



**INTERLACHEN
POLICE
DEPARTMENT
APPLICATION**

**215 ATLANTIC AVENUE,
INTERLACHEN, FLORIDA
32148**

NOTICE TO ALL APPLICANTS

This application is one of the most important documents you will offer in the selection process. It will be the first impression the Interlachen Police Department has of you as a potential member. Providing complete information regarding your past employment and achievements and following instructions is very important.

- List all periods of employment and unemployment. Use additional sheets of paper if necessary.
- List complete mailing addresses, including zip codes, for residence, employers, neighborhood inquiries, and personal references. Provide accurate telephone numbers. Our investigators cannot locate these individuals without correct information.
- **You, not a friend, must complete your application!** All applications must be completed in ink or typewritten.
- The **falsification or omitting** of any information in this application will subject the applicant to **disqualification**.
- All requested paperwork must be turned in with application. There will be no exceptions!

HONESTY AFFIDAVIT

Interlachen Police Department is seeking applicants who demonstrate certain characteristics. Honesty is the most important characteristic that you must demonstrate. It is extremely important that you are completely honest in your answers.

The importance of honesty from time of application, completion of all documents and questionnaire as well as during all interviews cannot be overemphasized. Failure to respond to any question accurately and completely, whether orally or in writing, will result in disqualification. Many applicants have been disqualified for dishonesty.

While filling out documents please take your time and be thorough and specific in all your answers. If you have any doubt in your mind concerning a particular question, or if you are unsure whether to include certain information, the answer is “yes, include it.”

You may think that something you have done will disqualify you from further consideration. It may or may not. What will certainly disqualify you is lying or distorting the truth. For example, an arrest (either when you were a juvenile or as an adult) may or may not disqualify you from further consideration. Or, you may have been fired from a job that, by itself, may or may not disqualify you. However, lying about it will disqualify you from further consideration. The use of drugs, including marijuana, may or may not disqualify you. However, lying about it will disqualify you from further consideration.

I have read and understand the above statement.

Signature

Date

Interlachen Police Department

APPLICATION DISQUALIFIERS

DRIVING

- DUI: 1 within the last five years – Disqualified
- Driving History: Moving Violations – 3 citations within 18 months prior to application- Disqualified
Non-Moving – case by case
Habitual- Disqualified
- Suspensions: Financial Responsibility – 1 – case by case
Financial Responsibility – 2 or more – Disqualified
Failure to Pay – 1 within the last year – case by case
Failure to Pay – 2 or more – Disqualified
12 points within 12 months (within 5 years of application) – Disqualified
18 points within 18 months – Disqualified
Revocations – 1 – case by case
Revocations – 2 or more – Disqualified

(Drivers License suspensions other than the ones listed above are evaluated on case by case basis)

ILLEGAL DRUG USE

- Marijuana – within the past twelve months – Disqualified
Cocaine – within the last five years – Disqualified
LSD – within the last five years – Disqualified
Heroin – within the last five years – Disqualified
Methamphetamine – within the last five years – Disqualified
Steroids – within the last two years – Disqualified
Prescription Drug Abuse – within the last two years – Disqualified

Charged with selling drugs illegally or acting as a middle-person in a drug transaction – Disqualified

***FAILURE TO DISCLOSE ILLEGAL DRUG USE AS REQUESTED IN THE INITIAL APPLICATION WILL RESULT IN DISQUALIFICATION FOR A MINIMUM OF 1 YEAR**

MILITARY:

Any discharge from any of the Armed Forces of the United States that is other than honorable (Uncharacterized/General will be evaluated on a case by case basis)

CRIMINAL CONVICTION / ARRESTS:

Pled guilty or nolo contendere to a felony or a misdemeanor that involves false statement whether or not adjudication was withheld or sentence suspended.

- Felony Conviction – Disqualified
Misdemeanor Conviction – case by case
Conviction or any moral turpitude charge – Disqualified

I have read and understand the above information

Signature _____ Date _____

Witness _____ Date _____

Applicant Information and Requirements

Thank you for your interest in the Interlachen Police Department. So that your application may be properly processed, you must comply with the following:

1. Provide these items upon submitting your application:
 - A certified copy of your birth certificate
 - A copy of your high school diploma or Florida approved GED
 - A copy of your college degree (if applicable)
 - A copy of your military records DD214 (member 4 and/or discharge certificates)
 - A copy of your state law enforcement certification (LEO)
 - A copy of your certificate of basic school completion (LEO)
 - A copy of your state certification test scores (LEO)
 - A copy of your drivers license
 - A copy of your social security card
 - Three (3) letters of personal reference (persons not related to you)
 - Three (3) names and addresses (complete mailing and also physical location) of neighbors where you live or have most recently lived
 - Any documentation proving legal name changes (i.e. marriage license, adoptions, etc.)
 - Recent photo of applicant

2. In order for your application to be processed, it must be completed in detail and all requested items must be submitted with the application, along with signatures and witness signatures if applicable. The Background Investigation Waiver must have your signature notarized.

3. Applicants seeking a position as a Police Officer MUST possess a valid Florida Law Enforcement Certificate through the Criminal Justice Standards and Training Commission (CJSTC).

4. All applicants may be subjected to a voice stress test, drug screening and must pass a comprehensive background investigation.

5. If given a conditional offer of employment, the applicant must pass a physical examination. LEO applicants will also be subjected to a psychological examination.

INTERLACHEN POLICE DEPARTMENT
311 Atlantic Ave.
INTERLACHEN, FLORIDA 32148

LAW ENFORCEMENT
EMPLOYMENT APPLICATION FORM

The Police Department is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, handicap, martial status, religion or any other legally protected status.

POSITION APPLYING FOR:

_____ Full Time Police Officer _____ Part Time Police Officer _____ Auxiliary

PUBLIC RECORD

Applications for employment with a Government Agency are, with exception to information pursuant to Public Records Law 119, a matter of public record and are not subject to confidentiality.

Examination questions and answers are not public record; but the applicant has the right to review his/her application and any completed exams that he/she has taken.

The Interlachen Police Department's determination of the qualifications of an applicant for employment is final. NO employees of the Interlachen Police Department are required to render an opinion or an explanation beyond what is contained in the public record.

REQUIRED TRAINING FOR CERTIFIED POSITIONS

For certified positions (Law Enforcement) you are required to successfully complete a training academy and pass the state exam prior to applying for a position. These positions require training in the use of firearms. Course requirements include cleaning, loading, and shooting qualifications at a firing range for both handgun and shotgun.

I have read and understand the sections above.

Applicant's Signature

Date Signed

COURT APPEARANCE

I understand that as an employee of the Interlachen Police Department, I may be required to testify in court.

Applicant's Signature

Date Signed

PERSONAL HISTORY

1) Full Name:

(Last) (First) (Middle) (Abb.)

2) Other: List all other names you have used including circumstances and time periods you used them. (For example maiden name, former name(s), alias (es), or nickname(s).

NAME	CIRCUMSTANCE	DATES FROM	DATES TO

3) Date and Place of Birth:

(Date of birth) (City) (County) (State) (Country if not the U.S.)

4) Are you a United States citizen? Yes _____ No

If naturalized, please provide: _____

(Date) (Place)

(Court) (Naturalization Number)

5) Social Security Number: _____ - _____ - _____

6) Marital Status:

Married ___ Divorced ___ Separated ___ Widowed ___ Never Married

7) Do you have or have you ever applied for a passport?

Yes _____ No _____ Passport No. _____

8) Height _____ Weight _____

EDUCATION/TRAINING

High School Name/Address	Dates Attended Mo. /Yr. From To	Years Completed	Did you Graduate	Type of Diploma

*College/University Name/Address	Dates Attended Mo. /Yr. From To	Credit Hours Earned Qtr. Sem.	Did You Graduate	Type of Degree

***Attach diploma or official transcript from last institution of higher education attended.**

Major _____ Minor _____

Other Schools (Trade, Vocational, Business or Military):

Name/Address	Dates Attended Mo. /Yr. From To	Credit Hours Earned	Area of Study	Did you Graduate	Type of Degree or Certificate

EMPLOYMENT HISTORY

- 1) List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name/Address of Employer/Phone Number	Dates Worked Mo. /Yr. From To	Salary	Title or Position	Name of Supervisor	Reason for Leaving
			<input type="checkbox"/> Full <input type="checkbox"/> P/T		
			<input type="checkbox"/> Full <input type="checkbox"/> P/T		
			<input type="checkbox"/> Full <input type="checkbox"/> P/T		
			<input type="checkbox"/> Full <input type="checkbox"/> P/T		

- 2) Have you ever been dismissed or asked to resign or had any disciplinary action taken against you

from any employment or position you have held? Yes _____ No _____

3) Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes _____ No _____ If yes to questions #2 or #3, please provide details. _____

4) Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? Yes _____ No _____ If yes, please provide name of agency and date of application or service _____

5) Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer?

Yes _____ No _____ If yes, please provide name and address of business, corporation or organization and describe your relationship or position _____

RESIDENCES

1) Actual places of residence for past 10 years list chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Dates Mo. /Yr. From To		Apt. Number	Street Address	City	County	State

ARREST HISTORY/COURT DATA

- 1) Have you ever been arrested, charged or received a notice of summons to appear for any criminal violation? Yes _____ No _____
- 2) Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)? Yes _____ No _____
- 3) To your knowledge, has any member of your family ever been arrested for other than traffic violation? Yes _____ No _____
 If yes to questions #1, #2 or #3, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (Include your juvenile record and records of your arrest(s) which have been sealed, if any.)

Date	Place & Department	Charge	Court & Place	Disposition
Relatives Name	Place & Department	Charge	Court & Place	Disposition

Provide details for each response to questions #1, #2, or #3 _____

- 4) Have you or your spouse ever been a plaintiff or defendant in a court action?
 Yes _____ No _____
- 5) Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation?
 Yes _____ No _____
- 6) Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)?
 Yes _____ No _____

If yes to questions #4, #5, or #6, please provide details _____

DRIVING HISTORY

- 1.) Are you a licensed Florida automobile operator or chauffeur?
Yes_____No_____License Number_____

Date of Expiration_____Restrictions_____

- 2) Do you hold or have you ever held an operator or chauffeur license in another state?
Yes_____ No_____ If yes, please provide state(s), name used and approximate dates 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 including why license was
revoked_____

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_____

Serial Number_____ Duty Dates: From_____To_____

From_____To_____

From_____To_____

From_____To_____

- 2) Date and type of discharge_____

- 3) Are you now or have you ever been a member of a reserve unit or the National Guard?
Yes_____No_____

- 4) If yes, state the branch of service, name and location of your unit and whether you attend
drills, meetings, or camps_____

- 5) Was any type of disciplinary action taken against you in the service? Yes_____No_____
If yes, please provide: Date_____Place_____

Nature of Offense_____

Action Taken_____

- 6) Have you ever served in the Armed Forces of a foreign country? Yes_____No_____

If yes, please specify countries and dates _____

7) Are you designated as disabled because of any military service? Yes _____ No _____

8) **VETERANS PREFERENCE:** Check the appropriate one if you are claiming veteran's preference. **Documentation substantiating your claim must be furnished at the time of application.**

- _____ 1) A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veterans Administration and the Department of Defense, or
- _____ 2) The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
- _____ 3) A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1995 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
- _____ 4) The un-remarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed using veterans' preference since October 1, 1987?
Yes _____ No _____ If yes, please give name of employer _____

NOTE: Under Florida law, preference in appointment shall be given first to those persons included in and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans Affairs, P.O. Box 1437, St. Petersburg, Florida 33731.

PERSONAL REFERENCES & ACQUAINTANCES

1) Personal References: Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete Name _____
Home Address _____
City and State _____
Home Phone Number _____ Years Acq. _____ Occupation _____
Business Address _____
City and State _____
Business Phone Number _____

Complete Name _____
Home Address _____
City and State _____
Home Phone Number _____ Years Acq. _____ Occupation _____
Business Address _____
City and State _____
Business Phone Number _____

Complete Name _____
Home Address _____
City and State _____
Home Phone Number _____ Years Acq. _____ Occupation _____
Business Address _____
City and State _____
Business Phone Number _____

2) Social Acquaintances: Give three (3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

Complete Name _____
Home Address _____
City and State _____
Home Phone Number _____ Years Acq. _____ Occupation _____
Business Address _____
City and State _____
Business Phone Number _____

Complete Name _____

Home Address _____
 City and State _____
 Home Phone Number _____ Years Acq. _____ Occupation _____
 Business Address _____
 City and State _____
 Business Phone Number _____

Complete Name _____
 Home Address _____
 City and State _____
 Home Phone Number _____ Years Acq. _____ Occupation _____
 Business Address _____
 City and State _____
 Business Phone Number _____

ORGANIZATION MEMBERSHIP

1) List all clubs, societies of which you are or have been a member:

Name	City and State	Former	Present (List position held and describe activity)

2) Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons 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 _____ No _____

3) Have you ever made a financial or other contribution to any organization of the type described in question #2 above? Yes _____ No _____ if yes to question #2 or #3, answer questions #4 and #5 also.

4) At the time of your membership, participation, or contribution, did you know of any lawful aims of the organization? Yes _____ No _____

5) Did you intend to promote any unlawful aims of the organization? Yes _____ No _____ if yes to question #2, #3, #4, or #5, explain including name of organization and location

BUSINESS INTERESTS & LICENSES

- 1) Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages?
Yes_____No_____

- 2) Are you now issued or have you ever issued a license to engage in a business or profession?
Yes_____No_____

- 3) Was license ever cancelled, suspended or revoked? Yes_____No_____If yes to question #1, #2 or #3, please provide details including the type of license or certificate, the agency that issued the license, effective date of license and license number_____

CREDIT DATA

- 1) Do you have any sources of income other than your salary or the salary of your spouse?
Yes_____No_____

- 2) Are you or your spouse indebted to anyone? Yes_____No_____If yes, please list all debts over \$500. Be sure to include student loans and charge accounts. Also, list any debt where payment is **PAST DUE**, regardless of amount.

CREDITOR	ADDRESS	AMOUNT	LOAN OR ACCOUNT NUMBER

- 3) Have you, your spouse, or a company controlled by you filed for bankruptcy, or declared bankruptcy? Yes_____No_____

- 4) Have you, your spouse, or a company controlled by you had a legal judgment rendered against you for a debt? Yes_____No_____If yes to any of these questions, please provide details_____

APPLICANT'S CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Police Department. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Police Department and that it and the information received in response to the background examination are public records.

I also understand that I may be required to furnish the Police Department with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment.

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test and that I may be required to take drug tests during the term of my employment or appointment with the Police Department.

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the Police Department.

I understand and agree that any employment or appointment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours I work, to the extent allowed by law. I understand, however, that the Chief has the absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Police Department and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Police Department.

I agree to conform to the rules, regulations and orders of the Police Department and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added by the Police Department, at its discretion, at any time and without any prior notice to me.

Signature of the applicant as usually written

Date

Witnessed by: _____

CONFIDENTIAL EMPLOYEE HISTORY

THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL AND WILL NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION.

1) Applicant's Current Address:

(Address)

(City) (County) (State) (Zip Code)
(Telephone Number with Area Code) _____

2) Spouse's Name and Address (if different):

(Name)

(Address)

(City) (County) (State) (Zip Code)

3) Children's Names and Ages:

NAME	AGE	ADDRESS (if different)

4) Former Spouse(s) Name and Address:

(Name)

(Address)

(City) (County) (State) (Zip Code)

5) Are you now able to participate in defensive tactics, firearms or physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the position for which you applied?
Yes _____ No _____

- 6) If your answer to question 5 is no, would you be able to perform these tasks with an accommodation? Yes _____ No _____
- 7) If a test or examination is required for this position, would you be able to take this test or examination with an accommodation? Yes _____ No _____
- 8) Explain what accommodation(s) you would need to perform these tasks or take the test or examination _____

- 9) Do you now, or have you possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature? Yes _____ No _____ If yes, please completes the following:
 A) Drug _____
 B) Circumstances _____
 C) Number of times possessed/supplied/sold _____
 D) First time possessed/supplied/sold _____
 E) Last time possessed/supplied/sold _____
- 10) Do you currently use any narcotic or controlled substance, such as those listed in question 9 or have you used such a narcotic or controlled substance within the last year?
 Yes ___ No ___
- 11) Please provide name and address of next of kin or other person to be contacted in case of an emergency:

 (Name) (Address)

 (City) (State) (Zip Code)

 (Home Phone Number with Area Code) (Business Phone Number with Area Code)
- 12) Please provide the name and address of your personal or family physician to be contacted in case of an emergency:

 (Name)

 (Address) (City) (State) (Zip Code)

 (Business Phone Number with Area Code)

TOWN OF INTERLACHEN
DRUG TESTING CONSENT FORM

I UNDERSTAND THAT AS PART OF THE PRE-APPOINTMENT PROCESS, THE TOWN INTERLACHEN/ INTERLACHEN POLICE DEPARTMENT WILL CONDUCT AN IN-DEPTH BACKGROUND INVESTIGATION IN AN EFFORT TO DETERMINE MY SUITABILITY TO FILL THE POSITION FOR WHICH I HAVE APPLIED. IN KEEPING WITH THE EFFORTS OF THE TOWN OF INTERLACHEN/INTERLACHEN POLICE DEPARTMENT TO IDENTIFY THE MOST QUALIFIED INDIVIDUALS FOR EMPLOYMENT, I DO HEREBY VOLUNTARILY CONSENT TO THE SAMPLING AND SUBSEQUENT TESTING OF MY BODY FLUIDS, INCLUDING URINE AND/OR BLOOD. I UNDERSTAND THAT REFUSAL TO SUPPLY THE NECESSARY SAMPLES MAY BE GROUNDS FOR REJECTION OF MY APPLICATION FOR APPOINTMENT, I FURTHER UNDERSTAND THAT THE RESULTS OF TESTING MAY BE UTILIZED IN CONJUNCTION WITH ANY OTHER INFORMATION DEVELOPED DURING THE PRE-APPOINTMENT PROCESS TO DETERMINE MY ELIGIBILITY FOR THE POSITION FOR WHICH I HAVE APPLIED AND THAT WRITTEN CONFIRMATORY LABORATORY REPORTS MAY BE SUBJECT TO DISCLOSURE UNDER THE FLORIDA PUBLIC RECORDS ACT.

APPLICANT'S SIGNATURE _____ DATE _____

WITNESS SIGNATURE _____

APPLICANT REFUSED TO SIGN CONSENT FORM Yes _____ No _____

TOWN OF INTERLACHEN
PERSONNEL DEPARTMENT
DATA FOR AFFIRMATIVE ACTION

(Name) (Telephone)

(Mailing Address Street/P.O. Box)

(City) (State) (Zip Code)

Sex: Female _____ Male _____ Birth date _____

Position Applied for: _____

CHECK APPROPRIATE ONE

American Indian _____ Alaskan Native _____ Black _____ Asian or Pacific Islander _____
White _____ Hispanic _____ Handicapped _____ Veteran _____ Other (list) _____

MARITAL STATUS

Married _____ Single _____ Divorced _____ Separated _____ Widow _____

Creed: _____

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, creed, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age and citizenship. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

NOTE: The above requested information will only be used for reporting purposes and recruitment of minorities, as required by our Affirmative Action Plan.

PERSONAL INQUIRY 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 NUMBER _____

I respectfully request and authorize you to furnish the **Interlachen Police Department** any and all information that you may have concerning my work record, school record, military record, reputation, and financial and credit status. Please include any and all reports including all information of a confidential or privileged nature, and photostats of same, if requested. This information is to be used to assist in determining my qualifications and fitness for the position I am seeking with the **Interlachen Police Department**.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

(Applicant's Signature) (Date)

(Address)

(City) (State) (Zip Code)

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF _____

Subscribed and sworn to (or affirmed) before me on _____ (Date) by _____
(Name of affiant). He/She is personally known to me or has presented _____
(Type of identification) as identification.

(SEAL)

Signature _____
Name _____
Title NOTARY PUBLIC
Commission Number _____
Expires _____



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(b), 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 _____

AFFIDAVIT

STATE OF _____ COUNTY OF _____ The forgoing instrument was acknowledged before me this date _____

By: _____ who is personally known _____

or who has produced identification. Type of identification: _____

Notary's Signature _____ Print, type, or stamp Commissioned Name of Notary _____

Notary Seal: _____ Upon witnessing the applicant signing of this affidavit, the notary public shall complete the notary block.