



**THE CITY OF MOUNT DORA
MOUNT DORA POLICE DEPARTMENT**

**POLICE OFFICER
APPLICATION ADDENDUM**

APPLICANT: LAST NAME, FIRST NAME

SUBMIT TO:

**The City of Mount Dora
Human Resources Department
510 N. Baker Street
Mount Dora, FL 32757**

Attn: Police Officer Applicant

SIGNIFICANT JOB REQUIREMENTS

As a police officer you will be required to work any hour of the day, any day of the week, and any recognized holiday.

You will be required to work in any area of the city.

You will be required to maintain proficiency in the use of police equipment.

You will be required to work with and for persons of differing race, sex, religious affiliation, age group, and the physically disabled.

DISCLAIMER

Thank you for your interest in the Mount Dora Police Department. The Mount Dora Police Department is an Equal Employment Opportunity Employer and does not discriminate in recruiting, hiring, training, promoting or other employment conditions because of age, race, color, religion, sex, national origin, marital status, veteran status or disability. The information requested in this addendum is necessary to facilitate the required background investigation of the candidate, and shall not be used to discriminate in any way against the candidate.

PUBLIC RECORDS

Pursuant to Florida Statutes 119 and 286.001, the Public Records Law and Sunshine Law, all documents made or received by the City of Mount Dora in the course of processing your application are public record and shall be at all times open for inspection by the public.

Please attach a copy of the following documents to the completed application:

- Driver's License
- Social Security Card
- Birth Certificate
- Military Service DD 214 Form (if applicable)
- High School Diploma, GED Certificate, and/or College Degree (s) and Transcripts
- All Applicable Law Enforcement Certificates and Transcripts

COLLECTION OF SOCIAL SECURITY NUMBERS

The City of Mount Dora collects your Social Security Number for the following purposes: Classification of accounts; identification and verification; credit worthiness, billing & payments; data collection, reconciliation, tracking benefits processing, tax reporting, and background checks. Social Security Numbers are also used as a unique numeric identifier and may be used for search purposes.

INSTRUCTIONS

IT IS IMPORTANT THAT YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FULLY AND ACCURATELY. FAILURE TO DO SO MAY RESULT IN LOSS OF EMPLOYMENT OPPORTUNITIES.

Read the following instructions carefully before starting your application.

Key Points:

- If an item does not apply to you, or if there is no information to be given, write in the letters “N/A” for “not applicable” in large letters in one of the information spaces. [Non-military service applicants can skip Section “X” after answering “No” for military service]
- Whenever an address is requested, you must provide the complete address, including the correct zip code. Zip code directories are available at your local post office.
- Use the fonts and format provided when using the pdf. fillable form (do not alter the form).
- Use blue or black ink when handwriting and use the same throughout the form.
- When marking yes or no answers, please mark the appropriate blank. Example: .
- Should you require additional space to complete your application, use plain paper or copy additional application pages.
- DO NOT list past law enforcement related jobs in the “Additional Employment History” section. There is a section, Section III, dedicated for this information.
- Please read the background investigation release form, CJSTC Form 58, carefully before you sign it. This page must be completed and signed in the presence of a notary public. Notary publics are available at both the Human Resources office and the police department if necessary.

NOTE

Only the applicant can complete and sign this application. Falsification or omission of information will result in the rejection of your application, or dismissal if you are employed by the City of Mount Dora. One of the components of the hiring process is a polygraph examination. If you are found to have falsified or omitted any information at any time in the selection process, you will be disqualified, even if the accurate information would not have disqualified you. If hired and it is later found that you falsified information you will be subject to termination.

(PRINT FULL NAME)

(SIGNATURE)

(DATE)

_____ APPLICATION DATE

Position sought: FULL TIME OFFICER RESERVE OFFICER

LAW ENFORCEMENT OFFICER CERTIFICATION

The Mount Dora Police Department does not currently sponsor candidates for any local law enforcement academy. All applicants must be either already certified in the State of Florida or actively in the process of becoming certified at the completion of this application.

Are you certified to be a law enforcement officer in the State of Florida?

YES, _____, _____ No
 CERTIFICATION DATE ACADEMY NAME

If not certified at the date of this application, are you currently enrolled in a law enforcement academy, or an academy graduate awaiting to take the state exam?

YES, _____ _____
 ACADEMY NAME GRADUATION DATE

Are you currently certified as a law enforcement officer in another state?

YES, _____ No
 STATE

I. APPLICANT INFORMATION

NAME: _____
LAST FIRST MIDDLE

RACE: _____ SEX: _____ DATE OF BIRTH _____ SSN: _____
(FOR THE PURPOSE OF IDENTITY VERIFICATION)

RESIDENCE: _____
STREET CITY STATE ZIP

TELEPHONE: (_____) _____ HOME CELL

EMAIL: _____ EMAIL: _____

SOCIAL MEDIA ACCOUNT/S: _____

U.S. CITIZEN? YES NO DATE OF CITIZENSHIP: _____

LANGUAGES: ENGLISH ONLY SPANISH READ WRITE SPEAK CREOLE READ WRITE SPEAK
 OTHER _____

CURRENT EMPLOYMENT

ARE YOU CURRENTLY EMPLOYED?

YES, COMPLETE BELOW NO, LENGTH OF CURRENT UNEMPLOYMENT _____

CURRENT EMPLOYER:

COMPANY: _____ DATES: _____ - _____
MM/YYYY MM/YYYY

CURRENT POSITION/TITLE: _____ FULL TIME PART TIME

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

SUPERVISOR NAME/TITLE: _____ PHONE: (_____) _____

ADDRESS: _____
STREET CITY STATE ZIP

Have you ever been involuntarily terminated (fired) from employment or resigned in lieu of termination or resigned pending an investigation?

NO YES, EXPLAIN IN SECTION IV (TERMINATION SUPPLEMENT)

Does the City of Mount Dora employ any relative (by blood or marriage) or cohabitant of yours?

NO YES, GIVE NAME(S), RELATIONSHIP AND DEPARTMENT WHERE THEY WORK

_____	_____	_____
NAME	RELATIONSHIP	DEPARTMENT
_____	_____	_____
NAME	RELATIONSHIP	DEPARTMENT
_____	_____	_____
NAME	RELATIONSHIP	DEPARTMENT

II. ADDITIONAL EMPLOYMENT HISTORY (non law enforcement)

Your Employment History must include all full and part time jobs and any period of unemployment within **THE PAST 10 YEARS**, most recent to last. **ANY AND ALL TERMINATIONS** must be listed in Sec. IV both within and beyond the past 10 years. All law enforcement jobs must be completed in Sec. III.

COMPANY: _____ DATES: _____ FROM _____ TO _____

POSITION/TITLE: _____ FULL TIME PART TIME

DESCRIPTION OF DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

DISCIPLINARY ACTION RECEIVED:

SUPERVISOR NAME/TITLE: _____ PHONE: (_____) _____

ADDRESS: _____
STREET CITY STATE ZIP

COMPANY: _____ DATES: _____ FROM _____ TO _____

POSITION/TITLE: _____ FULL TIME PART TIME

DESCRIPTION OF DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

DISCIPLINARY ACTION RECEIVED:

SUPERVISOR NAME/TITLE: _____ PHONE: (_____) _____

ADDRESS: _____
STREET CITY STATE ZIP

II. ADDITIONAL EMPLOYMENT HISTORY (cont.)

N/A

COMPANY: _____

DATES: _____

FROM

TO

POSITION/TITLE: _____

FULL TIME

PART TIME

DESCRIPTION OF DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

DISCIPLINARY ACTION RECEIVED:

SUPERVISOR NAME/TITLE: _____

PHONE: (_____) _____

ADDRESS: _____

STREET

CITY

STATE

ZIP

COMPANY: _____

DATES: _____

FROM

TO

POSITION/TITLE: _____

FULL TIME

PART TIME

DESCRIPTION OF DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

DISCIPLINARY ACTION RECEIVED:

SUPERVISOR NAME/TITLE: _____

PHONE: (_____) _____

ADDRESS: _____

STREET

CITY

STATE

ZIP

II. ADDITIONAL EMPLOYMENT HISTORY (cont.)

N/A

COMPANY: _____

DATES: _____

FROM

TO

POSITION/TITLE: _____

FULL TIME

PART TIME

DESCRIPTION OF DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

DISCIPLINARY ACTION RECEIVED:

SUPERVISOR NAME/TITLE: _____ PHONE: (_____) _____

ADDRESS: _____
STREET CITY STATE ZIP

COMPANY: _____

DATES: _____

FROM

TO

POSITION/TITLE: _____

FULL TIME

PART TIME

DESCRIPTION OF DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

DISCIPLINARY ACTION RECEIVED:

SUPERVISOR NAME/TITLE: _____ PHONE: (_____) _____

ADDRESS: _____
STREET CITY STATE ZIP

III. LAW ENFORCEMENT EXPERIENCE

N/A

Please list all previous law enforcement jobs you have held most recent to last, one agency per page. Terminations require a one sentence summary for cause in this section and detailed information in Section IV TERMINATION SUPPLEMENT.

AGENCY: _____ DATES: _____ FROM _____ To _____

HIGHEST RANK ACHIEVED: _____ FULL TIME PART TIME

CAREER PATH (CHECK ALL THAT APPLY AND HOW MANY YEARS SPENT IN EACH AREA):

- UNIFORMED PATROL _____ COMMAND STAFF _____ SCHOOL RESOURCE _____ SWAT _____
- COMMUNITY REL. _____ CYBER CRIME _____ UNDERCOVER _____ MOTORS _____
- TAC UNIT _____ DETECTIVE _____ JAIL _____ K-9 _____
- TASK FORCE _____ ADMINISTRATIVE _____ PIO _____ GANG _____
- _____ _____ _____ _____

CERTIFICATIONS:

CAREER HIGHLIGHTS:

AWARDS/ACKNOWLEDGEMENTS:

REASON FOR LEAVING: RESIGNED RETIRED TERMINATION [USE SEC. IV]

DISCIPLINARY ACTION RECEIVED:

SUPERVISOR NAME/TITLE: _____ PHONE: (_____) _____

ADDRESS: _____
STREET CITY STATE ZIP

III. LAW ENFORCEMENT EXPERIENCE

N/A

AGENCY: _____ DATES: _____ FROM _____ To _____

HIGHEST RANK ACHIEVED: _____ FULL TIME PART TIME

CAREER PATH (CHECK ALL THAT APPLY AND HOW MANY YEARS SPENT IN EACH AREA):

- UNIFORMED PATROL _____ COMMAND STAFF _____ SCHOOL RESOURCE _____ SWAT _____
- COMMUNITY REL. _____ CYBER CRIME _____ UNDERCOVER _____ MOTORS _____
- TAC UNIT _____ DETECTIVE _____ JAIL _____ K-9 _____
- TASK FORCE _____ ADMINISTRATIVE _____ PIO _____ GANG _____
- _____ _____ _____ _____

CERTIFICATIONS:

CAREER HIGHLIGHTS:

AWARDS/ACKNOWLEDGEMENTS:

REASON FOR LEAVING: RESIGNED RETIRED TERMINATION [USE SEC. IV]

DISCIPLINARY ACTION RECEIVED:

SUPERVISOR NAME/TITLE: _____ PHONE: (_____) _____

ADDRESS: _____
STREET CITY STATE ZIP

III. LAW ENFORCEMENT EXPERIENCE

N/A

AGENCY: _____ DATES: _____ FROM _____ To _____

HIGHEST RANK ACHIEVED: _____ FULL TIME PART TIME

CAREER PATH (CHECK ALL THAT APPLY AND HOW MANY YEARS SPENT IN EACH AREA):

- UNIFORMED PATROL _____ COMMAND STAFF _____ SCHOOL RESOURCE _____ SWAT _____
- COMMUNITY REL. _____ CYBER CRIME _____ UNDERCOVER _____ MOTORS _____
- TAC UNIT _____ DETECTIVE _____ JAIL _____ K-9 _____
- TASK FORCE _____ ADMINISTRATIVE _____ PIO _____ GANG _____
- _____ _____ _____ _____

CERTIFICATIONS:

CAREER HIGHLIGHTS:

AWARDS/ACKNOWLEDGEMENTS:

REASON FOR LEAVING: RESIGNED RETIRED TERMINATION [USE SEC. IV]

DISCIPLINARY ACTION RECEIVED:

SUPERVISOR NAME/TITLE: _____ PHONE: (_____) _____

ADDRESS: _____
STREET CITY STATE ZIP

III. LAW ENFORCEMENT EXPERIENCE (cont.)

N/A

4+

AGENCY: _____ DATES: _____ FROM _____ To _____

HIGHEST RANK ACHIEVED: _____ FULL TIME PART TIME

CAREER PATH (CHECK ALL THAT APPLY AND HOW MANY YEARS SPENT IN EACH AREA):

- UNIFORMED PATROL _____ COMMAND STAFF _____ SCHOOL RESOURCE _____ SWAT _____
- COMMUNITY REL. _____ CYBER CRIME _____ UNDERCOVER _____ MOTORS _____
- TAC UNIT _____ DETECTIVE _____ JAIL _____ K-9 _____
- TASK FORCE _____ ADMINISTRATIVE _____ PIO _____ GANG _____
- _____ _____ _____ _____

CERTIFICATIONS:

CAREER HIGHLIGHTS:

AWARDS/ACKNOWLEDGEMENTS:

REASON FOR LEAVING: RESIGNED RETIRED TERMINATION [USE SEC. IV]

DISCIPLINARY ACTION RECEIVED:

SUPERVISOR NAME/TITLE: _____ PHONE: (_____) _____

ADDRESS: _____
STREET CITY STATE ZIP

NOTE: If you require additional pages for law enforcement experience, check the box "4+" and a recruiter may provide you with additional pages after your application has been reviewed.

V. CRIMINAL HISTORY

Have you ever been arrested, incarcerated, indicted, issued a Notice to Appear, or otherwise charged with a crime? **Include Juvenile arrest and sealed/expunged arrests:**

No Yes, LIST DATE, CHARGE/S, POLICE AGENCY, CITY, AND COUNTY THEN EXPLAIN IN DETAIL.

<hr/>	<hr/>		
DATE	CHARGE/S		
	<hr/>		
	POLICE AGENCY		
	<hr/>		
	CITY	COUNTY	STATE

DETAILS:

Have you ever been found guilty or pled guilty or no contest to a crime, including arrestable traffic offenses (i.e., driving while intoxicated, reckless driving, driving with a suspended driver's license, etc.)? For purposes of this section and/or question, a plea of guilty or "no contest" after July 1, 1981, shall be considered a conviction in spite of the fact adjudication was withheld or sentence suspended.

No Yes, EXPLAIN IN DETAIL BELOW:

VI. CIVIL ACTIONS

Have you ever been disciplined or accused of discrimination or harassment or had a civil lawsuit filed against you?

No YES, EXPLAIN IN DETAIL BELOW:

Has any legal judgement (i.e., divorce, child support, alimony) ever been issued against you?

No YES, EXPLAIN IN DETAIL BELOW:

Have you ever been refused a surety bond (i.e., contractor, security guard or entrepreneurship) or refused employment that required bonding?

No YES, EXPLAIN IN DETAIL BELOW:

Have you ever been known by any other last name?

No YES, LIST ALL NAMES USED, LOCATIONS, AND CIRCUMSTANCES (I.E., DIVORCE, ADOPTION, LEGAL NAME CHANGE, ETC.):

NAME	DATES: FROM-TO	CITY, STATE	CIRCUMSTANCE

NAME	DATES: FROM-TO	CITY, STATE	CIRCUMSTANCE

VII. DRUG HISTORY

Have you ever sold any type of illegal drug? No YES, EXPLAIN IN DETAIL BELOW:

Have you ever sold any prescription drug? No YES, EXPLAIN IN DETAIL BELOW:

List all illegal drug use, to include the use of prescription drugs without a valid prescription? N/A

NAME / TYPE	LAST USE (MONTH/YR.)	DESCRIBE FREQUENCY

ALCOHOL

How many times, in the last year, have you been intoxicated to the point that you felt you should not operate a motor vehicle? _____

How many times, in the last year, have you missed work/school due to intoxication? _____

How many times, in the last year, have you consumed alcohol while at work? _____

VIII. DRIVERS LICENSE

Do you hold a current valid driver's license? YES No

State: _____ Number: _____

Chauffeurs License Number (if applicable): _____

List any other driver's licenses which you have possessed in the past:

State: _____ Number: _____

State: _____ Number: _____

Have you ever had a driver's license, and/or commercial license or certificate, revoked or suspended by the issuing authority?

No YES, DATE(S) OF SUSPENSION: _____

Please explain below in detail:

List all traffic summons/citations/tickets received in the past five years, including those from other states. Do not list parking tickets. IF NONE, CHECK HERE: N/A

DATE	LOCATION OCCURRED	VIOLATION TYPE	PENALTY/DISPOSITION

List only all automobile accidents in which you were the driver (whether at fault or not):

DATE	LOCATION OCCURRED	VIOLATION TYPE	PENALTY/DISPOSITION

IX. EDUCATIONAL BACKGROUND

High School Name: _____

Address: _____
STREET / P.O. BOX CITY STATE ZIP

Dates Attended: _____ - _____ G.P.A.: _____
MM/YYYY MM/YYYY

Diploma: YES NO GED: YES NO

College/University Name: _____

Address: _____
STREET / P.O. BOX CITY STATE ZIP

Dates Attended: _____ - _____ G.P.A.: _____
MM/YYYY MM/YYYY

Degree: YES NO Type of Degree: _____

Number of Credit Hours: _____ Major Field of Study: _____

College/University Name: _____

Address: _____
STREET / P.O. BOX CITY STATE ZIP

Dates Attended: _____ - _____ G.P.A.: _____
MM/YYYY MM/YYYY

Degree: YES NO Type of Degree: _____

Number of Credit Hours: _____ Major Field of Study: _____

Trade/Technical School Name: _____

Address: _____
STREET / P.O. BOX CITY STATE ZIP

Dates Attended: _____ - _____ Certificate: _____
MM/YYYY MM/YYYY

X. MILITARY SERVICE

Have you ever served or trained in the U. S. Armed Forces? Yes **No, DO NOT COMPLETE THIS PAGE**

Branch of Service: _____ Rank: _____

Pay Grade: _____

Check type of discharge:		
<input type="checkbox"/> Honorable	<input type="checkbox"/> General under Honorable	<input type="checkbox"/> Dishonorable

Dates of active military service:

Entry Date: _____ Separation Date: _____

RESERVE, NATIONAL, OR STATE GUARD:

Are you presently a member of the U. S. Military Reserve, National, or State Guard Organization?

No YES, please complete the following: ACTIVE INACTIVE

_____ - _____ Rank: _____
ENTRY DATE SEP. DATE

Pay Grade: _____ Branch of Service / Component: _____

Organization and Station or Unit: _____

Address: _____
STREET CITY STATE ZIP

Have you ever been a defendant in a military court martial (excluding proceedings leading to non-judicial punishment), or received any other disciplinary action?

No YES, EXPLAIN BELOW

Have you ever held a military security clearance? Yes No

If yes, level of clearance _____

Have you ever been denied or had a security clearance revoked? Yes No

XI. PERSONAL REFERENCES

Please furnish six personal references. **DO NOT LIST RELATIVES OR PREVIOUS EMPLOYERS.** At least three of the references must have known you for at least two years. Give complete address and zip code.

1. _____ () _____
NAME PHONE NUMBER YEARS KNOWN

ADDRESS CITY STATE ZIP

OCCUPATION RELATIONSHIP

2. _____ () _____
NAME PHONE NUMBER YEARS KNOWN

ADDRESS CITY STATE ZIP

OCCUPATION RELATIONSHIP

3. _____ () _____
NAME PHONE NUMBER YEARS KNOWN

ADDRESS CITY STATE ZIP

OCCUPATION RELATIONSHIP

4. _____ () _____
NAME PHONE NUMBER YEARS KNOWN

ADDRESS CITY STATE ZIP

OCCUPATION RELATIONSHIP

5. _____ () _____
NAME PHONE NUMBER YEARS KNOWN

ADDRESS CITY STATE ZIP

OCCUPATION RELATIONSHIP

6. _____ () _____
NAME PHONE NUMBER YEARS KNOWN

ADDRESS CITY STATE ZIP

OCCUPATION RELATIONSHIP

XII. RESIDENCES

Starting with your current address, list all residences for the past five years. All information must be accurate for the background investigators to follow-up.

CURRENT RESIDENCE:

1. From: _____ To: _____ OWN RENT
MM/YYYY MM/YYYY

If renting, name lease is under: _____

Address: _____
STREET CITY STATE ZIP

Landlord's Name and/or Name of Apt. Complex: _____

Address: _____
STREET CITY STATE ZIP

2. From: _____ To: _____ OWN RENT
MM/YYYY MM/YYYY

If renting, name lease is under: _____

Address: _____
STREET CITY STATE ZIP

Landlord's Name and/or Name of Apt. Complex: _____

Address: _____
STREET CITY STATE ZIP

3. From: _____ To: _____ OWN RENT
MM/YYYY MM/YYYY

If renting, name lease is under: _____

Address: _____
STREET CITY STATE ZIP

Landlord's Name and/or Name of Apt. Complex: _____

Address: _____
STREET CITY STATE ZIP

XII. RESIDENCES (cont.)

4. From: _____ To: _____ OWN RENT
MM/YYYY MM/YYYY

If renting, name lease is under: _____

Address: _____
STREET CITY STATE ZIP

Landlord's Name and/or Name of Apt. Complex: _____

Address: _____
STREET CITY STATE ZIP

5. From: _____ To: _____ OWN RENT
MM/YYYY MM/YYYY

If renting, name lease is under: _____

Address: _____
STREET CITY STATE ZIP

Landlord's Name and/or Name of Apt. Complex: _____

Address: _____
STREET CITY STATE ZIP

6. From: _____ To: _____ OWN RENT
MM/YYYY MM/YYYY

If renting, name lease is under: _____

Address: _____
STREET CITY STATE ZIP

Landlord's Name and/or Name of Apt. Complex: _____

Address: _____
STREET CITY STATE ZIP

XIII. PREVIOUS LAW ENFORCEMENT APPLICATIONS

Have you previously applied for employment to the Mount Dora Police Department?

No YES, DATE APPLIED _____

Have you ever applied to another law enforcement agency? No YES, COMPLETE BELOW

1. Agency and/or Department: _____

Address: _____
 STREET CITY STATE ZIP

Date Submitted: _____ Position Applied For: _____

Status: _____ Closed, reason: _____

2. Agency and/or Department: _____

Address: _____
 STREET CITY STATE ZIP

Date Submitted: _____ Position Applied For: _____

Status: _____ Closed, reason: _____

3. Agency and/or Department: _____

Address: _____
 STREET CITY STATE ZIP

Date Submitted: _____ Position Applied For: _____

Status: _____ Closed, reason: _____

4. Agency and/or Department: _____

Address: _____
 STREET CITY STATE ZIP

Date Submitted: _____ Position Applied For: _____

Status: _____ Closed, reason: _____

5. Agency and/or Department: _____

Address: _____
 STREET CITY STATE ZIP

Date Submitted: _____ Position Applied For: _____

Status: _____ Closed, reason: _____

XIV. REMARKS

Please take this opportunity to discuss your goals for working at the Mount Dora Police Department. These could be short or long term goals or why you chose to apply with this agency. Be thoughtful about what you write, you will be asked to elaborate during the interview.

XV. TRAINING, AWARDS, AND SPECIAL SKILLS

Please list all additional training, schools, seminars, awards, special skills, certifications, etc., that you would like the Selection Committee to consider. Documentation will be required later in the process.

	TYPE	ISSUING AUTHORITY	DATE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

XVI. PROFESSIONAL ORGANIZATIONS

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

ORGANIZATION	POSITION HELD



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 _____

Personally Known OR Produced Identification

Type of Identification Produced _____

ATTACHMENTS:

Please use these boxes to provide copies of your valid driver's license and social security card. You can print the form and scan the items face down on the scanner with the form face down behind them. If using a screen shot, insert the image in to the respective boxes.

Drivers License

SS Card