



### EMPLOYMENT APPLICATION

## BUNNELL POLICE DEPARTMENT

201 W. Moody Blvd. Bldg 2 Bunnell, FL 32110

Email: [chancock@bunnellcity.us](mailto:chancock@bunnellcity.us)  
Website: <http://www.bunnellcity.us>

Phone: (386) 437-7508  
Fax: (386) 437-7448  
Human Resources: (386) 437-7500

Law Enforcement     Civilian/Support Staff    Position Applied for: \_\_\_\_\_  
 LE. Auxiliary     Full Time     Part Time

### INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. 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. **NOTICE: THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION.** A certified copy of birth certificate and high school diploma or Florida Police standards approved G.E.D. A copy of military discharge, drivers license, social security card, citizenship if not a natural citizen, police standards certificate of completion or compliance

### PERSONAL HISTORY

1. Full Name:

Last Name	First	Middle	Nickname
Residence Address	Apt. No.	Mailing Address	Apt. No.
City	County	State	Zip Code
( )	( )		
Telephone Number (Home)	Work/Other		
	( )		
E-mail Address	Cell		

2. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

3. Place of Birth:

City	County	State	Country (If not the United States)
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4. Other: List all other names you have used including circumstances and time periods you used them. For example: Former name(s), alias(es), and nickname(s).

Name	Circumstance	Dates From-Mo./Yr.	Dates To-Mo./Yr.

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

\*The submission of your Social Security Number is voluntary and is requested pursuant to Section 119.71(5)(a)2, Florida Statutes, for identification purposes only. Your Social Security Number may also be shared with other government agencies as authorized by law.

5. Have you ever filed an application with us before?  Yes  No If yes, please give dates \_\_\_\_\_

6. Have you ever been employed by us before?  Yes  No If yes, please list titles and dates of employment \_\_\_\_\_

7. Do you have any relatives working for us?  Yes  No If yes, please list names \_\_\_\_\_

<b>EDUCATION/TRAINING</b>
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1.

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

2.

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

Major \_\_\_\_\_ Minor \_\_\_\_\_

3. Other Schools (Trade, vocational, Business, Police Academies or Military):

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

4. Are you law enforcement certified with the state of Florida?  Yes  No

5. Describe any awards, honors, citations, or other special recognition you received while attending school and positions held in school organizations:

\_\_\_\_\_

6. Indicate any law enforcement education/training. (Attach list, if applicable)

\_\_\_\_\_

7. Did you receive a certificate for this training?  Yes  No (Attach copy)

8. Indicate any special skills you possess and equipment you can use which may be related to the position for which you are applying: (i.e., breathalyzer, speed detection equipment, firearms, and computers): \_\_\_\_\_

\_\_\_\_\_

9. Computer Skills:  Word  Excel  Outlook  Power Point

Other \_\_\_\_\_

\_\_\_\_\_

General Computer Knowledge:  Basic  Advanced

10. State approximate number of words per minute: Typing \_\_\_\_\_

11. On what date are you available to work? \_\_\_\_\_

12. Are you available to work rotating shifts?  Yes  No

**EMPLOYMENT HISTORY**

1. List chronologically all employments for the last 10 years including current employment, summer and part-time employment while attending school. All time must be accounted for. Any length of time not employed, indicate dates of unemployment. Please attach a separate sheet of paper for additional employment history, if necessary.

<b>1</b>	Name of Present or last employer. _____
Address: _____	
Your Job Title: _____ Phone Number: (____) _____-_____	
FROM: ____/____/____ TO: ____/____/____ Supervisor's Name: _____	
Duties and Responsibilities: _____	
_____	
_____	
Reason for Leaving: _____	

**2** Name of Present or last employer. \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_-

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**3** Name of Present or last employer. \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_-

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**4** Name of Present or last employer. \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_-

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**5** Name of Present or last employer. \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. May we contact your present and previous employer?  Yes  No, please explain \_\_\_\_\_

3. Have you ever been dismissed or asked to resign?  Yes  No If yes, please explain \_\_\_\_\_

4. Have you had any disciplinary action, to include verbal, written warnings, reprimands, suspensions, and counseling's, taken against you for any employment or position you have held?  Yes  No If yes, please provide details or documents \_\_\_\_\_

5. Have you resigned, or left a job by mutual agreement, for any reason?  Yes  No If yes, please provide details \_\_\_\_\_

6. Have you ever applied or worked with any law enforcement agencies?  Yes  No If yes, please provide the following:

Agency and/or Department \_\_\_\_\_ Date Applied \_\_\_\_\_

Address (Street, City, State, and Zip) \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Status: \_\_\_\_\_

Agency and/or Department \_\_\_\_\_ Date Applied \_\_\_\_\_

Address (Street, City, State, and Zip) \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Status: \_\_\_\_\_

Agency and/or Department \_\_\_\_\_ Date Applied \_\_\_\_\_

Address (Street, City, State, and Zip) \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Status: \_\_\_\_\_

7. 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, corporate or organization and describe your relationship or position. \_\_\_\_\_

8. Have you ever performed paid or unpaid services for a law enforcement agency not listed as an employer to include extra duty details and auxiliary?  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 address, including residences while at school and in military. For college or 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. If apartment complex, give name, phone number and point of contact/manager. Attach a separate sheet of paper for additional residences if necessary.

Dates – Mo./Yr.		Apt No.	Street Address	City	County	State	Zip
From	To						

**ARREST HISTORY / COURT DATA**

1. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violations?  Yes  No

2. Have you ever been convicted or charged of a felony or misdemeanor?  Yes  No

3. To your knowledge, has any member of your family ever been arrested for a felony or misdemeanor?  Yes  No

4. If you answered 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 charges for which adjudication was withheld, or matter was settled by payment of fine or forfeiture of collateral. (Include your juvenile charges and charges which have been sealed, if any.)

Applicant	Place & Department	Charge	Court & Plea	Date of Charge	Disposition

Relative's Name/ Relationship	Place & Department	Charge	Court & Plea	Date of Charge	Disposition

5. Have you or your spouse ever been a plaintiff or defendant in a court action?  Yes  No

6. Have you ever been detained by any law enforcement officer for investigation purposes **OR** have you ever been the subject of **OR** a suspect in any criminal investigation?  Yes  No

7. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)?  Yes  No  
If yes to questions #5 and #6, please provide details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CONTROLLED SUBSTANCES

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, or tongue; injecting, or ingesting by any other means.)  Yes  No

If you answered YES, list details below.

Name of Drug of Controlled Substance	Tried	Purchased	Sold	First Time (mm/yy)	Last Time (mm/yy)
Marijuana/THC	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Hashish	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
PCP/Angle Dust	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
STP/Speed	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Mushrooms/Psilocybin	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Heroin	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Cocaine	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Crack	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Quaaludes	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Opium	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Uppers/Downers	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Steroids	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Valium	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		

Speedballs	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Rohypnol (Ruffies)	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Inhalants/Whippets	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
LSD	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
GHB/GBL	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Other Name Drug	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		

## DRIVING HISTORY

1. Are you a licensed Florida automobile operator or chauffeur?  Yes  License No.: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Endorsements: \_\_\_\_\_

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, driver license(s) number and approximate dates license(s) was/were held, if known. \_\_\_\_\_

3. Have you ever received a ticket or been charged with a traffic violation?  Yes  No If yes, list charge, date, and disposition.

4. 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 reason and place. \_\_\_\_\_

5. Have you ever had automobile insurance refused, withdrawn, or revoked?  Yes  No If yes, please provide completed details.

## MILITARY HISTORY

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

Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Service #: \_\_\_\_\_ Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Job Specialty: \_\_\_\_\_

2. Are you now or have you ever been a member of the Reserve Unit or the National Guard?  Yes  No If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps: \_\_\_\_\_



3. 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: \_\_\_\_\_

4. **VETERANS PREFERENCE:** Documentation for eligibility of veteran’s preference (DD Form 214, Certificate of Release or Discharge from Active Duty) will be required at the time of application if you are claiming veteran’s preference under the following circumstances.

- 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. Veteran’s 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, 1955 to October 15, 1976 and August 20, 1990 to January 2, 1992 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 unmarried widow or widower of a veteran who did 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 1 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 complain with the Division of Veteran’s Affairs, P.O. Box 1437m St. Petersburg, FL 33731

## ORGANIZATION MEMBERSHIP

1. List all clubs and societies of which you are or have been a member.

Name	City & State	Former Member	Present Member List position held (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 of 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 material contribution to any organization of the type described in question 2 above?

Yes  No If yes, to question #2 or #3, answer question #4 and #5 also.

4. At the time of your membership, participation, or contribution, did you know of any unlawful aims to the organization?

Yes  No

5. Did you intend to promote any unlawful aims of the organization?  Yes  No

If yes to questions #2, #3, #4, or #5, explain including name of the organization and location.

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### 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 of distribution of alcoholic beverages?  Yes  No

2. Are you now issued or have you ever been issued a license to engage in a business or profession?  Yes  No

3. Was the license ever canceled, suspended, or revoked?  Yes  No

If yes to questions #1, #2, or #3, please provide details including the type of license or certificate, the agency that issued the license, effective date of the license, and license number.

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### CREDIT DATA

1. Do you have any sources of income other than your salary or the salary of your spouse?  Yes  No

Specify each with an estimated annual amount.

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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 the amount.

Creditor	Address	Amount	Loan or Account Number

3. Have you, your spouse, or a company controlled by you filed for bankruptcy?  Yes  No, or declared bankruptcy?  Yes  No or, had a legal judgment rendered against you for a debt?  Yes  No or been subject to a tax lien?  Yes  No If, yes to any of these questions, please provide details.

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**PERSONAL REFERENCES & ACQUAINTANCES**

1. Personal References: Give three (3) references (not relatives, former or present employer, 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. Provide complete mailing addresses and phone numbers.

Complete Name ( and relationship to the applicant) _____ (Last Name, First, MI)		Home Address: _____ City, State & Zip: _____ Home Phone: (    ) _____
Yrs. Acq.	Occupation	Business Phone: (    ) _____ Business Address: _____ City, State & Zip: _____

Complete Name ( and relationship to the applicant) _____ (Last Name, First, MI)		Home Address: _____ City, State & Zip: _____ Home Phone: (    ) _____
Yrs. Acq.	Occupation	Business Phone: (    ) _____ Business Address: _____ City, State & Zip: _____

Complete Name ( and relationship to the applicant) _____ (Last Name, First, MI)		Home Address: _____ City, State & Zip: _____ Home Phone: (    ) _____
Yrs. Acq.	Occupation	Business Phone: (    ) _____ Business Address: _____ City, State & Zip: _____

**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

( ) \_\_\_\_\_

Phone Number

2. Applicant's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Spouse's Name and Address (if different):

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City County State Zip Code

4. Children's Name and Ages:

Name	Date of Birth	Address (if different than applicants)

5. Former Spouse(s) Name and Address:

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City County State Zip Code

6. 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

7. This position may require a physical agility test, if such a test or examination is required, would you be able to take this test or examination?  Yes  No

8. 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 Business Phone

9. 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

I understand that the "Application Certification" applies in all respects to the responses provided in number 1-9 above in this "Confidential Employee History."

\_\_\_\_\_  
Signature of the applicant as usually written Date

Witnessed by:

\_\_\_\_\_

## APPLICANT CERTIFICATION

**I understand that my appointment or employment will be contingent upon the results of a completed 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 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 test during the term of my employment or appointment with the Police Department.

I understand that the use of drugs and 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 of assignment with the Police Department.

I further authorize the Police Department or agent of the Police Department, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law.

I further agree to executive any authorization as may be required by the Health Insurance Portability Accountability Act of 1996 (HIPAA) for health care providers to release the necessary medical information to process my application for employment.

I understand and agree that any employment or appointment offered me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, that the City 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 release 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 City and Police Department and acknowledge that these rules, regulations, and orders may be changed, interpreted, withdrawn, or added to by the Police Department, at its discretion, at any time and without any prior notice to me.

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates, who might tend to reflect unfavorably on your reputation, morals character or ability)?  Yes  No If yes, provide your version or explain fully any such incident.

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**AFFIDAVIT (Must be notarized)**

\_\_\_\_\_

Applicant's SignatureDate

The foregoing was acknowledge before me this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

By, \_\_\_\_\_, who is personally known by me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_

Signature of person taking acknowledgmentPrinted Name

\_\_\_\_\_

Title or Rank

**RACIAL/ETHIC DATA**

The City of Bunnell is not required by the U.S. Equal Opportunity Commission to collect and maintain the information requested below for EEO statistical reporting purposes, but is requesting that you supply the information. This information will be maintained separately from your application and will not be considered in the application evaluation process.

Last Name:	First:	Date:	Social Security #:
Position Title:			
How did you learn about this vacancy?			
Date of Birth:			
Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed			
Sex: ___ Female ___ Male			
Handicapped/Disabled? ___ Yes ___ No			
If job accommodations are needed please specify:			

**RACIAL/ETHNIC DATA (Select One)**

- WHITE** (not of Hispanic origin): All persons having origins in any of the original people of Europe, North Africa, or the Middle East.
- BLACK** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- HISPANIC** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ASIAN or PACIFIC ISLANDER** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes for example, China, India, Japan, Korea, the Philippine Islands and Samoa.
- AMERICAN INDIAN or ALASKAN NATIVE** All persons having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.



AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)



CJSTC 58

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.

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 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