

**CITY OF MIDWAY
POLICE DEPARTMENT**



Application for:

Police Officer

Mailing Instructions:

Midway Police Department

Attn: Recruiting

50 ML King Blvd

Midway, Florida 32343

850.574.3057

Email: virginia.butler@midwayflpd.com

URL: www.mymidwayfl.com/police

AN EQUAL OPPORTUNITY EMPLOYER

**MIDWAY POLICE DEPARTMENT
Police Officer Application Process**

Applications

The Personal History Statement should be attached to the City Of Midway Application. Other required documents should be mailed to:

**Midway Police Department
Attn: Recruiting
50 MLK Blvd
Midway, Florida 32343**

MINIMUM QUALIFICATIONS

- Must be a United States Citizen
- Be at least 19 years of age
- Valid Drivers License
- Vision correctable to 20/20
- **Have at least a High School Diploma or GED**
- **Completion of Florida Law Enforcement academy basic recruit class**
- **Pass Florida Law Enforcement Certification Exam**

The below listed documents must be received before your application can receive active consideration. Applications will not be processed until all items are completed and all required documents are received. Please keep, for your reference, all portions of the application that are provided as general information.

The Midway Police Department is open Monday-Friday 9:00am-5:00pm. Applicants may come by or call (850) 574-3057 for more information.

REQUIRED DOCUMENTS

All applicants **MUST SUBMIT** the following documents:

1. Birth Certificate- A copy of your birth certificate from the Bureau of Vital Statistics from your state of birth
2. Social Security Card-A photocopy of your card
3. Drivers License- A photocopy of your current drivers license (front and back if renewal information is located on back)
4. A **certified** High School Transcript reflecting a high school diploma or GED. All applicants whom have had further college education please enclose a copy of a **certified** college transcript in a tamper evident envelope sealed by your college. The transcripts can be sent directly from the college.
5. Copy of Florida Law Enforcement Diploma (If currently attending the academy, a copy of your diploma must be attached upon graduation).
6. Copy of the written notification from the Florida Department of Law Enforcement (FDLE) that you have passed the state certification examination. If you will take the exam prior to hire, a copy of the notification must be submitted as soon as it is received from FDLE.
7. Proof of name change (if applicable)
8. Drivers Record- A recent copy within the last 14 days of your 7 year driver history transcript from every state in which you have held a drivers license. (Note: Persons with DUI History are permanently disqualified).
9. Military Record-DD214 (Member 4 Copy) reflecting character of service/type of separation for each tour of duty
10. All male applicants between the ages of 18-26 must submit proof of Selective Service Registration or Exemption Card.
11. Naturalization Papers (if applicable) - **FEDERAL LAW PROHIBITS THE COPYING OF NATURALIZATION PAPERS. THE ACTUAL PAPERS MUST BE PRESENTED AT THE TIME OF THE APPLICATION.**

SELECTION PROCESS-POLICE OFFICER

The following steps comprise the selection process for the position of Police Officer:

1. Review of application to ensure that all minimum requirements are met
2. Review of Criminal, Driving, and Credit History status
3. Citizen Observer Ride Along
4. Oral Board Interview
5. Medical Examination and Drug Screening
6. Polygraph Examination
7. Psychological Examination
8. Background Investigation

CITIZEN OBSERVER RIDE ALONG

The Midway Police Department requires all applicants for Police Officer to participate in a minimum of two (2) Citizen Observer Ride Along to become familiar with Department's operations and the duties of patrol officers. This mandatory requirement can be completed before or during the selection process. Ride-alongs are recommended but not required for applicants with prior law enforcement experience. Appointments are scheduled by contacting Officer Melanee Gardner at 850.574.3057 or via email at mgardner.midwayfl@gmail.com NOTE: Prior to the ride-along all applicants are to submit a Citizen Observer Ride-Along Waiver Form. Forms can be obtained at the Police Department.

****IMPORTANT FOR PROCESSING**

Do NOT attach Personal History Statement until all of the questions within have been answered completely. The application must be attached to your City of Midway Employment Application.

If the question does not apply to you then write "N/A" in the blank

The recruitment process for police officers is time consuming and requires many hours of background investigation. Many applicants fail to complete the required forms or to bring proper documents such as birth certificates, diplomas, or certificates. Therefore, in order to give every applicant the best opportunity for employment, a preliminary background investigation will not begin on an applicant until all forms and documents are returned to the Midway Police Department. Files not containing all documents will be treated as incomplete and will not be processed. Depending upon the number of applications being processed, the entire selection process could require up to six (6) months to fully complete. This does not account for time lapsed while waiting for information requested from the applicant.

Unsuccessful candidates may reapply after a period of one (1) year unless disqualified from the application process based upon a criminal act. Persons who have received a traffic citation in any state for a moving violation, such as speeding or running a red light, are ineligible to apply for six (6) months after the final disposition date of the citation or charge.

Most common disqualifiers

- 1. Failing to cooperate fully with and keep all scheduled appointments and/or failing to supply needed documents within a reasonable amount of time to the Recruiting Office will disqualify an applicant from the hiring process for a minimum of six months.**
- 2. Making any false statement of fact, being deceptive by statement or omission on the Personal History Statement or by any means in any part of the selection process will result in disqualification from the hiring process.**
- 3. If you have been cited for a moving violation in the six months preceding the date of application, you will be automatically disqualified from consideration for employment. At the point in time in which you have maintained a clean driving history (no moving citations) for six months, you may reapply for the position of Police Officer.**

***Should you fail to meet the minimum standards required by the Midway Police Department, you will immediately be discontinued from the hiring process.**

POLICE OFFICER

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

MINIMUM REQUIREMENTS: U.S. Citizen, at least 19 years of age, must possess a valid driver's license. Must have a minimum of High School Diploma or GED from an accredited institution of higher learning **Experience will not substitute for the required education.** Visual ability must fall within normal ranges regarding color distinction and depth perception.

Applicants must be of good moral character and have not been convicted of a felony or a misdemeanor involving moral turpitude.

FIELD TRAINING COURSE: Upon hire, recruits will receive approximately 120 hours of Department Orientation and Field Training. Each recruit must successfully complete all phases of training and instruction to obtain reserve employee status.

EMPLOYEE BENEFITS - UNIFORMS: All uniforms and equipment are furnished.

PROMOTIONS: The Midway Police Department offers competitive promotional processes for officers to progress into higher ranks when these positions become vacant.

BASIC JOB REQUIREMENTS - PHYSICAL ABILITY: A routine physical examination by a physician is required, including a resting EKG and a vision test.

The City of Midway, concerned for the health and safety of all employees, has adopted a policy of employing only police officer candidates who **do not** use tobacco products while on duty. Each applicant will be required to attest to this status with a sworn statement.

EQUAL OPPORTUNITY: The City of Midway is an equal opportunity employer and invites applications without regard to race, sex, religion, or national origin.

PRE-EMPLOYMENT DRUG SCREEN

The following is a list of substances covered in the Drug Screen.

- | | |
|--------------------------------|---------------------------|
| 1. Amphetamine | 9. Morphine |
| 2. Barbiturates - long acting | 10. Meperidine (Demerol) |
| 3. Barbiturates - short acting | 11. Pentazocine (Talwin) |
| 4. Cocaine | 12. Phenothiazine |
| 5. Codeine | 13. Phencyclidine |
| 6. Dihydromorphinone | 14. Propoxyphene (Darvon) |
| 7. Methaqualone (Quaalude) | 15. Quinine |
| 8. Methadone | 16. Cannabinoid Screen |

CHECKLIST FOR POLICE OFFICER APPLICANTS

- ___ 1) Birth certificate from the Bureau of Vital Statistics in the state you were born. (A hospital certificate will not be accepted)**

- ___ 2) Official high school transcript and a photocopy of your degree certificate/diploma.**

- ___ 3) Photocopy of your current driver's license.**

- ___ 4) 7- year driver's license history from each state in which you have ever been licensed (except Florida).**

- ___ 5) Photocopy of your Social Security card.**

- ___ 6) Service separation paper (DD214), Member – 4 copy that reflects the "Type Discharge"**

- ___ 7) Marriage certificate, divorce decree, or other court document to verify legal change of name.**

- ___ 8) Law enforcement training: a copy of your academy diploma and a copy of the notification from FDLE that you passed the state certification exam; in addition, a copy of your FDLE certification if you have been or are now certified as a law enforcement officer in the State of Florida.**

- ___ 9) Naturalization papers if applicable**

**MIDWAY POLICE DEPARTMENT
RECRUITING UNIT
Police Officer Pre-Application Questionnaire
Revised April 23, 2012**

NAME: _____
 ADDRESS: _____
 City, ST Zip: _____
 PHONE: _____

**Please answer each question
by writing a "YES" or "NO"
response next to each
question.**

QUESTIONS

1. Are you a U. S. Citizen?
2. Have you earned a High School Diploma or GED with a grade of "C" or better?
3. Have you been awarded a degree from an accredited college/university?
4. Have you completed a Florida Law Enforcement Academy and passed the State Exam?
5. Have you been charged with a moving traffic violation within the last 6 months?
6. Have you ever been charged with a criminal traffic violation or with Driving Under the Influence of alcohol or drugs?
7. Have you been charged with 3 or more moving violations within the past 18 months?
8. Have you ever purchased illegal drugs?
9. Have you ever sold illegal drugs?
10. Have you ever used, possessed, or experimented with marijuana?
11. Have you used marijuana in the last 3 years?
12. Have you ever used, possessed or experimented with hashish, speed, cocaine, ecstasy, heroin, LSD, steroids, GHB, Meth, other people's prescription drugs, etc.?
13. Have you ever been charged with a "felony" offense?
14. Have you ever served in the military?
15. If YES on Q-14, did you receive an "honorable" discharge?
16. Have you ever been denied law enforcement certification or had your certification revoked for cause?
17. If you have prior law enforcement experience, did you have any disciplinary action(s)?
18. Do you have any concerns as to whether or not you qualify for a position with the Midway Police Department?

NOTE: If you answered "YES" to questions 5-13 or 16-18 above, provide an explanation below.

No.	Remarks
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(For Office Use Only)

QUALIFIED

UNQUALIFIED

**Personal History Statement
Police Officer Application
Midway Police Department**

Date _____
(Office use only)

I. Current Personal Data

- A. Full Name _____
(Last) (First) (Middle)
Social Security Number _____ - _____ - _____ Date of Birth: ____/____/____
- B. Weight: _____ Height: ____ ft. ____ in. Eye Color: _____ Hair Color: _____
- C. Yes _____ No _____ Have you ever had your name changed? If yes:
Previous Name(s): _____
Date and location of change: _____
Reason for change: _____
- D. Yes _____ No _____ Have you ever previously applied to the Midway Police
Department? If yes, which position Date (Month/Year) _____?

II. Citizenship Data

- A. Yes _____ No _____ Are you a U.S. citizen?
- B. Yes _____ No _____ Did you obtain U.S. citizenship by naturalization?
- C. Naturalization: Date _____ Location _____

III. Law Enforcement Education/Experience

A. Law Enforcement Academy _____

Address _____

(Including City, State, and Zip Code)

Class Coordinator: _____ Phone: _____

Academy Graduation Date: _____ State Exam Date: _____

Yes _____ No _____ Certificate received? Certification #

Date Certified: State

B. If not presently working as a Law Enforcement Officer, date last worked as a certified Law Enforcement Officer _____ State _____

C. Years _____ Months _____ "Full-time" Law Enforcement Officer Experience (full-time Military Police experience also counts).

D. Yes _____ No _____ Have you ever applied to the Midway Police Department?

If yes, when?

E. Yes _____ No _____ Have you ever applied to another Law Enforcement Agency?

If yes, list the agency below?

1. Agency Name: _____

Address _____

(Including City, State, and Zip Code)

Date applied _____ Status of Application _____

2. Agency Name: _____

Address _____

(Including City, State, and Zip Code)

Date applied _____ Status of Application _____

3. Agency Name: _____

Address _____

(Including City, State, and Zip Code)

Date applied _____ Status of Application _____

4. Agency Name: _____

Address _____

(Including City, State, and Zip Code)

Date Applied _____ Status of Application _____

IV. References

A. Provide three (3) references (not relatives, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as heads of households, property owners, business or professional men or women, who have known you well during the past five (5) years.

References must be listed. Do not leave blank!

1. _____
(Name) (Home Phone #)
Address _____
(Including City, State, and Zip Code)

(Occupation) (Business Phone #)

2. _____
(Name) (Home Phone #)
Address _____
(Including City, State, and Zip Code)

(Occupation) (Business Phone #)

3. _____
(Name) (Home Phone #)
Address _____
(Including City, State, and Zip Code)

(Occupation) (Business Phone #)

B. Provide three (3) social acquaintances that have known you well during the past five (5) years. (Must be different from the three references listed above)
Social acquaintances must be listed. Do not leave blank.

1. _____
(Name) (Home Phone #)
Address _____
(Including City, State, and Zip Code)

(Occupation) (Business Phone #)

2. _____
(Name) (Home Phone #)
Address _____
(Including City, State, and Zip Code)

(Occupation) (Business Phone #)

3. _____
(Name) (Home Phone #)
Address _____
(Including City, State, and Zip Code)

(Occupation) (Business Phone #)

C. Provide the following information about three (3) of your neighbors. Neighbors must be listed. Do not leave blank.

1. _____
(Name) (Home Phone #) _____
Address _____
(Including City, State, and Zip Code) _____

(Occupation) (Business Phone #) _____

2. _____
(Name) (Home Phone #) _____
Address _____
(Including City, State, and Zip Code) _____

(Occupation) (Business Phone #) _____

3. _____
(Name) (Home Phone #) _____
Address _____
(Including City, State, and Zip Code) _____

(Occupation) (Business Phone #) _____

NOTE: If references, social acquaintances or neighbors are not listed, the application will not be processed.

V. Driving History

A. Yes _____ No _____ Have you ever had a driver's license in any state other than the state of Florida? If yes, give state, driver's license number and date of expiration. (Submit 7-year driving history from each state.)

State _____ Driver's License Number _____ Date of Expiration _____

B. Yes _____ No _____ Have you ever been given a traffic citation and/or paid a fine for any traffic violation?

List all moving and non-moving traffic citations, (i.e., speeding, running a red light, expired registration, no insurance, etc.), that you have received in the past five (5) years, starting with the most recent citation. Exclude parking tickets.

Month/Year Issued	Type of violation	Issuing Agency	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Yes _____ No _____ Has your driver's license ever been suspended or revoked?

If yes, for what reason(s)? _____

Length of suspension(s) _____

Month(s) and Year(s) reinstated _____

VI. Military Experience

A. Yes _____ No _____ Have you ever been in the United States Armed Forces?
Branch of Service _____ Dates of Service _____ to _____
Type of Discharge _____

B. Yes _____ No _____ While in the military service, were you ever reprimanded, convicted or adjudicated guilty of any offense under the Uniform Code of Military Justice? If yes, explain in detail:

Include a DD214 - Member 4 Copy (with characterization of discharge) for each tour of duty.

Yes _____ No _____ If you have Law Enforcement experience, have you ever been or are you currently under internal investigation? If yes, list employer, each incident, dates, and outcome:

***(Attach additional sheets if necessary)**

VII. Skills

In your own words, explain how you qualify for this position.

IX. Personal Character Background

A. Yes _____ No _____ Do you consume or have you ever consumed alcoholic beverages?
If "YES", in what quantities? _____

B. Beer ___ Wine ___ Liquor ___ Which do you usually drink?

C. When were you last intoxicated? (MM/YY) _____

D. Describe what "intoxication" means to you.

E. Yes ___ No ___ Do you use tobacco products now?

Yes ___ No ___ Have you used them in the past?

If yes, what tobacco product did/do you use?

F. With respect to **illegal drugs**, including but not limited to marijuana, hashish, speed, cocaine, heroin, ecstasy, mushrooms, PCP, LSD, steroids, prescription drugs not prescribed to you, etc.:

Yes ___ No ___ Have you ever used, possessed or experimented with illegal drugs?

Yes ___ No ___ Have you ever purchased illegal drugs?

Yes ___ No ___ Have you ever sold (as defined in criminal statutes) illegal drugs?

If "YES" to any of the above, list the type of drug, the frequency of use, sale, purchase and/or possession of each drug. **Please list the month and year of the first and last time used, sold, purchased and/or possessed. If the frequency, month and year are not listed, the application will not be processed.**

(Drug Type) (Date-Last Use) (Frequency of Use)

(Drug Type) (Date-Last Use) (Frequency of Use)

(Drug Type) (Date-Last Use) (Frequency of Use)

(Drug Type) (Date-Last Use) (Frequency of Use)

G. When was the last time anyone used illegal drugs/illegal controlled substance in your presence? _____

What illegal drug was it and under what circumstances did you see the illegal drug used?

H. Yes ___ No ___ Have you ever committed a crime, **WHETHER ARRESTED OR NOT** that would constitute a felony or first-degree misdemeanor? If "YES", **explain below and enclose all related documents, (i.e., police reports, arrest affidavits, court dispositions, etc.)**

(Crime) (Date Occurred) (Details of Offense)

(Crime) (Date Occurred) (Details of Offense)

I. Yes ___ No ___ Have you ever been arrested or charged with any criminal violation (including notices to appear if "YES", **explain below and enclose all related documents, (i.e., police reports, arrest affidavits, court dispositions, etc.)**

(Offense) (Date of Arrest) (Arresting Agency) (Disposition)
(Explanation)

(Offense) (Date of Arrest) (Arresting Agency) (Disposition)
(Explanation)

J. Yes ___ No ___ Have you ever had a criminal record or an arrest record sealed or expunged? If "YES", list date _____

Location: _____ City State

SPECIAL NOTE: Criminal records sealed under Florida Statutes as well as most states' laws may be available for inspection by a Criminal Justice Agency for the purpose of employment.

K. Yes ___ No ___ Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you ever held? If "YES", explain in detail:

L. Yes ___ No ___ Have you ever quit a job without giving sufficient notice? If "YES", how many times?

M. Yes ___ No ___ Have you ever been under investigation by the Midway Police Department or any other law enforcement agency? If "YES", what agency and explain in detail:

N. Yes ___ No ___ Have you ever been listed as a defendant or plaintiff in a civil suit? If "YES", please list when, where and a brief explanation.

O. When we check your credit history with a credit bureau, how do you think the report will reflect? Excellent ___ Good ___ Fair ___ Poor ___ Why?

P. Yes ___ No ___ Are there any incidents in your life not mentioned herein which may reflect upon your suitability for this job or which might require further explanation? If yes, please explain.

Residential Information

List all addresses you have had for the last ten (10) years and the dates lived at each address. List the name and phone number of the landlord or management company for each rental property. Attach additional sheets if necessary.

1. Dates: from _____ to _____
Address _____
(Including City, State, and Zip Code)
If rented, Landlord's name _____ Phone: _____

2. Dates: from _____ to _____
Address _____
(Including City, State, and Zip Code)
If rented, Landlord's name _____ Phone: _____

3. Dates: from _____ to _____
Address _____
(Including City, State, and Zip Code)
If rented, Landlord's name _____ Phone: _____

4. Dates: from _____ to _____
Address _____
(Including City, State, and Zip Code)
If rented, Landlord's name _____ Phone: _____

5. Dates: from _____ to _____
Address _____
(Including City, State, and Zip Code)
If rented, Landlord's name _____ Phone: _____

6. Dates: from _____ to _____
Address _____
(Including City, State, and Zip Code)
If rented, Landlord's name _____ Phone: _____

7. Dates: from _____ to _____
Address _____
(Including City, State, and Zip Code)
If rented, Landlord's name _____ Phone: _____

8. Dates: from _____ to _____
Address _____
(Including City, State, and Zip Code)
If rented, Landlord's name _____ Phone: _____

9. Dates: from _____ to _____
Address _____
(Including City, State, and Zip Code)
If rented, Landlord's name _____ Phone: _____

10. Dates: from _____ to _____
Address _____
(Including City, State, and Zip Code)
If rented, Landlord's name _____ Phone: _____

For our information how were you made aware of an opening for Police Officer? _____

PRINT THE NEXT TWO PAGES AND GET A NOTARY TO WITNESS AS YOU SIGN THEM. THE NOTARY MUST SIGN, DATE AND PLACE THE NOTARY SEAL ON BOTH OF THE FORM.

MAIL THESE PAGES, ALONG WITH THE REQUIRED DOCUMENTS, TO THE ADDRESS ON THE FRONT COVER OF THIS APPLICATION

AFFIDAVIT OF UNDERSTANDING

IF I AM HIRED, IT IS UNDERSTOOD AND AGREED THAT THE FIRST YEAR OF MY EMPLOYMENT WITH THE MIDWAY POLICE DEPARTMENT WILL BE IN A PROBATIONARY OR TRIAL STATUS. IT IS FURTHER UNDERSTOOD THAT WITHIN THE TWELFTH MONTH OF THE FIRST YEAR OF EMPLOYMENT, I WILL BE EVALUATED AND INFORMED OF THE DEPARTMENT'S INTENTION TO EITHER GRANT PERMANENT STATUS, EXTEND THE PROBATIONARY PERIOD OR TERMINATE MY EMPLOYMENT.

ALL STATEMENTS AND INFORMATION GIVEN IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE THE CITY OF MIDWAY POLICE DEPARTMENT TO CONDUCT SUCH INVESTIGATIONS AS ARE NECESSARY TO DETERMINE MY FITNESS FOR ANY POSITION FOR WHICH I HAVE APPLIED. IN THE EVENT THAT I AM EMPLOYED, I UNDERSTAND THAT ANY INFORMATION FOUND TO BE MATERIALLY INCORRECT MAY CONSTITUTE GROUNDS FOR DISMISSAL.

Date _____ Signature _____

STATE OF _____, COUNTY OF, _____ The foregoing instrument was acknowledged before me this _____ (date) by, _____ who is personally known to me or who has produced as identification _____ (type of identification)

Notary's signature _____
Notary's name _____
Notary's title or rank _____
Serial number, if any _____

_____ SEAL



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 _____



Florida Department of Law Enforcement

AFFIDAVIT OF APPLICANT

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



CJSTC 68

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

Social Security Number: _____

Applicant's Legal Name: _____ Last First MI

Employing agency: _____

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

- Be at least 19 years of age.
• Be a citizen of the United States.
• Be a high school graduate or equivalent.
• Not have been convicted of any felony or of a misdemeanor involving perjury or false statement.
• Have been fingerprinted by the employing agency.
• Have passed a physical examination by a licensed medical specialist approved in Rule 11B-27.002(1)(d), F.A.C..
• Be of good moral character.
• Have not received a dishonorable discharge from the U.S. Military.

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

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

NOTICE: This document shall constitute as an official statement within the purview of Section 837.08, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify the officer for employment as an officer.

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

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

14. OATH

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

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, year _____. By _____

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

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 Professionals Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section