



# Lawtey Police Department

P.O. Drawer G

Lawtey, FL 32058

904-782-3751

Jerry Feltner, Chief of Police

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## School Crossing Guard Employment Application

Adult crossing guards should possess the following minimum qualifications:

- Pass a criminal background check
- Average intelligence;
- Good physical condition, including sight, hearing, and ability to move and maneuver quickly in order to avoid danger from errant vehicles;
- Ability to control a STOP paddle effectively to provide approaching road users with a clear, fully direct view of the paddle's STOP message during the entire crossing movement;
- Ability to communicate specific instructions clearly, firmly, and courteously;
- Ability to recognize potentially dangerous traffic situations and warn and manage students in sufficient time to avoid injury.
- Mental alertness;
- Neat appearance;
- Good character;
- Dependability; and
- An overall sense of responsibility for the safety of students. The Federal Highway Administration (FHWA) publishes the Manual on Uniform Traffic Control Devices (MUTCD), which contains all guidance for traffic control devices.
- Attend and successfully complete a crossing guard training program
- Physical and/or physical questionnaire
- Drug screening

Applicant Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

## INSTRUCTIONS

All questions in this packet must be answered completely, accurately, and truthfully. Each question must be addressed and have a response listed. Indicate "N/A" if a question does not apply to you. Any information that is omitted will slow the progress of your background investigation. Note: all information you provide will be verified. Misstatements, falsifications, or omissions may be grounds for disqualification from the selection process or termination of employment if hired. You may be required to explain discrepancies or inconsistencies to the background investigator.

Information provided in the Personal Data packet must be printed legibly or electronically completed via Microsoft Word, Version 2007 or higher. The Microsoft Word version may be electronically saved for your personal convenience. If additional space or copies of any pages are needed - reprint those pages and attach to the packet, or use the Supplemental Information section on page 13.

Any positive responses to questions about criminal activity and drug usage must be fully explained in the Supplemental Information section at the end of the packet (page 13). Include arrests and convictions involving or related to any criminal activity, including the nature of the arrest, the charge (including charges that may have been dropped), the arresting agency name(s), address, date of arrest, and agency case report number (if known). This includes any criminal activity you may have committed but were not charged with. Regarding drug usage, explain the circumstances including date(s) used, place, and setting.

The personal data packet must be **notarized**. Your signature is required in the presence of a notary. You should have the document notarized prior to submitting it, or you may sign it in the presence of a departmental notary during the testing period.

## REQUIRED DOCUMENTS

You must provide one copy of the following documents when you return the completed data packet:

- Copy of current valid driver's license
- Copy of Social Security card
- Naturalization documents -- **Do not copy, bring the original (it will be returned to you).**
- Copy of any name change documents, such as marriage license, court order, etc.
- Copy of military discharge papers, DD 214, Member 4 Copy

*~ Thank you for your interest in becoming a member of the Lawtey Police Department ~*

## **PERSONAL DATA**

TODAY'S DATE: / /		POSITION APPLIED FOR:	
YOUR FULL LEGAL NAME :		ALIAS OR FORMER NAME(S):	
DATE OF BIRTH: / /		SOCIAL SECURITY NUMBER: - -	
STREET ADDRESS:	CITY:	STATE:	ZIP:
DRIVER'S LICENSE # :		STATE OF ISSUANCE:	
HOME PHONE: ( ) -	CELL PHONE: ( ) -	PRIMARY E-MAIL ADDRESS:	
MOTHER'S NAME AND ADDRESS:			
FATHER'S NAME AND ADDRESS:			
MARITAL STATUS (check one): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			

## **NAME CHANGES**

List any name changes in order of most recent to the oldest. Include adoption, marriage, and divorce. Documentation must be provided for each name change, e.g. marriage certificate, court order, etc.

PREVIOUS NAME:	DATE OF CHANGE:	REASON:
PREVIOUS NAME:	DATE OF CHANGE:	REASON:

### **Spouse's Full Name and Address (if different)\*:**

LAST NAME	FIRST	MIDDLE	(MAIDEN)	
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE

### **Former Spouse's Name and Address (if applicable)\*:**

LAST NAME	FIRST	MIDDLE	(MAIDEN)	
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE

### **Former Spouse's Name and Address (if applicable)\* :**

LAST NAME	FIRST	MIDDLE	(MAIDEN)	
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE

\*THIS INFORMATION IS FOR IDENTIFICATION PURPOSES ONLY

## EDUCATION

Select the highest year or level of education you have completed:

8   
  9   
  10   
  11   
  12   
  13   
  14   
  15   
  16   
  17   
  Associates   
  Bachelors   
  Masters   
  Ph.D./J.D.

Did you graduate from high school or receive a GED?    Yes     No

List the school name, location, and year you graduated high school or received the GED certificate:

NAME OF SCHOOL	LOCATION	DATE

If you attended college, list the name(s) of the college or university, the location, and the year(s) that you attended/graduated, your major, and number of credit hours or type of degree you obtained:

COLLEGE/UNIVERSITY	LOCATION	MAJOR	YEARS ATTENDED	DEGREE OR CREDIT HOURS EARNED

List any training or schools that you attended and received certificates of completion. Examples are basic recruit course, advanced police training, EMT, etc.

TYPE OF TRAINING	NAME OF SCHOOL	DATE ATTENDED

List any technical skills you have, whether or not acquired through formal education or training:

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## EMPLOYMENT HISTORY

Starting with your current or last employer as (1), list every job you have held. List even those jobs you worked for a few days, part-time, temporary, or volunteered. Also, include military base assignments. Provide the complete address, zip code, area code, and phone number. If previous employers have moved, use the new address. If the business no longer exists, use the old address and note "No longer in business" after the company name. If additional space is needed, either reprint the appropriate page or list the employer(s) on the Supplemental Information page 13.

(1)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

(2)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

(3)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

**EMPLOYMENT (continued)**

(4)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

(5)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

Have you ever been fired, been asked to resign, or been given the option to resign in lieu of being dismissed from any job that you have held?

Yes  No  If yes, explain below:

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Have you ever received any disciplinary action from an employer such as a written notice or suspension?

Yes  No  If yes, explain below:

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**MILITARY SERVICE**

Have you ever served in any branch of the U.S. military? Yes  No  If yes, which branch(es)?

**Dates of Service (Indicate whether Active Duty or Reserve):**

<i>Beginning</i> _____	<i>Ending</i> _____	<i>Type of Duty</i> _____
<i>Beginning</i> _____	<i>Ending</i> _____	<i>Type of Duty</i> _____
<i>Beginning</i> _____	<i>Ending</i> _____	<i>Type of Duty</i> _____

List principal duties:

Did you receive anything less than an honorable discharge? Yes  No  If yes, explain:

Have you been convicted at a military court martial or received any non-judicial punishment (e.g. Article 15, Captain's Mast, etc)?

Yes  No  If yes, explain:

**DRIVING HISTORY**

Do you have a valid driver's license? Yes  No  If yes, provide the following information:

Current Driver's License Number	State	Class	Expiration Date
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Does your license have any restrictions? (Must wear glasses, daytime driving only, etc.)

Yes  No  If yes, list the restriction(s): \_\_\_\_\_

List any other states where you have possessed a driver's license. Provide driver's license number, if known, and years that you were licensed in each state:

**DRIVING HISTORY (continued)**

Have you ever had your driver's license suspended, cancelled, or revoked? This includes all states where you've had a driver's license.

Yes  No  If yes, explain below:

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In the past five (5) years, have you been issued any traffic citations for moving or criminal violation such as speeding, reckless driving, DWI/DUI, running red light, careless driving, etc.?

Yes  No  If yes, how many? \_\_\_\_\_

If you answered YES to the previous question, list the type of violation(s), where the violation took place, and the date you received the citation:

VIOLATION TYPE	CITY/COUNTY/STATE	DATE
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In the past five (5) years, have you been involved in any traffic accidents in which you were a driver, whether or not you were at-fault?

Yes  No  If yes, how many? \_\_\_\_\_

If you answered YES to the previous question, list the accidents and explain the circumstances. Also, list the investigating agency, agency case report number (if known), and location of the accident(s):

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## CRIMINAL ACTIVITY

Indicate if you have ever **committed**, been **arrested**, or been **charged** for any of the crimes listed below. Provide explanation on Supplemental Information page 13.

Definitions:

**COMMITTED** – You have done something that is against the law, but were never caught or the crime went undetected.

**ARRESTED** – You were taken into custody, handcuffed and booked into some type of jail.

**CHARGED** – You were issued a “Notice to Appear” or other type of summons or citation that required you to appear in court to answer to a criminal charge.

	COMMITTED		ARRESTED		CHARGED		AGE AT TIME
Burglary	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Armed Robbery/Robbery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Illegal Possession of Narcotics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sale of Narcotics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
DWI or DUI	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Passing Worthless/Bad Checks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Auto Theft	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Assault/Battery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Domestic Battery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Murder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Shoplifting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Theft	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Theft from an Employer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Vandalism	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Rape/Other Sex Crime(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Indecent Exposure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Perjury/False Statements	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Possession/Distribution of Child Pornography	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Computer Related Crimes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Child Abuse/Neglect	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Forgery/Uttering a Forgery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Prostitution/Soliciting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any Other Criminal Offense:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Have you been under investigation by any law enforcement agency for **any** crime in the past? This includes any investigation of a criminal nature and does not include crimes such as speeding, careless driving, etc.

Yes  No  If yes, provide explanation below:

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**CRIMINAL ACTIVITY (continued)**

**NOTE: If you are arrested or detained by a law enforcement agency at any time after completing this packet, while still involved in the LPD hiring process, it is your responsibility to notify the Personnel Unit of the Lawtey Police Department at 904-782-3751. Failure to do so will result in the immediate disqualification from the hiring process.**

Have you ever been arrested, charged, issued a notice to appear, cited, or pled no contest for any offense? Provide an explanation of any of the above to include the initial charge, charges that may have been reduced, and the disposition of each charge on pages 13.

*(For police officer applicants, this includes any sealed or expunged records)*

Yes  No  If yes, list the following:

ARRESTING AGENCY	CHARGE	CITY/COUNTY/STATE	DATE
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Were you ever convicted, had adjudication withheld, pled no contest, or had any type of pre-trial diversion regardless of whether probation was imposed, for any of the previously listed offenses, or any other offenses that may not have been listed?

Yes  No  If yes, provide explanation below:

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Have you, as an adult, had any sexual involvement with a person under the age of 18?

Yes  No  If yes, provide explanation below:

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Have you ever had sexual involvement or any sexual contact with any person who was semi-conscious, unconscious or under the influence of drugs or alcohol to the extent that they were not able to communicate coherently?

Yes  No  If yes, provide explanation below:

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## DRUG ACTIVITY

List below any and all drug usage. Provide additional information regarding drug usage on the Supplemental Information Pages. Include a description of the circumstances, the type of drug and any additional explanation.

DRUG	USED	APPROXIMATE DATE FIRST USED	APPROXIMATE DATE LAST USED	NUMBER OF TIMES USED
Marijuana/THC/Salvia	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Hashish	Yes <input type="checkbox"/> No <input type="checkbox"/>			
PCP/Angel Dust	Yes <input type="checkbox"/> No <input type="checkbox"/>			
STP/Speed	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Mushrooms/Psilocybin	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Heroin	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Cocaine	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Crack	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Opium	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Medication Not Prescribed to You	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Steroids	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Prescription Drug Abuse/Pill-Popping	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Ice	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Ecstasy	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Speedballs	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Rohypnol (Ruffies)	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Inhalants	Yes <input type="checkbox"/> No <input type="checkbox"/>			
LSD	Yes <input type="checkbox"/> No <input type="checkbox"/>			
GHB/GBL	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Methamphetamine	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other (list):	Yes <input type="checkbox"/> No <input type="checkbox"/>			

If you have sold, purchased, and/or supplied any illegal drugs or prescription medication (even to/from friends or relatives at no profit to yourself), estimate the dollar amount the illegal drugs or medication would have been worth (i.e. "street value"); check the amount that is the closest representation and explain:

\$10,000   
  \$5,000   
  \$3,000   
  \$2,000   
  \$1,000   
  \$500   
  \$300   
  \$200   
  \$100   
  Less than \$100   
  None

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**DRUG ACTIVITY (continued)**

Have you ever held a job where the use of illegal drugs during working hours was common practice?

Yes  No  If yes, provide explanation below:

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How many times have you used marijuana or other illegal drugs during work hours, including lunches or breaks? Check the approximate number and explain:

500  400  300  200  100  75  50  25  15  10  5  None

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**ON-THE-JOB USE OF ALCOHOL**

Have you ever held a job where the use of alcohol (on-the-job) was common practice?

Yes  No  If yes, provide explanation below:

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How many times have you consumed alcoholic beverages during work hours? This includes lunch and breaks, as well as while you were actually working. Explain below:

500  400  300  200  100  75  50  25  15  10  5  None

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Have you ever been under the influence of alcohol or drugs you consumed prior to your assigned workday that affected your performance on the job?

Yes  No  If yes, provide explanation below:

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## **SUPPLEMENTAL INFORMATION**

Use this section to explain or expand upon any previously asked question. Please indicate the page number and topic that you are explaining:

**PERSONAL DATA PACKET INFORMATION**

**Notice:** The Lawtey Police Department has asked that you provide your social security number (SSN). The decision to provide your SSN is your option, but failure to provide your SSN may result in a delay in processing your application or request. If you provide your SSN, the Lawtey Police Department will use it for purposes of identification, and may share the information with other agencies for the same purpose. The Lawtey Police Department’s request for your SSN is authorized by state law because use of your SSN is imperative for the Lawtey Police Department to fulfill its lawful duties and responsibilities.

**CERTIFICATION**

**(TO BE COMPLETED IN THE PRESENCE OF A NOTARY)**

I, \_\_\_\_\_, hereby certify that all answers or statements in this personal data packet are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements, falsifications, or omissions herein may cause any offer of employment made by the City of Lawtey to be withdrawn, or my employment with the City of Lawtey terminated. I further understand that information provided herein is public record and may be subject to review upon request. I hereby certify that I have been given sufficient opportunity and time to review the questions and their intent, and that I have answered them correctly.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_, by \_\_\_\_\_, who is personally known or produced identification.

Type of identification produced: \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Printed Name



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 by means of Physical Presence  OR Online Notarization  this \_\_\_\_\_

day of \_\_\_\_\_, year \_\_\_\_\_, By \_\_\_\_\_

Signature of Notary Public – State of Florida \_\_\_\_\_

Print, Type, or Stamp Commissioned name of Notary Public \_\_\_\_\_

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_