



FRUITLAND PARK POLICE DEPARTMENT



Police Officer Application Packet

Michael A Fewless

Chief of Police



FRUITLAND PARK POLICE DEPARTMENT

Chief Michael A. Fewless

INSTRUCTIONS

- APPLICATION MUST BE TYPED OR PRINTED LEGIBLY IN INK.
- ALL QUESTIONS MUST BE COMPLETED; IF A QUESTION IS NOT APPLICABLE THEN SO STATE AND INDICATE **N/A** (NOT APPLICABLE).
- APPLICATIONS WHICH ARE NOT COMPLETE AND LEGIBLE WILL NOT BE CONSIDERED.
- IF SPACE PROVIDED IS NOT SUFFICIENT FOR COMPLETE ANSWERS OR YOU WISH TO FURNISH ADDITIONAL INFORMATION, ATTACH SHEETS OF THE SAME SIZE AS THIS APPLICATION AND NUMBER ANSWERS TO CORRESPOND WITH QUESTIONS.

PERSONAL INFORMATION

LAST NAME			FIRST NAME			MIDDLE NAME		
RESIDENCE ADDRESS (STREET ADDRESS)								
CITY			COUNTY			STATE		ZIP
MAILING ADDRESS								
CITY			COUNTY			STATE		ZIP
HOME PHONE			CELL PHONE			EMAIL ADDRESS		
							U.S. CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/> NATURALIZED <input type="checkbox"/>	
GENDER	DRIVERS LICENSE		STATE					
IF NATURALIZED:								
		NATURALIZATION NUMBER			DATE		PLACE	
TATTOOS: YES <input type="checkbox"/> NO <input type="checkbox"/>		DESCRIPTION AND LOCATION						
HAVE YOU EVER USED ANY OTHER NAME?				YES	NO	IF YES, PLEASE LIST THOSE NAMES HERE:		
LAST NAME			FIRST NAME			MIDDLE NAME		
1								
DATE FROM		DATE TO		REASON				

PERSONAL INFORMATION (CONT.)

2						
	LAST NAME	FIRST NAME		MIDDLE NAME		
DATE FROM		DATE TO	REASON			

3						
	LAST NAME	FIRST NAME		MIDDLE NAME		
DATE FROM		DATE TO	REASON			

4						
	LAST NAME	FIRST NAME		MIDDLE NAME		
DATE FROM		DATE TO	REASON			

DRIVERS LICENSE

DO YOU HAVE A FLORIDA DRIVERS LICENSE? YES NO

DRIVERS LICENSE NUMBER

DATE OF EXPIRATION	RESTRICTIONS	ENDORSEMENTS

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:

HAVE YOU EVER HAD A DRIVERS LICENSE IN ANOTHER STATE? YES NO

IF YES, LIST ALL STATE AND INDICATE ANY LICENSE THAT HAVE BEEN REVOKED AND WHY.

STATE	LICENSE NUMBER	STATUS	REASON:

STATE	LICENSE NUMBER	STATUS	REASON:

STATE	LICENSE NUMBER	STATUS	REASON:

EDUCATION

HIGH SCHOOL

NAME OF SCHOOL		CITY	STATE
DATES ATTENDED: FROM	TO	DATE GRADUATED	TYPE OF DIPLOMA
IF YOU DID NOT GRADUATE, DO YOU HAVE A GED ? YES <input type="checkbox"/> NO <input type="checkbox"/>			

COLLEGE/TECHNICAL

CHECK HERE IF NOT APPLICABLE

NAME OF SCHOOL		CITY	STATE
DATES ATTENDED: FROM	TO	DATE GRADUATED	TYPE OF DEGREE
MAJOR/MINOR		NUMBER OF CREDITS	

COLLEGE/TECHNICAL

NAME OF SCHOOL		CITY	STATE
DATES ATTENDED: FROM	TO	DATE GRADUATED	TYPE OF DEGREE
MAJOR/MINOR		NUMBER OF CREDITS	

COLLEGE/TECHNICAL

NAME OF SCHOOL		CITY	STATE
DATES ATTENDED: FROM	TO	DATE GRADUATED	TYPE OF DEGREE
MAJOR/MINOR		NUMBER OF CREDITS	

POST GRADUATE

CHECK HERE IF NOT APPLICABLE

NAME OF SCHOOL		CITY	STATE
DATES ATTENDED: FROM	TO	DATE GRADUATED	TYPE OF DEGREE
MAJOR/MINOR		NUMBER OF CREDITS	

POST GRADUATE

NAME OF SCHOOL		CITY	STATE
DATES ATTENDED: FROM	TO	DATE GRADUATED	TYPE OF DEGREE
MAJOR/MINOR		NUMBER OF CREDITS	

EDUCATION (CONT.)

LAW ENFORCEMENT ACADEMY

CHECK HERE IF NOT APPLICABLE

NAME OF SCHOOL	CITY	STATE
DATES ATTENDED: FROM	TO	DATE GRADUATED

TYPE OF ACADEMY? FULL CROSSOVER
DID YOU PASS THE FLORIDA CERTIFICATION EXAM? YES NO

TRAINING CERTIFICATES/AWARDS/PERFORMANCE COMMENDATIONS

FOREIGN LANGUAGES

DO YOU SPEAK ANY FOREIGN LANGUAGES? YES NO IF SO PLEASE LIST ALL LANGUAGES.

READ	WRITE

HOBBIES AND INTERESTS

LIST ANY SPECIAL ABILITIES, INTEREST, AND HOBBIES YOU HAVE AND THE DEGREE OF PROFICIENCY

SPECIAL LICENSE

LIST ALL TYPES OF SPECIAL LICENSE SUCH AS PILOT, RADIO OPERATOR, ETC.

TYPE	DATE ISSUED	EXPIRATION	ISSUING AUTHORITY
TYPE	DATE ISSUED	EXPIRATION	ISSUING AUTHORITY
TYPE	DATE ISSUED	EXPIRATION	ISSUING AUTHORITY

SPECIAL SKILLS

LIST SPECIAL SKILLS YOU POSSESS AND EQUIPMENT YOU CAN USE WHICH MAY BE RELATED TO LAW ENFORCEMENT WORK. (Example: two-way radio, breathalyzer, speed detection equipment, firearms, computers)

APPROXIMATE NUMBER OF WORDS PER MINUTE: TYPING SHORTHAND

EMPLOYMENT HISTORY

COMPLETE THIS SECTION AND LIST YOUR MOST RECENT EMPLOYER FIRST. IF YOU ARE CURRENTLY UNEMPLOYED, LEAVE PRESENT EMPLOYER SECTION OF THIS APPLICATION BLANK. PLEASE INCLUDE ANY VOLUNTARY UNPAID WORK EXPERIENCE AS WELL AS MILITARY SERVICE, AND ANY PERIOD OF UNEMPLOYMENT. 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.

YOU MUST ACCOUNT FOR ALL PERIODS OF TIME FOR AT LEAST THE LAST TEN (10) YEARS.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO
 (IF "NO", AT THE TIME OF A CONDITIONAL JOB OFFER YOUR CURRENT EMPLOYER WILL BE CONTACTED.)

DOES YOUR CURRENT EMPLOYER KNOW YOU ARE SEEKING OTHER EMPLOYMENT? YES NO
 (IF "YES" OR "NO", AT THE TIME OF A CONDITIONAL JOB OFFER YOUR CURRENT EMPLOYER WILL BE CONTACTED.)

CURRENT / PRESENT EMPLOYER			
EMPLOYER NAME	DATES OF EMPLOYMENT: FROM		TO
EMPLOYER ADDRESS	CITY	STATE	ZIP
EMPLOYER PHONE NUMBER	FAX NUMBER	EMAIL	
POSITION HELD		FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	LAST SALARY
NAME OF SUPERVISOR		REASON FOR LEAVING	

EMPLOYMENT HISTORY (CONT.)

PAST EMPLOYER'S					
1					
	EMPLOYER NAME		DATES OF EMPLOYMENT: FROM TO		
	EMPLOYER ADDRESS		CITY	STATE	ZIP
	EMPLOYER PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS		
			FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	
	POSITION HELD			LAST SALARY	
NAME OF SUPERVISOR		REASON FOR LEAVING			
2					
	EMPLOYER NAME		DATES OF EMPLOYMENT: FROM TO		
	EMPLOYER ADDRESS		CITY	STATE	ZIP
	EMPLOYER PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS		
			FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	
	POSITION HELD			LAST SALARY	
NAME OF SUPERVISOR		REASON FOR LEAVING			
3					
	EMPLOYER NAME		DATES OF EMPLOYMENT: FROM TO		
	EMPLOYER ADDRESS		CITY	STATE	ZIP
	EMPLOYER PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS		
			FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	
	POSITION HELD			LAST SALARY	
NAME OF SUPERVISOR		REASON FOR LEAVING			
4					
	EMPLOYER NAME		DATES OF EMPLOYMENT: FROM TO		
	EMPLOYER ADDRESS		CITY	STATE	ZIP
	EMPLOYER PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS		
			FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	
	POSITION HELD			LAST SALARY	
NAME OF SUPERVISOR		REASON FOR LEAVING			

EMPLOYMENT HISTORY (CONT.)

5	EMPLOYER NAME		DATES OF EMPLOYMENT: FROM		TO
	EMPLOYER ADDRESS		CITY	STATE	ZIP
	EMPLOYER PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS		
	POSITION HELD				LAST SALARY
	NAME OF SUPERVISOR		REASON FOR LEAVING		
	FULL TIME <input type="checkbox"/>		PART TIME <input type="checkbox"/>		

6	EMPLOYER NAME		DATES OF EMPLOYMENT: FROM		TO
	EMPLOYER ADDRESS		CITY	STATE	ZIP
	EMPLOYER PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS		
	POSITION HELD				LAST SALARY
	NAME OF SUPERVISOR		REASON FOR LEAVING		
	FULL TIME <input type="checkbox"/>		PART TIME <input type="checkbox"/>		

HAVE YOU EVER BEEN DISMISSED, ASKED TO RESIGN OR HAD ANY DISCIPLINARY ACTION TAKEN AGAINST YOU FROM ANY EMPLOYMENT OR POSITION YOU HAVE HELD? (IF YES, PLEASE EXPLAIN)

YES NO

1	EMPLOYER NAME	DATE OF DISCIPLINARY ACTION	NATURE OF DISCIPLINE

2	EMPLOYER NAME	DATE OF DISCIPLINARY ACTION	NATURE OF DISCIPLINE

	EMPLOYER NAME	DATE OF DISCIPLINARY ACTION	NATURE OF DISCIPLINE

MILITARY HISTORY

HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE UNITED STATES ARMED FORCES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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IF YES,				
	BRANCH	SERIAL #	DATE OF SERVICE: FROM TO	
TYPE OF DISCHARGE		RANK UPON DISCHARGE		

HAVE YOU EVER BEEN A MEMBER OF A RESERVE UNIT OR NATIONAL GUARD?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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IF YES,			
	BRANCH	UNIT NAME	LOCATION

DO YOU ATTEND DRILLS, MEETINGS, OR CAMPS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
---	--

WAS ANY TYPE OF DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE SERVICE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
---	--

IF YES,		
	DATE	LOCATION

NATURE OF OFFENSE	ACTION TAKEN

HAVE YOU EVER SERVED IN THE ARMED FORCES OF A FOREIGN COUNTRY?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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IF YES PLEASE PROVIDE:			
	COUNTRY	DATE FROM	TO

RESIDENCES

ACTUAL PLACES OF RESIDENCE FOR THE PAST TEN (10) YEARS – LIST CURRENT TO OLDEST OF ALL ADDRESSES, INCLUDING RESIDENCES WHILE IN SCHOOL AND IN THE MILITARY. FOR COLLEGE ON-CAMPUS RESIDENCIES, GIVE THE DORMITORY NAME, CITY AND STATE. IF RESIDENCES DURING MILITARY SERVICE CANNOT BE SHOWN AS STREET ADDRESS, INDICATE THE COMPLETE MILITARY UNIT DESIGNATION AND THE LOCATION BY CITY AND STATE. IF POST OFFICE BOX, GIVE LOCATION OF POST OFFICE, ALSO LIST PHYSICAL ADDRESS AT THE TIME USING THE POST OFFICE BOX ADDRESS.

1				
	DATE FROM	TO	STREET	APT 3
	CITY		ST	ZIP

2				
	DATE FROM	TO	STREET	APT 3
	CITY		ST	ZIP

3				
	DATE FROM	TO	STREET	APT 3
	CITY		ST	ZIP

RESIDENCES (CONT.)

4					
	DATE FROM	TO	STREET		APT 3
	CITY	ST	ZIP	COMPLEX / SUBDIVISION NAME	

5					
	DATE FROM	TO	STREET		APT 3
	CITY	ST	ZIP	COMPLEX / SUBDIVISION NAME	

6					
	DATE FROM	TO	STREET		APT 3
	CITY	ST	ZIP	COMPLEX / SUBDIVISION NAME	

7					
	DATE FROM	TO	STREET		APT 3
	CITY	ST	ZIP	COMPLEX / SUBDIVISION NAME	

8					
	DATE FROM	TO	STREET		APT 3
	CITY	ST	ZIP	COMPLEX / SUBDIVISION NAME	

PERSONAL REFERENCES

LIST SIX (6) REFERENCE (NOT INCLUDING RELATIVES) WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITIES, SUCH AS PROPERTY OWNERS, BUSINESS OR PROFESSIONAL MEN OR WOMEN, WHO HAVE KNOWN YOU WELL FOR THE PAST FIVE (5) YEARS. YOU MUST GIVE COMPLETE INFORMATION FOR EACH REFERENCE. IF THEY ARE RETIRED, PLEASE LIST THEIR FORMER OCCUPATION.

1	MR. <input type="checkbox"/> MS. <input type="checkbox"/>				
	NAME			NO. YEARS ACQUAINTED	
	ADDRESS		CITY	ST	ZIP
	HOME PHONE	OCCUPATION	WORK PHONE	EMAIL ADDRESS	

2	MR. <input type="checkbox"/> MS. <input type="checkbox"/>				
	NAME			NO. YEARS ACQUAINTED	
	ADDRESS		CITY	ST	ZIP
	HOME PHONE	OCCUPATION	WORK PHONE	EMAIL ADDRESS	

PERSONAL REFERENCES (CONT.)

3	MR. <input type="checkbox"/> MS. <input type="checkbox"/>				
	NAME			NO. YEARS ACQUAINTED	
	ADDRESS		CITY	ST	ZIP
	HOME PHONE	OCCUPATION	WORK PHONE	EMAIL ADDRESS	
4	MR. <input type="checkbox"/> MS. <input type="checkbox"/>				
	NAME			NO. YEARS ACQUAINTED	
	ADDRESS		CITY	ST	ZIP
	HOME PHONE	OCCUPATION	WORK PHONE	EMAIL ADDRESS	
5	MR. <input type="checkbox"/> MS. <input type="checkbox"/>				
	NAME			NO. YEARS ACQUAINTED	
	ADDRESS		CITY	ST	ZIP
	HOME PHONE	OCCUPATION	WORK PHONE	EMAIL ADDRESS	
6	MR. <input type="checkbox"/> MS. <input type="checkbox"/>				
	NAME			NO. YEARS ACQUAINTED	
	ADDRESS		CITY	ST	ZIP
	HOME PHONE	OCCUPATION	WORK PHONE	EMAIL ADDRESS	

CONTROLLED SUBSTANCES

DRUG TESTING IS REQUIRED FOR THIS POSITION. ALL APPLICANTS MUST COMPLETE THE BELOW 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.

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, TO TONGUE; INJECTING; OR INGESTING BY ANY OTHER MEANS AS A JUVENILE OR AS AN ADULT)

YES NO IF **YES** LIST DETAILS BELOW.

CONTROLLED SUBSTANCE	# TIMES TRIED	# TIMES PURCHASED	# TIMES SOLD	FIRST TIME (MM\YY)	LAST TIME (MM\YY)
MARIJUANA "POT"					
COCAINE/"CRACK"					
STEROIDS					
ECSTASY					

CONTROLLED SUBSTANCES (CONT.)

METHAMPHETAMINE/METH					
LSD/"ACID"					
HEROIN					
OTHER:					
OTHER:					
OTHER:					

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 CONTENDRE 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 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?

YES NO 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.

HAVE YOU EVER BEEN CONVICTED OF, OR HAVE YOU BEEN FOUND TO HAVE COMMITTED ANY CIVIL OR CRIMINAL LAW VIOLATION OTHER THAN MINOR TRAFFIC VIOLATION?

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	DATE (MM\YY)
DISPOSITION OR OUTCOME	DATE (MM\YY)
CHARGE	DATE (MM\YY)
ARRESTING AGENCY	DATE (MM\YY)
DISPOSITION OR OUTCOME	DATE (MM\YY)

VETERANS' PREFERENCE

PER FLORIDA STATE STATUTE CHAPTER 295 AND RULES OF THE FLORIDA DEPARTMENT OF VETERANS' AFFAIRS, VETERANS' PREFERENCE POINTS SHALL BE AWARDED TO THE EARNED RATINGS OF ELIGIBLE APPLICANTS WHO HAVE ACHIEVED A MINIMUM QUALIFYING SCORE ON AN EXAMINATION, HAVE RECEIVED AN HONORABLE DISCHARGE, AND WHO ARE RESIDENTS OF THE STATE OF FLORIDA. SPECIAL CONSIDERATION WILL BE GIVEN TO ELIGIBLE APPLICANTS WHO APPLY FOR POSITIONS WHERE EXAMINATION ARE NOT USED.

IN ORDER TO RECEIVE PREFERENCE, AN APPLICANT MUST COMPLETE THE FOLLOWING REQUIREMENTS BY THE CLOSING DATE AND TIME OF THE EMPLOYMENT OPPORTUNITY SPECIFIED ON THE POSTING:

1. INDICATE CLAIM FOR VETERANS' PREFERENCE ON THIS APPLICATION.
2. ANSWER ALL QUESTIONS ON THE VETERANS' PREFERENCE CLAIM.
3. PROVIDE REQUIRED DOCUMENTATION

VETERANS, DISABLED VETERANS, OR SPOUSES OF DISABLED VETERANS SHALL PROVIDE DD-214 MEMBER 4 FORM, MILITARY DISCHARGE PAPERS, OR EQUIVALENT V.A. CERTIFICATION LISTING:

1. MILITARY STATUS,
2. DATES OF SERVICE, AND
3. DISCHARGE TYPE.

DISABLED VETERANS SHALL ALSO PROVIDE A DOCUMENT FROM THE DEPARTMENT OF DEFENSE, V.A., OR DEPARTMENT OF VETERANS' AFFAIRS CERTIFYING THAT THE VETERAN HAS A SERVICE-CONNECTED DISABILITY.

SPOUSES OF DISABLED VETERANS SHALL ALSO PROVIDE:

1. EVIDENCE OF MARRIAGE,
2. STATEMENT THAT SPOUSE IS STILL MARRIED TO THE VETERAN, AND
3. PROOF THAT THE VETERAN CANNOT QUALIFY FOR EMPLOYMENT DUE TO SERVICE-CONNECTED DISABILITY (e.g., DEPARTMENT OF DEFENSE OR V.A. CERTIFICATION OF TOTAL AND PERMANENT DISABILITY OR DEPARTMENT OF VETERANS' AFFAIRS ID CARD).

SPOUSES OF PERSONS MISSING, CAPTURED, OR DETAINED ON ACTIVE DUTY SHALL FURNISH:

1. EVIDENCE OF MARRIAGE,
2. STATEMENT THAT SPOUSE IS STILL MARRIED TO THE VETERAN, AND
3. DEPARTMENT OF DEFENSE OR V.A. DOCUMENT CERTIFYING THE PERSON ON ACTIVE DUTY IS MISSING IN ACTION OR CAPTURED OR FORCIBLY DETAINED IN LINE OF DUTY BY FOREIGN GOVERNMENT OR POWER.

UNREARRIED WIDOW/WIDOWERS OF DECEASED VETERANS SHALL FURNISH:

1. EVIDENCE OF MARRIAGE,
2. STATEMENT THE WIDOW/WIDOWER IS NOT REMARRIED, AND
3. DEPARTMENT OF DEFENSE OR V.A. DOCUMENT CERTIFYING SERVICE-CONNECTED DEATH.

I UNDERSTAND THAT AN APPLICANT ELIGIBLE FOR VETERANS' PREFERENCE WHO BELIEVES HE OR SHE WAS NOT AFFORDED EMPLOYMENT PREFERENCE IN ACCORDANCE WITH THE AFOREMENTIONED RULE, MAY FILE A COMPLAINT WITH THE FLORIDA DIVISION OF VETERANS AFFAIRS, P.O. BOX 1437, St. PETERSBURG, FL 33731 REQUESTING AND INVESTIGATION. WHEN NOTICE OF A HIRING DECISION IS GIVEN BY A COVERED EMPLOYER, THE COMPLAINT SHALL BE FILED WITHIN 21 CALENDAR DAYS FROM THE DATE THE NOTICE IS RECEIVED BY THE APPLICANT. I FURTHER UNDERSTAND THAT IF THE FLORIDA DIVISION OF VETERANS AFFAIR FINDS THE COMPLAINT TO BE VALID AND THE COMPLAINANT AND THE EMPLOYER FAIL TO REACH A SATISFACTORY RESOLUTION, THE COMPLAINANT MAY PETITION THE PUBLIC EMPLOYEES RELATION COMMISSION FOR A HEARING

VETERANS' PREFERENCE CLAIM

DO YOU WISH TO CLAIM VETERANS' PREFERENCE UNDER FLORIDA STATUTE 295?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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I WISH TO CLAIM VETERANS' PREFERENCE AS:

- 1. ANY VETERAN WITH A SERVICE-CONNECTED DISABILITY COMPENSABLE UNDER PUBLIC LAW ADMINISTERED BY THE U.S. DEPARTMENT OF VETERANS' AFFAIRS?
- 2. THE SPOUSE OF ANY VETERAN, WHO HAS A TOTAL AND PERMANENT SERVICE-CONNECTED DISABILITY AND WHO BECAUSE OF THIS DISABILITY CANNOT QUALIFY FOR EMPLOYMENT; OR, THE SPOUSE OF ANY PERSON WHO IS MISSING IN ACTION, CAPTURED IN THE LINE OF DUTY BY A HOSTILE FORCE, OR FORCIBLY DETAINED OR INTERNED IN THE LINE OF DUTY BY A FOREIGN GOVERNMENT OR POWER?
- 3. A VETERAN WHO HAS SERVED ON ACTIVE DUTY FOR ONE (1) DAY OR MORE DURING A WARTIME PERIOD, EXCLUDING ACTIVE DUTY FOR TRAINING, AND WHO WAS DISCHARGED UNDER HONORABLE CONDITIONS FROM THE ARMED FORCES OF THE UNITED STATES OF AMERICA?
- 4. AN UNREMARIED WIDOW/WIDOWER OF A VETERAN WHO DIED AS A RESULT OF SERVICE-CONNECTED DISABILITY
- 5. ANY VETERAN WHO HAS SERVED IN A QUALIFYING CAMPAIGN OR EXPEDITION FOR WHICH A CAMPAIGN BADGE HAS BEEN AUTHORIZED?

IF YOU HAVE A SERVICE-CONNECTED DISABILITY, SUCH DISABILITY HAS BEEN RATED BY THE V.A. OR DEPARTMENT OF DEFENSE TO BE. PERCENTAGE

NOTE: A DD-214, MILITARY DISCHARGE PAPERS FROM THE DEPARTMENT OF DEFENSE OR COMPARABLE DOCUMENTS FROM THE DEPARTMENT OF VETERANS AFFAIRS WHICH SERVES AS A CERTIFICATE OF RELEASE OR DISCHARGE MUST BE FURNISHED AT THE TIME OF APPLICATION. IN ADDITION, APPLICANTS CLAIMING CATEGORIES 1, 2, OR 4 ABOVE MUST FURNISH SUPPORTING DOCUMENTATION IN ACCORDANCE WITH THE PROVISIONS OF RULE 55A-7.013, F.A.C. WARTIME PERIODS ARE DEFINED IN SECTION 1.01,F.S. UNDER FLORIDA LAW, PREFERENCE IN APPOINTMENT SHALL BE GIVEN BY THE STATE TO THOSE PERSONS IN CATEGORIES 1 AND 2 AND THEN THOSE IN CATEGORIES 3 AND 4. VETERANS' PREFERENCE IS NOT AVAILABLE TO THOSE CLASSIFIED AS A "DESERTER" OR WHO RECEIVED LESS THAN HONORABLE DISCHARGE UPON SEPARATION OF DISCHARGE FORM THE ARMED FORCES.

ORGANIZATION MEMBERSHIPS

LIST ALL CLUBS, SOCIETIES OF WHICH YOU AARE OR HAVE BEEN A MEMBER:

NAME	PRESENT	FORMER	ADDRESS
(IF PRESENT, LIST POSITION HELD AND DESCRIBE ACTIVITY)			
NAME	PRESENT	FORMER	ADDRESS
(IF PRESENT, LIST POSITION HELD AND DESCRIBE ACTIVITY)			

ORGANIZATION MEMBERSHIPS (CONT.)

NAME	PRESENT	FORMER	ADDRESS

(IF PRESENT, LIST POSITION HELD AND DESCRIBE ACTIVITY)

NAME	PRESENT	FORMER	ADDRESS

(IF PRESENT, LIST POSITION HELD AND DESCRIBE ACTIVITY)

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, GANGS, CLUBS, SOCIAL GROUP, MOVEMENT, OR COMBINATION OF PERSONS, (E.G. STREET GANGS, MOTORCYCLE CLUBS, CIVIC ORGANIZATIONS, HATE GROUPS, MILITIAS, ETC), WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?

YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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IF YES, EXPLAIN INCLUDING NAME OF ORGANIZATION AND LOCATION.

DO YOU NOW OR HAVE YOU EVER ASSOCIATED WITH ANY PERSON OR ORGANIZATION THAT YOU KNEW, OR SHOULD HAVE KNOWN, WAS UNDER CRIMINAL INVESTIGATION, OR HAD A REPUTATION IN THE COMMUNITY OR WITH LAW ENFORCEMENT AGENCIES FOR BEING INVOLVED IN CRIMINAL OR TERRORIST BEHAVIOR?

YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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IF YES, EXPLAIN INCLUDING NAME OF ORGANIZATION AND LOCATION.

APPLICANT'S CERTIFICATION

THE FRUITLAND PARK POLICE DEPARTMENT IS AUTHORIZED TO VERIFY ANY OR ALL OF THE INFORMATION CONTAINED IN 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 WITH OUR DEPARTMENT. ALL STATEMENTS ARE SUBJECT TO INVESTIGATION, INCLUDING A CHECK OF YOUR TRAINING AND EXPERIENCE RECORDS. 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 STATE STATUTES.

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT. I AGREE AND UNDERSTAND THAT ANY MISSTATEMENT, MISREPRESENTATION OR FALSIFICATION OF FACTS COULD RESULT IN MY DISQUALIFICATION OF EMPLOYMENT WITH THE FRUITLAND PARK POLICE DEPARTMENT. IF ACCEPTED FOR EMPLOYMENT I AGREE TO ABIDE BY AND COMPLY WITH ALL POLICY AND PROCEDURES, REGULATIONS, AND RULES OF BOTH THE CITY OF FRUITLAND PARK AND THE FRUITLAND PARK POLICE DEPARTMENT. I UNDERSTAND AND AGREE THAT I AM FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME. I FURTHER UNDERSTAND AND AGREE THAT MY EMPLOYER HAS THE RIGHT TO TERMINATE MY EMPLOYMENT DURING MY INITIAL PROBATIONARY PERIOD WITH OR WITHOUT CAUSE. 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 CITY OF FRUITLAND PARK AND THE FRUITLAND PARK POLICE DEPARTMENT.

SIGNATURE

DATE

STATE OF FLORIDA, COUNTY OF

BEFORE ME PERSONALLY APPEARED

WHO SAYS THAT HE/SHE

EXECUTED THE ABOVE INSTRUMENT OF HIS/HER OWN FREE WILL AND ACCORD, WITH FULL KNOWLEDGE OF THE PURPOSE THEREFORE.

SWORN AND SUBSCRIBED IN MY PRESENCE THIS

DAY OF

MY COMMISSION EXPIRES ON

DATE

NOTARY PUBLIC

PERSONALLY KNOWN OR

PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED

NOTARY SEAL/STAMP

BACKGROUND INVESTIGATION WAIVER
AUTHORITY FOR RELEASE OF INFORMATION

TO: CONCERNED PERSON OR
AUTHORIZED REPRESENTATIVE OF
ANY ORGANIZATION, INSTITUTION
OR REPOSITORY OF RECORDS

APPLICANT'S NAME:

DATE OF BIRTH:

SOCIAL SECURITY NO.:

EMPLOYING AGENCY REQUESTING BACK GROUND INFO: FRUITLAND PARK POLICE DEPARTMENT

I hereby authorize any employee or authorized representative bearing this release, copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievements, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, education 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 associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the national records center, St. Louis, Missouri, and other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD214, report of separation, to:

Florida state statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: - An employer who discloses information about a former employees' job performance to a prospective employer of the former employee upon request of the prospective employer of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information is disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.

Pursuant to section 943.13 (4), (5), and (7) 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.

SIGNATURE

DATE

STATE OF FLORIDA, COUNTY OF

BEFORE ME PERSONALLY APPEARED

WHO SAYS THAT HE/SHE

EXECUTED THE ABOVE INSTRUMENT OF HIS/HER OWN FREE WILL AND ACCORD, WITH FULL KNOWLEDGE OF THE PURPOSE THEREFORE.

SWORN AND SUBSCRIBED IN MY PRESENCE THIS

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TYPE OF IDENTIFICATION PRODUCED

NOTARY SEAL/STAMP

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 FRUITLAND PARK POLICE DEPARTMENT WILL NOT MAKE COPIES OF DOCUMENTS NOR PROVIDE NOTARY SERVICE FOR THE BACKGROUND INVESTIGATION WAIVER FORM.

COPY OF YOUR VALID FLORIDA DRIVERS LICENSE

A photocopy of your current driver's license (include back of license if renewal information is located on the back.

COPY OF YOUR SOCIAL SECURITY CARD

CERTIFIED COPY OF YOUR BIRTH CERTIFICATE

A copy of the document must be from the bureau of vital statistics from the state of your birth.

COPY OF YOUR HIGH SCHOOL DIPLOMA OR GED

COPY OF ANY COLLEGE, VOCATIONAL DEGREES AND TRANSCRIPTS

If your application reflects that you hold a college degree, you must submit copies of your college transcripts for each degree that you hold. Copies may be sent from you college directly to human resources in a sealed envelope, or attached to you application in a tamper evident envelope sealed by the college.

COPY OF YOUR DD-214 (MILITARY DISCHARGE PAPERS)

DD-214 (Member 4 copy) reflecting character of service and type of separation for each tour of duty or branch of service.

COPY OF YOUR FLORIDA LAW ENFORCEMENT ACADEMY CERTIFICATE

COPY OF YOUR FLORIDA BASIC LAW ENFORCEMENT EXAM RESULTS

PROOF OF NAME CHANGE (IF APPLICABLE)

NATURALIZATION PAPERS (IF APPLICABLE)

Federal law prohibits copying of naturalization papers. The actual papers must be presented at the time of application.

PLEASE COMPLETE ALL PORTIONS OF THE APPLICATION FULLY AND ACCURATELY. INCOMPLETE OR INACCURATE INFORMATION WILL RESULT IN YOUR PROCESSING BEING DELAYED OR STOPPED. ALL ADDRESSES MUST BE COMPLETE, INCLUDING ZIP CODES AND TELEPHONE NUMBERS. IF AN ITEM DOES NOT APPLY, PLEASE WRITE N/A FOR "NOT APPLICABLE."

THIS COMPLETED APPLICATION MUST BE NOTARIZED PRIOR TO SUBMITTAL. PROVIDING FALSE INFORMATION SHALL BE SUFFICIENT CAUSE FOR REJECTION. ALL INFORMATION CONTAINED IN THIS APPLICATION WILL BE VERIFIED THROUGH A BACKGROUND INVESTIGATION

WHERE POSSIBLE, APPLICANTS WITH LAW ENFORCEMENT EXPERIENCE SHOULD PROVIDE COPIES OF THEIR LAST THREE EVALUATIONS (OR LESS BASED ON LENGTH OF SERVICE) FROM THEIR CURRENT AND/OR PREVIOUS AGENCIES. WHILE THIS INFORMATION IS HELPFUL, IT IS NOT REQUIRED.



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

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



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

Social Security Number: _____

Applicant's Legal Name: _____
Last First MI

Employing agency: _____

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

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

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

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

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

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

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

14. OATH

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

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____

day of _____, year _____. By _____

Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced _____

*NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliance Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section