



## Job Application Disqualifiers

Sheriff Sadie Darnell



Any of the following situations will disqualify you as an applicant for any position with the Alachua County Sheriff's Office. If you have any questions about this policy, please discuss them with the Human Resources staff.

### ***Illegal Drug Use/Experimentation***

An applicant must **NOT** have:

- Used, tried, possessed, bought, sold, or experimented with marijuana within the past 12 months. Applicants who have limited experimental use of marijuana more than 1 year ago may be considered for employment.
- Used, tried, possessed, bought, sold, or experimented with any illegal drug/controlled substance, other than marijuana, in the past 5 years. Applicants who have limited experimental use more than 5 years ago may be considered on a case by case basis.
- Sold or delivered any illegal drug/controlled substance at anytime.

### ***Arrest/Criminal History***

An applicant who pleads guilty or nolo contendere (no contest) to, or is found guilty of any felony or guilty of a misdemeanor involving perjury or a false statement, is **NOT** eligible for employment even if the sentence was suspended or adjudication was withheld by the judge. Must be of good moral character, have no felony conviction or misdemeanor convictions involving moral character, or false statements.

### ***Driving History***

During the 3 years prior to application, an applicant must **NOT** have accumulated more than 12 points on their driver's license, or have a driving record that reflects repeated offenses and a flagrant disregard for traffic laws.

During the 5 years prior to application, an applicant must **NOT** have had:

- Their driver's license suspended more than twice for either nonpayment of insurance, or for nonpayment of traffic fines
- Their driver's license suspended or revoked more than twice for traffic violations
- A conviction of, or pled to, "Fleeing or Attempting to Elude" a law enforcement officer
- A conviction of, or pled to, "Driving Under the Influence"

### ***Military History***

An applicant who has served in the armed forces, **MUST NOT** have received a Dishonorable Discharge. Applicant must be able to provide a copy of their discharge certificate and DD Form 214 indicating the character of, and reason for, discharge.

### ***Residency Requirement***

An applicant who applies for Deputy Sheriff must live in Alachua County or in a County contiguous to Alachua County, providing their residence is no further than 20 minutes from the Alachua County line, or one (1) hour from the Alachua County Sheriff's Office.

### ***Tattoos/Body Ornamentation***

Applicants who have Tattoos/Body Ornamentations on the hands, fingers, knuckles, head/neck area to include eyes, scalp, face and neck above the collar bone in the front or the first cervical vertebrae in the back which is visible due to an open collar shirt or uniform, will not be considered for further processing.

Applicants who have split/forked tongues, foreign objects inserted under the skin to create a design or pattern, enlarged or stretched out holes in the ears, visible facial piercings or intentional scarring such as abnormal shaping of the eyes, ears or nose will be disqualified from the hiring process.

Contact lenses of an unnatural color (red, orange, etc) or of a graphic design of any kind, are prohibited

### ***Social Networking Sites***

Applicants who subscribe to social networking sites are required to provide the Alachua County Sheriff's Office access to these site(s).

***(By accepting our Agency friend request(s)).***

An applicant may be disqualified at any time due to: incomplete information; untruthfulness; false or disqualifying written or spoken statements; disqualifying information obtained during the background investigation; or an unacceptable drug screening, physical examination, polygraph, or psychological evaluation results.

Revised 05/26/11

# SALARY/BENEFITS FY 2011-2012

**Base Salary Information:**

Deputy Sheriff:	High School/GED \$33,362	Associate Degree \$34,862	Bachelors Degree \$36,362
Detention Officer**:	High School/GED \$33,209	Associate Degree \$34,709	Bachelors Degree \$36,209
Field Service Technician:	\$25,000		
Criminal Justice Technician I**:	\$21,852		
Telecommunicator:	\$25,000		

† Depending on experience and qualifications, candidates may be authorized by the Sheriff to start at up to 10% above base salary.  
 † Annual Salary for employees compensated for working 2080 hours a year.  
 † \*\* Denotes positions that may be compensated for working 2184 hours annually.

Educational Achievement Program:	<u>Sworn</u>	<u>Civilian</u>
	\$53 + \$30/month State Incentive for AA/AS Degree	\$83/month for AA/AS Degree
	\$87 + \$80/month State Incentive for BA/BS Degree	\$167/month for BA/BS Degree
	\$128 + \$80/month State Incentive for MA/MS Degree	\$208/month for MA/MS Degree
	Tuition reimbursement program	Tuition reimbursement program

**Holiday Leave:** 14 paid holidays per year (Includes one annual and four quarterly floating holidays)

Vacation:	<u>YEARS SERVICE</u>	<u>VACATION HOURS EARNED</u>
	0-5 years	8 hours/month
	5-10 years	10 hours/month
	10-15 years	12 hours/month
	15-20 years	14 hours/month
	20 + years	16 hours/month

**Sick Leave:** 8 hours/month

**Sick Leave Incentive:** Earn 8 hours/quarter extra vacation leave for no sick leave usage during the previous quarter.

**Military Leave:** Up to 17 days/year

<b>Florida Retirement System:</b>	3% mandatory employee contribution	
<b>Pension</b>	<u>Hired prior to July 1, 2011</u>	<u>Hired after July 1, 2011</u>
	6 years vested	8 years vested
Eligible Sworn Positions	25 yrs Special Risk Class	30 yrs Special Risk Class
Staff Support Positions	30 years Regular Class	33 years Regular Class

**Investment:** Invested in one (1) year

**Blue Cross Blue Shield Health Insurance:**

	<u>BLUE OPTIONS-PPO</u>
Employee Only	\$59.26/month
Employee + 1 Dependent	\$283.26/month
Employee + 2 or more Dependents	\$399.26/month

**Basic Life Insurance:** \$0.02 per \$1,000 of coverage per pay period.  
**Supplemental Life Insurance:** \$0.28 per \$1,000 per month, 100% employee paid.  
**Dependent Life Insurance:** \$3.10/month 100% employee paid.

**Group Dental:** employee coverage is 80% ACSO paid (payroll deductible)

**Dental HMO (DHMO):** Prepaid type plan

Employee Only	\$2.62/month
Employee + 1 Dependent	\$12.10/month
Employee + 2 or more Dependents	\$22.98/month

**Dental PPO:** Indemnity type plan

	<u>Standard</u>	<u>High</u>
Employee Only	\$4.26/month	\$5.38/month
Employee + 1 Dependent	\$19.44/month	\$29.28/month
Employee + 2 or more Dependents	\$36.44/month	\$50.80/month

**Vision Care Vision Plan:** 100% employee paid (payroll deductible)

Employee Only	\$5.76/month
Employee + 1 Dependent	\$11.50/month
Family Coverage	\$21.46/month

**Flexible Spending:** Medical Care and Dependent (Day) Care Reimbursement minimum \$240.00/per plan year.  
**Biweekly pre-tax premiums are deducted from 24 pay periods.**

[rev 10-11]

ALACHUA COUNTY SHERIFF'S OFFICE  
HUMAN RESOURCES BUREAU  
PO BOX 1210  
GAINESVILLE, FL 32602

Application Deadline:

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APPLICATION INSTRUCTIONS

These instructions apply to all Deputy Sheriff, Detention Officer and Staff Support positions and internships. **PLEASE READ THESE INSTRUCTIONS CAREFULLY AND MAKE SURE YOU COMPLY WITH EACH APPLICABLE PORTION.**

1. Applications will be accepted only for currently advertised positions and must be typewritten or printed legibly in ink.
2. Applications may be returned in person by APPOINTMENT ONLY. To schedule an appointment, call the Human Resources Bureau at (352) 367-4040 between the hours of 8:30 a.m. and 5:00 p.m.
3. Applications may be returned by mail to the address shown above or you may apply online @ [www.alachuasheriff.org](http://www.alachuasheriff.org).
4. When completing the application, **please pay special attention to the following:**
  - A. **All questions must be answered.** Applications which are incomplete will not be processed further until corrections, omissions or deficiencies are resolved.
  - B. The Applicant's Certification page **must be signed and witnessed.**
  - C. The Background Investigation Waiver must be completed, signed and notarized. **Notary service is available in the Human Resources Bureau.**
  - D. On the Employment History and Reference sections, provide telephone numbers and complete mailing addresses, including zip codes. Please list all employment you have held during the past ten years, even if the company is closed. Please include information from any law enforcement agency that you have worked for (**even if over 10 years ago.**) Also, include self-employment, military, part-time, temporary, and volunteer work. Begin with your present or most recent employment and work backward.
  - E. On the Confidential Employee History section, document any instances of usage of illegal drugs, i.e., inhalation, injection, any other form of ingestion of any illegal drug or any illegally obtained drug.
5. Legible copies of the following applicable documents **MUST** be returned with the completed application:
  - A. Driver License
  - B. High School Diploma/GED or College Transcript
  - C. Birth Certificate
  - D. Social Security Card
  - E. DD 214 (military)
  - F. FDLE Law Enforcement Training (Deputy Sheriff positions only)
  - G. FDLE Correctional Officer Training (Detention Officer positions only)
  - H. Florida State Certification Exam Scores
    - I. Test of Adult Basic Education (TABE scores) or Computerized Placement Test (CPT scores), not required if criteria successfully met through Academy

**NOTE:** Copies of the applicable documents must be on file prior to appointment/employment.
6. All applicants who receive a conditional offer of employment must provide a photo and submit to a background investigation, polygraph examination, drug screening and other tests deemed necessary per position. The application process normally takes approximately 60 days.
7. Applicants who fail to successfully complete all elements of the testing and interview process for a position may reapply for the same position after six (6) months or may apply for a DIFFERENT position provided it is currently open for application.

NOTE: Sheriff's Office Directives 344 and 345 require all employees to exhibit a neat, professional appearance to the public while representing the Alachua County Sheriff's Office. These directives set standards for hair, clothing, uniforms, accessories and general appearance. Obscene and offensive visible tattoos are not allowed. A copy of these directives is available upon request.

**EQUAL EMPLOYMENT OPPORTUNITY**

**As a condition of employment, all employees are required to participate in the payroll direct deposit program.**

## EMPLOYMENT APPLICATION FORM

The ACSO prohibits discrimination against any person in recruitment, examination, appointment, assignment, training, transfer, promotion or any other personnel action because of political or religious opinions or affiliations, race, color, sex, marital status, national origin, sexual orientation, transgendered, gender identity, age or physical handicap.

Date: \_\_\_\_\_ On what date are you available for work? \_\_\_\_\_

Are you available to work the following?

Evenings \_\_\_\_\_ Midnights \_\_\_\_\_ Weekends \_\_\_\_\_

Are you willing to work shift work? \_\_\_\_\_

(Ex: 7a.m. – 7p.m., 7p.m. – 7a.m., 7a.m. – 3p.m., 3p.m. – 11p.m., 11p.m. – 7a.m.)

POSITION(S) APPLYING FOR: \_\_\_\_\_

How did you hear about the position? \_\_\_\_\_

Do you have a personal/social website? (if yes, please list): \_\_\_\_\_

(Ex: myspace, facebook, etc.)

E-mail address(es) \_\_\_\_\_

## PERSONAL HISTORY

Full Name:

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Current Home Street Address City State Zip Code

\_\_\_\_\_  
Mailing Address if different from above City State Zip Code

( ) - ( ) -  
Home Telephone Number Alternate Telephone Number – List Type: \_\_\_\_\_

(Pager, Work, Cellular, etc.)

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_ - \_\_\_\_ - \_\_\_\_      \_\_\_\_\_  
Month Day Year Social Security Number Sex

Race: \_\_\_\_\_ White, Non – Hispanic \_\_\_\_\_ Black, Non - Hispanic

\_\_\_\_\_ Hispanic \_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Other: \_\_\_\_\_

**(for statistical, affirmative action, and criminal history use only.)**

Place of Birth: \_\_\_\_\_

City County State

Are you a United States Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No



1. Have you ever completed an application with us before?  Yes  No  
If yes, what year? \_\_\_\_\_
2. Have you ever been employed by us before?  Yes  No
3. Are you related to a member of the Sheriff's Office?  Yes  No  
If yes, name and relationship \_\_\_\_\_
4. Have you ever applied with any other law enforcement agency (city, county, state or federal)?  Yes  No  
If yes, list all agencies in the table below.

Agency Name	City/State	Date Applied	Employed?

### EDUCATION/TRAINING

High School Name/City/State	Dates Attended (Mo./Yr.)		Years Completed	Did you Graduate?	Type of Diploma (HS/GED)
	From	To			

College/University Name/City/State	Dates Attended (Mo./Yr.)		Credit Hours Earned	Did you Graduate?	Type of Degree/Major
	From	To			

#### Other Schools (Law Enforcement, Trade, Vocational, Business or Military):

School Name/City/State	Dates Attended (Mo./Yr.)		Credit Hours Earned	Did you Graduate?	Type of Degree/Certification
	From	To			

## EMPLOYMENT HISTORY

Describe below all employment you have held during the past ten years, even if the company is closed. Please include information from any law enforcement agency that you have worked for (**even if over 10 years ago.**) Also, include self-employment, military, part-time, temporary, and volunteer work. Begin with your present or most recent employment and work backward. **If you were employed under a different name with any employer, indicate below.** Applicants may be required to furnish proof of experience claimed. Use a separate sheet or copy this form if necessary.

May we contact your present employer? Yes  No  (If you state "no" and any job offers are made, we must contact your current employer at that time.)

Name & Address of Employer (Most Recent First)	Dates Worked (Mo./Yr.)		Salary	Title or Position	Name of Supervisor	Reason For Leaving
	From	To				
<b>Name:</b>						
<b>Address:</b>						
<b>City, State, Zip:</b>						
<b>Area Code &amp; Phone No:</b>						
Name & Address of Employer	Dates Worked (Mo./Yr.)		Salary	Title or Position	Name of Supervisor	Reason For Leaving
	From	To				
<b>Name:</b>						
<b>Address:</b>						
<b>City, State, Zip:</b>						
<b>Area Code &amp; Phone No:</b>						
Name & Address of Employer	Dates Worked (Mo./Yr.)		Salary	Title or Position	Name of Supervisor	Reason For Leaving
	From	To				
<b>Name:</b>						
<b>Address:</b>						
<b>City, State, Zip:</b>						
<b>Area Code &amp; Phone No:</b>						

**EMPLOYMENT HISTORY *cont.***

Describe below all employment you have held during the past ten years, even if the company is closed. Please include information from any law enforcement agency that you have worked for (**even if over 10 years ago.**) Also, include self-employment, military, part-time, temporary, and volunteer work. Begin with your present or most recent employment and work backward. **If you were employed under a different name with any employer, indicate below.** Applicants may be required to furnish proof of experience claimed. Use a separate sheet or copy this form if necessary.  
 May we contact your present employer? Yes  No  (If you state "no" and any job offers are made, we must contact your current employer at that time.)

Name & Address of Employer (Most Recent First)	Dates Worked (Mo./Yr.)		Salary	Title or Position	Name of Supervisor	Reason For Leaving
	From	To				
Name:						
Address:						
City, State, Zip:						
Area Code & Phone No:						
Name & Address of Employer	Dates Worked (Mo./Yr.)		Salary	Title or Position	Name of Supervisor	Reason For Leaving
	From	To				
Name:						
Address:						
City, State, Zip:						
Area Code & Phone No:						
Name & Address of Employer	Dates Worked (Mo./Yr.)		Salary	Title or Position	Name of Supervisor	Reason For Leaving
	From	To				
Name:						
Address:						
City, State, Zip:						
Area Code & Phone No:						

**Please list any skills and experience you possess relevant to the position you applied for.**

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**Please answer the following questions as they relate to all prior employers, even if more than ten years ago.**

1. Have you ever been terminated, asked to resign or left by mutual agreement from any employment or position you have ever held for any reason, including allegations of misconduct or unsatisfactory performance?  Yes  No

If yes, provide details. \_\_\_\_\_

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2. Have you ever had any disciplinary action taken against you as a result of any employment or position you have ever held?  Yes  No

If yes, provide details. \_\_\_\_\_

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3. Have you ever performed paid or unpaid services for a law enforcement agency not listed as an employer?  Yes  No

If yes, please provide name of agency and dates of service. \_\_\_\_\_

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4. Do you have a close association or affiliation with a known felon?  Yes  No

If yes, please explain.

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## PERSONAL REFERENCE & ACQUAINTANCES

**Personal References:** Give three (3) references (not relatives or present employers) who are responsible adults of reputable standing in their communities not residing in same home, who have known you well during the past three (3) years. If retired, give former occupation.

Name: _____ Last                      First                      MI	Relationship: _____	Occupation: _____
Address: _____ Street    City    State    Zip		
Home Phone: (     ) _____ - _____	Work Phone: (     ) _____ - _____	

Name: _____ Last                      First                      MI	Relationship: _____	Occupation: _____
Address: _____ Street    City    State    Zip		
Home Phone: (     ) _____ - _____	Work Phone: (     ) _____ - _____	

Name: _____ Last                      First                      MI	Relationship: _____	Occupation: _____
Address: _____ Street    City    State    Zip		
Home Phone: (     ) _____ - _____	Work Phone: (     ) _____ - _____	

## RESIDENCES

List places of residence for past 5 years. List chronologically beginning with present all addresses, including residences while at school and in military. When listing campus residences, give school name, 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.

Dates (Mo./Yr.)		Apartment Number	Street Address (If apartment complex, include complex name)	City	County	State & Zip Code
From	To					

## ARREST HISTORY/COURT DATA

1. Have you ever been arrested, cited, plead no contest, charged or received a notice of summons to appear for any offense?     Yes     No

If yes, provide details in the table below. *Include Juvenile History*

Agency Name/Location	Date	Charges	Disposition

2. Have you ever been detained by a law enforcement officer for investigative purposes?     Yes     No

If yes, provide details.

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3. To your knowledge, have you ever been the subject or a suspect in any criminal investigation?     Yes     No

If yes, provide details.

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4. Have you ever been a plaintiff or defendant in a court proceeding? Include divorces, small claims, evictions, foreclosures, child support, judgments, bankruptcies, etc.  Yes     No

If yes, provide details.

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## DRIVING HISTORY

1. Florida Driver license No: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

2. Do you have or have you ever been issued a driver license in another state?  Yes or  No  
 If yes, please provide state(s), name used and approximate dates license(s) was/were issued, and license number.  Yes  No

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3. Have you ever been denied issuance of a driver license or have you ever had a driver license suspended, canceled or revoked?  Yes  No  
 If yes, provide details.

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## MILITARY HISTORY

1. Have you **ever** been a member of the United States Armed Forces?  Yes  No  
 If yes, complete the portion below.

Branch:	Active Service: From: _____ To: _____
Highest Rank:	Type/Date of Discharge:
Reserve/National Guard Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Dates: From: _____ To: _____
Military Specialization/Duties:	

2. Are you registered for Selective Service?  Yes  No

If yes, your Selective Service Number: \_\_\_\_\_

Classification: \_\_\_\_\_ Date of Classification: \_\_\_\_\_

Address of Local Board: \_\_\_\_\_

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

1.  A veteran with a service – connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Department of Veterans Affairs and the Department of Defense.
2.  The spouse of a veteran who cannot qualify for employment because of a total and permanent service connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power.
3.  A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America.
4.  The un-married widow or widower of a veteran who died of a service – connected disability.
5.  The Armed Forces Expeditionary Medal, as well as the Global War on Terrorism Expeditionary Medal are qualifying for Veteran's Preference, provided the individual is otherwise eligible.
6. Have you ever claimed and been employed using veteran's preference?  
 Yes  No If "yes", please give the name of employer: \_\_\_\_\_

**NOTE:** Under Florida law FS 295, 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 veteran's preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Florida Department of Veteran's Affairs, Mary Grizzle Office Bldg, 11351 Ulmerton Road, Room 311-K, Largo, FL 33778 or [www.FloridaVets.org](http://www.FloridaVets.org).

**APPLICANT CERTIFICATION**

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Alachua County Sheriff's Office (ACSO). I agree to these conditions and certify that all statements made by me on this application are true, correct, and complete, to the best of my knowledge. I consent to a polygraph examination, which includes questions related to criminal activity, finances, military, driver record, character, employment history, criminal history and medical history. I fully understand that if my responses asked during the polygraph indicate that I have not truthfully answered any question on my application, I will be disqualified from employment or appointment.

I understand that this employment application shall become the property of the ACSO and that it and the information received in response to the background examination are public records if appointed or employed as a Deputy Sheriff.

I understand that I must maintain my primary residence in Alachua County or contiguous to Alachua County and no more than 20 minutes from the Alachua County line, or one (1) hour from the ACSO.

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

I understand that the use of illegal drugs is not permitted.

I understand that the use of alcohol is not permitted, during work or duty time, whether paid or unpaid.

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

I understand and agree that any employment or appointment offered to me is 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 Sheriff has the absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time. I understand upon employment or appointment employees are required to participate in the payroll direct deposit program.

I authorize the ACSO to deduct from my final paycheck and/or my leave pay out check the amount needed to cover the cost of any ACSO equipment not returned after my employment with the Agency terminates.

I understand an investigation will be conducted on all of the information listed on this application. 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 ACSO, and I release all such parties from all liability for any damage that might result from furnishing such information to the Sheriff's Office.

I agree to conform to the policies and procedures of the ACSO. I understand that the ACSO policies include a dress code for all classifications of employment.

**MUST BE SIGNED AND WITNESSED**

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

\_\_\_\_\_  
Date

Witnessed by:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Drug Use Questionnaire

Other than your own prescriptions, have you ever used, sold, possessed, purchased, or had experience with any of the following substances, drugs, or narcotics?

Have you <u>ever</u> used/sold/possessed/purchased			Last Time used/sold/ possessed/ purchased			Number of times used/sold/possessed/purchased			
<u>Substance</u>	Yes	No	Past year <i>(Specify Month/year)</i>	1-10 years ago <i>(Specify Month/year)</i>	10+ years ago	1 to 2 times	3 to 10 times	10 to 50 times	50+ times
Amphetamines (uppers)									
Barbiturates (downers)									
Cocaine Powder									
Crack Cocaine									
Ecstasy (MDMA)									
GHB/GBL									
Hashish									
Heroin									
Inhalants/Whippets									
LSD/Hallucinogens									
Marijuana/THC									
Mushrooms									
Opium									
PCP/Angel Dust									
Quaaludes									
Rohypnol/Roofies									
Speedballs									
Steroids									
Others: List _____									

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

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle Initial



Florida Department of Law Enforcement

**AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)**  
Incorporated by Reference in Rule 11B-27.0022(2)(b), F.A.C.



**CJSTC 58**

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records  
**APPLICANT'S NAME:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_  
**LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**AGENCY REQUESTING BACKGROUND INFORMATION:** \_\_\_\_\_

**ADDRESS:**

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. **Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.**

\_\_\_\_\_  
**Applicant's Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Address**

**AFFIDAVIT**

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

By: \_\_\_\_\_ who is personally known \_\_\_\_\_

or who has produced identification. Type of identification: \_\_\_\_\_

\_\_\_\_\_  
**Notary's Signature** \_\_\_\_\_  
**Print, type, or stamp Commissioned Name of Notary**

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

**Effective: 8/9/2001 Pursuant to Sections 943.134(2)(a) and (4), F.S.** **Original – Employing Agency** **1 of 1** **Commission-Approved Revisions: 8/6/2009**  
**Form Effective Date: 06/03/2010**