Chief of Police
QUENTIN Q. BECKTON

OFFICE
(386) 228-2145

LAKE HELEN POLICE DEPARTMENT

493 S LAKEVIEW DR - LAKE HELEN, FLORIDA 32744
(386) 228-0655 (FAX) - WWW.LAKEHELEN.ORG

POLICE OFFICER APPLICANT INFORMATION STATEMENT
EQUAL OPPURTUNITY EMPLOYER

Thank you for choosing to apply to be a Lake Helen Police Officer. The goal of the Lake Helen Police Department is to select the best possible applicants for employment. Therefore, completion and advancement through the application process is based on your ability and competitiveness with other applicants. Applications will be accepted for open positions by City Hall, City of Lake Helen, 327 S Lakeview Dr, Lake Helen, Florida 32744.

DUTIES AND RESPONSIBILITIES: A Police Officer performs a wide range of tasks to promote public safety and security; crime prevention and general enforcement of the law; and performs work as required. The duties of a Police Officer include but are not limited to patrolling, crime detection, investigation, traffic enforcement and traffic control.

MINIMUM REQUIREMENTS FOR HIRING: Be at least 21 years of age at swearing in *(exceptions may apply).* Possess a valid Florida operator's license, a high school diploma or equivalency, be a U.S. Citizen and veterans must possess an Honorable Discharge. Applicants must pass a medical examination, and their visual ability must be correctable to 20/20.

Applicants will be required to participate in an oral interview. Upon successful completion of that segment, an in-depth background investigation will be conducted. Once a satisfactory background investigation has been achieved, the candidate will be required to take and pass a medical examination that includes a drug screen prior to being eligible for employment as a Lake Helen Police Officer.

POLICE TRAINING COURSE: Preference in employment will be given to personnel holding a Criminal Justice Standards and Training Commission Certificate. Applicants who are disqualified during the process cannot reapply. Applicants who do not pass any part of the process can reapply after one year from the date of the original application.

The expected duration of the hiring process is approximately 90 days from the date of application.

In order that you receive proper consideration in your application to become a Lake Helen Police Officer, it will be essential that **all** identified materials be returned completed in their entirety along with this application.

Before returning these materials, check them for accuracy and completeness. Sign your name on all forms where signature is indicated. Check to ensure that all forms requested below are turned in along with all licenses, certificates and other documents you feel are valid for the application process.

FORMS FOR MINIMUM PROCESSING

- Application and supplement forms (must be notarized)
- Naturalization papers if applicable
- High School Diploma, GED or equivalent
- College Diploma and Certified Transcripts (if claiming college credit)
- Valid Operator's Driver's License (Florida License required at time of employment)
- Social Security Card
- Change of Name Document (marriage/divorce documents)
- Copy of your DD 214 (if applicable)
- Copy of Birth Certificate or Birth Record
- Criminal Justice Standards & Training Certificate of Compliance
- State Certification exam results
- Copy of your Driving record from the Division of Motor Vehicles
- Any specialized Criminal Justice Certificates that will enhance your application documentation of hours earned at prior Police Academy (out of state)

If selected to proceed, applicants will be notified of the date, time and location of the Oral Interview Assessment.

BENEFITS

- Health Insurance
- Life Insurance
- Dental Insurance
- Disability

OTHER BENEFITS

- Retirement: Florida Mutual Police Trust Fund (FMPTF)
- 15 paid City holidays annually
- Over 80 hours each of Personal Time and Vacation Time accrued annually
- All necessary equipment provided
- Take Home Car Program

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POLICE OFFICER APPLICATION / QUESTIONAIRE
EQUAL OPPURTUNITY EMPLOYER

DATE:_____

Position for Which Applying _____

INSTRUCTIONS

NOTICE: Application must be typewritten or printed legibly in **black** ink. All questions must be answered; if a question is not applicable, so state by indicating N/A (not applicable). If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as the application, and number answers to correspond with questions. Please be specific when completing application to insure all information is complete, true and correct.

LHPD has asked that you provide your social security number (SSN). The decision to provide your SSN is at your option, but failure to provide your SSN may result in a delay in processing your application or request. If you provide your SSN, LHPD will use it for purposes of identification, and may share the information with other agencies for the same purpose pursuant to Section 119.071(5)(a)2.b., F.S. LHPD's request for your SSN is authorized by state law because it is imperative for the performance of LHPD's duties and responsibilities pursuant to Section 119*.071(5)(a)2.a.(II), F.S.

Omission of facts will be perceived as falsification and could be grounds for non-employment or dismissal.

I. PERSONAL INFORMATION

1. Full Name
* If you have only initials in your name, list them.
* If you have no middle name, enter "NMN".
* If you are a "Jr.," "Sr," "II," etc., enter the abbreviation in the box after your middle name.

Last Name	First Name	Middle Name	Abbv.

2. Other
* Give other names you used and the period of time you used them, for example: maiden name, name(s) by a former marriage, former name(s) or nickname(s) i.e., any other name(s) used that is not your legal name. If the other name is your maiden name, put "nee" in front of it.

Name	Month/Year From /	Month/Year To /
Name	Month/Year From /	Month/Year To /
Name	Month/Year From /	Month/Year To /

3. Date & Place of Birth

Date of Birth	City	County	State	Country (if not in the United States)

4. Other Identifying Information

Height (feet & inches)	Weight (pounds)	Hair Color	Eye Color	Sex	Race	Social Security Number *(Optional)*

5. Current Address

Street Address **Apt. No.** **Home Phone:** **Area Code/Number**

City **County** **State** **Zip Code** **Work Phone:** **Area Code/Number**

Cell Phone: **Area Code/Number**

6. List all Email Addresses & Social Media Usernames you currently use or have used in the past: Including Facebook, Twitter, YouTube, Instagram etc..

A) In the event this information becomes invalid, indicate the name and phone number of a relative through whom you may be reached or who could furnish LHPD with your current address and phone number.

Name **Relationship** **Phone Number**

7. List all adult persons, 18 years of age or older, currently residing with you at your present address and provide FDLE with a signed notarized waiver from each of them:

Full Name	Date of Birth	Race & Sex	Relationship

II. RESIDENCES

1. Actual Places of Previous Residence for Past 10 Years

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

From **To**

Month/Yr.	Month/Yr.	Apt. No.	Street Address	City	County	State

III. EMPLOYMENT HISTORY

1. List all employments during the past five (5) years including those listed on your state application and any periods of unemployment. If you had only one (1) employer during the past five (5) years, list your next most recent employer also. List **any** employment with a criminal justice agency regardless of when the employment occurred. Describe your work experience in detail, beginning with your current or most recent job. Use a separate block to describe each position. Include military service (indicate rank), internship and volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of all gaps in employment. If needed, attach additional sheets, using the same format.

A.

Name of Present or Last Employer: _____

Employer's Address: _____
Street Address **City** **County** **State** **Zip Code**

Your Job Title: _____

From: _____ **to:** _____ **Annualized Salary:** _____/_____
mo/day/yr **mo/day/yr** **starting** **ending**

Supervisor's Name: _____ **Title:** _____ **Phone No.:** _____

May we contact your employer? ☐ **Yes** ☐ **No**

Your Name, if different from application: _____

Duties & Responsibilities: _____

_____

_____

_____

Reason(s) for Leaving:

B.

Name of Next Previous Employer: _____

Employer's Address: _____
Street Address **City** **County** **State** **Zip Code**

Your Job Title: _____

From: _____ **to:** _____ **Annualized Salary:** _____/_____
mo/day/yr **mo/day/yr** **starting** **ending**

Supervisor's Name: _____ **Title:** _____ **Phone No.:** _____

Your Name, if different from application: _____

Duties & Responsibilities: _____

_____

_____

_____

Reason(s) for Leaving:

C.

Name of Next Previous Employer: _____

Employer's Address: _____
Street Address **City** **County** **State** **Zip Code**

Your Job Title: _____

From: _____ **to:** _____ **Annualized Salary:** _____/_____
mo/day/yr **mo/day/yr** **starting** **ending**

Supervisor's Name: _____ **Title:** _____ **Phone No.:** _____

Your Name, if different from application: _____

Duties & Responsibilities: _____

_____

_____

_____

Reason(s) for Leaving:

D.

Name of Next Previous Employer: _____

Employer's Address: _____
Street Address **City** **County** **State** **Zip Code**

Your Job Title: _____

From: _____ **to:** _____ **Annualized Salary:** _____/_____
mo/day/yr **mo/day/yr** **starting** **ending**

Supervisor's Name: _____ **Title:** _____ **Phone No.:** _____

Your Name, if different from application: _____

Duties & Responsibilities: _____

_____

_____

_____

Reason(s) for Leaving:

2. Have you ever been dismissed or asked to resign from any employment or position you have held? ☐ **Yes** ☐ **No**
If yes, please provide details:

Employer's Name: _____ **Date:** _____

_____
Employer's Street Address **City** **County** **State** **Zip Code**

Reason: _____

_____

3. **Have you ever quit a job after being told you would be fired?** ☐ **Yes** ☐ **No**
If yes, please provide details:

Employer's Name: _____ **Date:** _____

_____
Employer's Street Address **City** **County** **State** **Zip Code**

Reason: _____
_____

4. **Have you ever left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?** ☐ **Yes** ☐ **No** **If yes, please provide details:**

Employer's Name: _____ **Date:** _____

_____
Employer's Street Address **City** **County** **State** **Zip Code**

Reason: _____
_____

5. **Have you ever left a job for other reasons under unfavorable circumstances?** ☐ **Yes** ☐ **No**
If yes, please provide details:

Employer's Name: _____ **Date:** _____

_____
Employer's Street Address **City** **County** **State** **Zip Code**

Reason: _____
_____

6. **Have you ever been counseled, reprimanded or had any disciplinary action taken against you by an employer or in any position you have held?** ☐ **Yes** ☐ **No** **If yes, please provide details:**

Employer's Name: _____ **Date:** _____

_____
Employer's Street Address **City** **County** **State** **Zip Code**

Action and Reason: _____
_____

7. **Have you ever been the subject of an internal investigation by an employer?** ☐ **Yes** ☐ **No**
If yes, please provide details:

Employer's Name: _____ **Date:** _____

_____
Employer's Street Address **City** **County** **State** **Zip Code**

Action and Reason: _____
_____

8. **Have you ever applied for employment or an internship with LHPD or any other criminal justice agency not listed as an employer?** ☐ **Yes** ☐ **No**

If yes, please provide name of agency and date of application: _____

9. **Do you own a business, or are you a partner or corporate officer in any business or organization not listed above as current or former employer?** ☐ **Yes** ☐ **No** **If yes, please provide name and address.**

_____

_____

_____

IV. ARREST HISTORY/COURT RECORD

1. **Have you ever:**

Yes	No	
☐	☐	**been arrested?**
☐	☐	**received a notice or summons to appear for a criminal infraction?**
☐	☐	**entered into any pretrial diversion program resulting in charges being dropped by reason of completion of the program?**
☐	☐	**been convicted, pled nolo contendere or guilty to any criminal violation?**
☐	☐	**had your criminal history record sealed or expunged?**

2. **Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)?** ☐ **Yes** ☐ **No**

If you answered yes to question #1 or #2, list all such matters even if not formally charged, no court appearance, found not guilty, matter settled by payment of fine or forfeiture of collateral, or pre-trial diversion. (Include your juvenile record and records of arrests which have been sealed or expunged, if any.)

Date	Place & Department	Charge	Court & Place	Disposition

Provide additional details: _____

_____

_____

3. **Have you ever been questioned by any law enforcement officer for investigative purposes (witness, victim, present at scene, suspect)?** **Yes** ☐ **No** ☐ **If yes, please provide details:**

_____

_____

_____

4. **To your knowledge have you ever been the subject of, or a suspect in, any criminal investigation? Yes** ☐ **No** ☐
If yes, please explain: _____

_____

_____

5. **Have you ever committed a crime even if you were not caught or arrested? (Examples of crimes are theft, possession of illegal drugs, firearms offenses, fraud, passing worthless checks, domestic violence, assault, etc.)** **Yes** ☐ **No** ☐
If yes, please explain: _____

_____

_____

6. **Have you ever been a plaintiff or defendant in a court action (include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.)?** ☐ **Yes** ☐ **No**
If so, give date, place, court, names of parties involved, nature of action, and final disposition: _____
_____
_____

7. **Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)?** ☐ **Yes** ☐ **No**
If yes, please give date(s) and reasons printed: _____
_____
_____

8. **To your knowledge, has your spouse (including future or former spouse), current or former domestic partner, roommate or any member of your immediate family [Child 18 years of age or older, father, mother, brother, sister, stepfather, stepmother, half-brother, half-sister, in-laws or parents of domestic partner or roommate] ever been arrested, charged or prosecuted for a crime? (Regardless of whether the offense occurred in Florida.)** ☐ **Yes (list below)** ☐ **No**

Person's Name/ Relationship	Date	Place & Department	Charge	Disposition

For each person listed above, please provide relation to you, social security number (if known), date of birth, race, sex, and brief details of the arrest:
_____
_____
_____

V. DRIVING HISTORY

1. **Are you a licensed automobile operator?** ☐ **Yes** ☐ **No** **State Issued:** _____

License #: _____ **Date of Expiration:** _____ **Restrictions:** _____

2. **Do you hold or have you ever held a license in any state other than the one listed in question #1?**
☐ **Yes** ☐ **No** **If yes, please provide state(s), name used and approximate dates of license(s) was/were held:**
_____
_____

3. **Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?**
☐ **Yes** ☐ **No** **If yes, please provide complete details:**
_____
_____

4. **Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance?**
☐ **Yes** ☐ **No** **If yes, please provide complete details:**
_____
_____

VI. SELECTIVE SERVICE *(Male Applicants Only)*

1. **Are you registered for Selective Service?** ☐ **Yes** ☐ **No**

   Selective Service #: _____

VII. MILITARY HISTORY

1. **Have you ever served on active duty in the Armed Forces of the United States?** ☐ **Yes** ☐ **No**

   Branch of Service: _____

   Highest Rank: _____ Service Number: _____

   Dates of Duty (mo/day/yr) From: _____ To: _____

   From: _____ To: _____

2. **Discharge(s); Provide information for any period(s) of service:**

   Type: _____ Basis: _____ Date: _____ Separation Center: _____

   Type: _____ Basis: _____ Date: _____ Separation Center: _____

3. **Are you now or have you ever been a member of a reserve unit or the National Guard?**

   ☐ **Yes** ☐ **No** ☐ **Present** ☐ **Former** **Branch of Service: _____**

4. **If you attend drills, provide the name of the unit and location: _____**

5. **Has any type of disciplinary action been taken against you in the service? (Be sure to include non-judicial punishment[s], if applicable.)** ☐ **Yes** ☐ **No** **If yes, please provide details:_____**
   _____
   _____

VIII. ACQUAINTANCES WITH CITY OF LAKE HELEN AND PERSONAL REFERENCES

Relatives, Friends or Acquaintances employed by LHPD (Past or Current):

Name	Location	Length of Acquaintance

Please provide six (6) REFERENCES: (3 Personal- Non-Family Members Only and 3 Professional references)
Please indicate which are Personal and which are Professional.

Name	Email Address	Phone Number & Type of Reference (Personal/Professional)

IX. MARITAL STATUS

1. **Mark one (1) of the following boxes to show your current marital status. If you were previously married provide the requested information concerning your former spouse(s). If you are engaged to be married or contemplating marriage in the near future, complete information must be provided regarding your future spouse. (Use the space provided for current spouse to record information about your future spouse and clearly indicate that such relationship is a future one.)**

☐ Never married ☐ Married ☐ Domestic Partner ☐ Separated ☐ Legally separated ☐ Divorced ☐ Widowed

☐ Current Spouse ☐ Future Spouse ☐ Domestic Partner
(AUTHORITY FOR RELEASE OF INFORMATION FORM (OEI-37) REQUIRED)

Full Name	Date of Birth	Place of Birth (include country if outside U.S.)	Race/Sex	Social Security # *(optional)*

Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name.)

Country of Citizenship	Date Married	Place Married (include country if outside U.S.)	State

If separated, Date of Separation (Mo/Day/Yr)	If Legally Separated, Court of Record, City (Country)	State

Address of Spouse (Street, city, and country if outside the U.S.)	State	Zip Code

Former Spouse(s): If space provided is not sufficient to report all former spouses, or you wish to furnish additional information, attach additional sheets of the same size as the application.

Full Name	Date of Birth	Place of Birth (include country if outside U.S.)	Race/Sex	Social Security # *(optional)*

Country of Citizenship	Date Married	Place Married (include country if outside U.S.)	State

Check One Divorced ☐ Widowed ☐	Month/Day/Year	If Divorced, Court of Record, City (Country)	State

X. FINANCIAL STATUS

1. **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: _____
   _____

2. **Do you owe any money to any person or creditor/business?** ☐ **Yes** ☐ **No**
   List <u>any</u> debt over $5000. Be sure to include student loans and charge accounts. Also, list any debt and/or accounts you have for which payment is <u>past due</u>, regardless of the amount. If space provided is not sufficient, attach additional sheets of the same size as the application.

Person / Creditor / Business	Address	Amount	Loan or Account Number

3. **Have you, your spouse, or a company controlled by you filed for bankruptcy?** ☐ **Yes** ☐ **No**

4. **Have you, your spouse, or a company controlled by you been declared bankrupt?** ☐ **Yes** ☐ **No**

5. **Have you, your spouse, or a company controlled by you been subject to a tax lien or other lien?** ☐ **Yes** ☐ **No**

6. **Have you, your spouse, or a company effectively controlled by you had legal judgment rendered against you for a debt?**
   ☐ **Yes** ☐ **No**

7. **Have you ever been rejected for any insurance?** ☐ **Yes** ☐ **No**

8. **If yes to question #3, #4, #5, #6, #7 above, provide details:**_____
   _____
   _____
   _____
   _____

XI. QUALIFICATIONS, SKILLS, REGISTRATIONS, LICENSURES & CERTIFICATIONS

1. **List any qualifications, skills, registrations, licenses or certifications which you now hold or have held which are <u>not</u> listed on your State of Florida Application. (Examples: boat captain, business or occupational licenses, bar association member, CPA, etc.)**

License Type	License Number	Date Issued	Expiration Date	Issued By

XII. PERSONAL DECLARATIONS AND ASSOCIATIONS

1. **Have you ever illegally manufactured, supplied or sold any controlled substances, including prescription drugs without a prescription?**
   ☐ **Yes** ☐ **No**

   If yes, provide details including drug, date and circumstances:_____
   _____
   _____

2. **Have you ever used or possessed marijuana/cannabis in any form, including with a prescription? If yes, when was the last time used?**

   ☐ **Yes** ☐ **No** **Last time used:** _____

3. **Have you ever used any controlled substances other than marijuana/cannabis, including prescription drugs without a prescription?**
   ☐ **Yes** ☐ **No**

   If yes, please indicate all that apply and provide details around use (circumstances, number of times used and approximate date of last use).

   ☐ **a. Cocaine** _____
   ☐ **b. Heroin** _____
   ☐ **c. LSD** _____
   ☐ **d. Ecstasy, GHB or any illegal designer drug** _____
   ☐ **e. Methamphetamine or amphetamine** _____
   ☐ **f. Prescription drugs** _____
   ☐ **g. Other - identify** _____

4. **Have you ever been a member, officer or employee of any organization, association or group which: 1) advocates the overthrow of our government; 2) advocates or approves of committing acts of force or violence to deny others their constitutional rights; or 3) wants to change our form of government by unconstitutional means? ☐ Yes ☐ No**

5. **Have you ever made a financial or other material contribution to any organization of the type described in question #4 above? ☐ Yes ☐ No **If you answer yes to question #4 or #5, answer questions #6, #7, and #8 also.**

6. **At the time of your membership, participation or contribution, did you know of any unlawful aims of the organization? ☐ Yes ☐ No**

7. **Did you intend to promote any unlawful aims of the organization(s)? ☐ Yes ☐ No**

8. **List each organization and provide an explanation of your involvement and activities with each:**

_____

_____

9. **Are you aware of any information, including criminal allegations, complaints or activity, regarding yourself or any person with whom you are or have been related or closely associated (including <u>relatives, current and former spouses and domestic partner(s), your children's parent(s) and roommates</u>) which might tend to reflect unfavorably on your reputation, morals, character, or loyalty?**

☐ Yes ☐ No If yes, provide your version of this/these incident(s): _____

_____

_____

_____

How often are you in contact with these individuals now or during the past five years?

_____

_____

I understand that any appointment tendered me will be contingent upon the results of a complete background investigation, and I am aware that withholding information or making false statements on this application may be the basis for non-employment or dismissal from the Lake Helen Police Department. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous or current employment, education, or any other information they might have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing such information to you.

I agree to conform to the rules and regulations of the department and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the department at any time, at the department's sole option, and without any prior notice to me.

_____ _____

Signature of the applicant as usually written **Date**
(DO NOT USE NICKNAMES)

_____

Print Legal Name

FDLE
Florida Department of
Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION
(Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022, 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 by means of Physical Presence ☐ **OR Online Notarization** ☐ **this** _____

day of _____ **, year** ____, **By** _____

_____

Signature of Notary Public – State of Florida

_____

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known ☐ **OR Produced Identification** ☐

Type of Identification Produced _____

FDLE

Florida Department of Law Enforcement

AFFIDAVIT OF APPLICANT

Incorporated by Reference in Rule 11B-27.002, F.A.C.

CJSTC 68

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

Last Four Digits of Applicant's Social Security Number: _____

Applicant's Legal Name: _____
Last **First** **MI**

Employing agency: _____

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

- Be at least 18 years of age for correctional officer or 19 years of age for all others.
- Be a citizen of the United States.
- Be a high school graduate or equivalent.
- Not have been convicted of any felony or of a misdemeanor involving perjury or false statement. Any person who, after July 1, 1981, pleads guilty or nolo contendere to or is found guilty of a felony or of a misdemeanor involving perjury or a false statement shall not be eligible for employment or appointment as an officer, notwithstanding suspension of a sentence or withholding of adjudication.
- Have been fingerprinted by the employing agency.
- Have passed a physical examination by a licensed medical specialist approved in Rule 11B-27.002(1)(d), F.A.C.
- Be of good moral character.
- Have not received a dishonorable discharge from the U.S. Military.

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

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

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

12. _____ **13.** _____
Applicant's Signature **Date Signed**

14. OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ **COUNTY OF** _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence ☐ **OR Online Notarization** ☐ **this** _____

day of _____ **, year** _____ **, By** _____

_____
Signature of Notary Public – State of Florida

_____
Print, Type, or Stamp Commissioned name of Notary Public

Personally Known ☐ **OR Produced Identification** ☐

Type of Identification Produced _____