasing Vendor Disclosure Form.</i>		Yes		No
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? <i>Note: A Social Security Card is not required to establish work eligibility, but it must be presented upon hire for payroll purposes.</i>	(Proof of citizenship or immigration status is required upon employment.)	Yes		No
Have you been convicted of a crime or violation, other than a minor traffic infraction, including a plea of nolo contendere, no contest, or adjudication withheld?	(Conviction will not necessarily disqualify an applicant from employment)	Yes		No
<i>If Yes</i> , please explain and provide dates:				
Do you have any physical disabilities that would require special accommodations?	(Physical Disabilities will not disqualify an applicant from employment)	Yes		No
<i>If Yes</i> , please describe:				
The Tribe has a Veterans Foundation and tracks Military Service for various events.				
Have you ever been a member of the Armed Forces of the United States (include reserve status and National Guard)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Branch: _____		Highest Rank: _____		
Entry Date: _____		Discharge Date & type: _____		
Was any type of disciplinary action taken against you in the Service? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, explain: _____				

ATTENDANCE AND PUNCTUALITY:				
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
<i>If Yes</i> , please describe:				
EDUCATION:				
Are you a high school graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED				

High School Name:
City & State
Technical/Other:
City & State:

POST SECONDARY EDUCATION

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: 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

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 the last ten (10) years. 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 _____
	Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	
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 _____	From _____ To _____
	Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	
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 _____	From _____ To _____
	Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	
Employer Phone	Starting Salary \$ _____ Last Salary \$ _____	
Position	Supervisor's Name _____	

Detailed Job Duties

Reason for Leaving	Name When Employed
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EMPLOYMENT HISTORY (Continued)

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	
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	

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

EMPLOYMENT HISTORY (Continued)

Please provide an account of any gaps in employment:

List any clerical, computer skills or other job skills you offer and include any office equipment you can operate:

List any professional or civic organizations that you are presently a member of and note any offices held:

REFERENCES – PLEASE LIST FIVE INDIVIDUALS THAT YOU HAVE KNOWN FOR AT LEAST FIVE YEARS, WHO ARE NOT RELATED TO YOU AND ARE NOT LISTED UNDER THE EMPLOYMENT SECTION OF THIS APPLICATION:

PERSONAL REFERENCES 1:	
Name:	Relationship & years known:
Mailing Address:	
Home Phone:	Cell Phone:
Occupation:	E-mail Address:
PERSONAL REFERENCE 2:	
Name:	Relationship & years known:
Mailing Address:	
Home Phone:	Cell Phone:
Occupation:	E-mail Address:
PERSONAL REFERENCES 3:	
Name:	Relationship & years known:
Mailing Address:	
Home Phone:	Cell Phone:
Occupation:	E-mail Address:
PERSONAL REFERENCE 4:	
Name:	Relationship & years known:
Mailing Address:	
Home Phone:	Cell Phone:
Occupation:	E-mail Address:
PERSONAL REFERENCES 5:	
Name:	Relationship & years known:
Mailing Address:	
Home Phone:	Cell Phone:
Occupation:	E-mail Address:

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.

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

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

DRIVING HISTORY

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 Public Safety 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 Public Safety 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

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 five 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	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
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 _____		

Are there any negating circumstances that should be taken into consideration regarding your use of controlled substances, if so please explain.

FAMILY BACKGROUND

Please list 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 1) all significant others that you have a child in common with, 2) those persons you currently reside or co-habitate with at the time of application, 3) those persons you have cohabitated with in the last ten years. 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.			

RESIDENCES

List chronologically **all addresses from birth until present**, 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. You may make additional copies of this page.

Time Frame:	From: (month/year)	To: (month/year)	Apartment Letter/Number:
Street Address:			
City, State, Zip:			
County:			
Time Frame:	From: (month/year)	To: (month/year)	Apartment Letter/Number:
Street Address:			
City, State, Zip:			
County:			
Time Frame:	From: (month/year)	To: (month/year)	Apartment Letter/Number:
Street Address:			
City, State, Zip:			
County:			
Time Frame:	From: (month/year)	To: (month/year)	Apartment Letter/Number:
Street Address:			
City, State, Zip:			
County:			

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"/> |

Space for detailed answers. Indicate item number to which answers apply. Use additional pages as necessary.

Item No.	

4. List all law enforcement agencies (state, local or federal) that you have ever applied to below.

Year applied	Agency and Position applied for	City/State

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



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THIS AGENCY IS A FAIR OPPORTUNITY EMPLOYER

RELEASE AND AUTHORIZATION FORM

Applicant/Employee Name: _____ **Position:** _____

I hereby authorize the Seminole Tribe of Florida Human Resources Department to conduct an investigation into my personal background for the purpose of evaluating my qualification for employment, promotion, reassignment, or retention as an employee. I acknowledge and agree that the Seminole Tribe of Florida may conduct all or part of the investigation. I also acknowledge and agree that the Human Resources Department may obtain information pursuant to such investigation through personal interview with acquaintances, business associates and any other person who may have knowledge to my personal and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, credit, 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 may be relevant to the Seminole Tribe of Florida's evaluation of my qualifications, and that such inquiry will be made pursuant to such investigation to release and disclose it to the Human Resources Department, who may in turn disclose said information to a Hiring Manager, or the Tribal Council.

I hereby release the Seminole Tribe of Florida, 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 may refer to a person with a name identical or similar to mine are properly determined as referring to, or not to me. I understand that I am not required to provide the 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 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 persons so furnishing information from any and all liability, or 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 Tribe of Florida.

Printed Name of Applicant/Employee

Signature of Applicant/Employee

Date

APPLICANT'S STATEMENT AND CONDITIONS OF EMPLOYMENT

(Please read carefully before signing)

It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the Seminole Tribe of Florida to employ me.

I certify that the answers I have provided on this employment application are true, correct and complete.

Moreover, I understand that any considerations for employment is contingent upon reference checking, my passing a pre-employment drug screen and background investigation process, and verification of my identity and my employment eligibility. I hereby authorize the Seminole Tribe of Florida to conduct reference checks, a pre-employment drug screen, and a background investigation. I further agree, as a condition of my application for employment, to submit to any medical examination if requested, based on the requirements of the position that I may be considered for.

I hereby understand and acknowledge that any employment relationship with the Seminole Tribe of Florida is of an "At-Will" nature, which means that I may resign at any time, and the Seminole Tribe of Florida may discharge me at any time, with or without notice, and with or without cause, for any reason or for no reason at all.

In the event of employment, I will comply with all policies and procedures of the Seminole Tribe of Florida. I also understand that the Seminole Tribe of Florida retains the right to amend, modify, add, or delete any or all policies or procedures at its sole and absolute discretion.

This application is valid for one year from the application date, unless renewed by the applicant in person or in writing.

**DUE TO THE HIGH VOLUME OF APPLICATIONS RECEIVED, WE WILL ONLY
CONTACT CANDIDATES SELECTED FOR INTERVIEWS**

Applicant's Signature: _____

Date: _____

PRINT NAME: _____



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THIS AGENCY IS A FAIR OPPORTUNITY EMPLOYER

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 Public Safety 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 Seminole Public Safety 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 Public Safety Department may conduct all or part of the investigation. I also acknowledge and agree that the Public Safety 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 Public Safety 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 Public Safety Department.

I hereby release the Seminole Tribe of Florida, and Seminole Public Safety 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 Public Safety 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.

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 _____



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

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*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 (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 _____

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