



FRUITLAND PARK POLICE DEPARTMENT



Police Officer Application Packet

Erik D. Luce

Chief of Police



FRUITLAND PARK POLICE DEPARTMENT

Chief Erik D. Luce

INSTRUCTIONS

- APPLICATION MUST BE TYPED OR PRINTED LEGIBLY IN INK.
- ALL QUESTIONS MUST BE COMPLETED; IF A QUESTION IS NOT APPLICABLE THEN SO STATE AND INDICATE **N/A** (NOT APPLICABLE).
- APPLICATIONS WHICH ARE NOT COMPLETE AND LEGIBLE WILL NOT BE CONSIDERED.
- 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.

PERSONAL INFORMATION

LAST NAME			FIRST NAME			MIDDLE NAME		
RESIDENCE ADDRESS (STREET ADDRESS)								
CITY				COUNTY		STATE		ZIP
MAILING ADDRESS								
CITY				COUNTY		STATE		ZIP
HOME PHONE			CELL PHONE			EMAIL ADDRESS		
					U.S. CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/> NATURALIZED <input type="checkbox"/>			
GENDER		DRIVERS LICENSE		STATE				
IF NATURALIZED:								
		NATURALIZATION NUMBER		DATE		PLACE		
TATTOOS:		YES <input type="checkbox"/> NO <input type="checkbox"/>		DESCRIPTION AND LOCATION				
HAVE YOU EVER USED ANY OTHER NAME?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		IF YES, PLEASE LIST THOSE NAMES HERE:
1								
	LAST NAME			FIRST NAME			MIDDLE NAME	
	DATE FROM		DATE TO		REASON			

PERSONAL INFORMATION (CONT.)

2						
	LAST NAME		FIRST NAME		MIDDLE NAME	
	DATE FROM		DATE TO		REASON	

3						
	LAST NAME		FIRST NAME		MIDDLE NAME	
	DATE FROM		DATE TO		REASON	

4						
	LAST NAME		FIRST NAME		MIDDLE NAME	
	DATE FROM		DATE TO		REASON	

DRIVERS LICENSE

DO YOU HAVE A FLORIDA DRIVERS LICENSE? YES ☐ NO ☐

DRIVERS LICENSE NUMBER

DATE OF EXPIRATION	RESTRICTIONS	ENDORSEMENTS

IS YOUR DRIVER'S LICENSE CURRENTLY RESTRICTED, SUSPENDED, OR EXPIRED? YES ☐ NO ☐

IF **YES**, EXPLAIN:

HAS YOUR DRIVER'S LICENSE EVER BEEN DENIED, RESTRICTED, REVOKED, OR SUSPENDED? YES ☐ NO ☐

IF **YES**, EXPLAIN:

HAVE YOU RECEIVED A TICKET OR BEEN CHARGED WITH ANY TRAFFIC VIOLATION(S) DURING THE PAST SEVEN (7) YEARS?

YES ☐ NO ☐ IF **YES**, EXPLAIN:

HAVE YOU EVER HAD A DRIVERS LICENSE IN ANOTHER STATE? YES ☐ NO ☐

IF YES, LIST ALL STATE AND INDICATE ANY LICENSE THAT HAVE BEEN REVOKED AND WHY.

STATE	LICENSE NUMBER	STATUS	REASON:
STATE	LICENSE NUBMER	STATUS	REASON:
STATE	LICENSE NUMBER	STATUS	REASON:

EDUCATION

HIGH SCHOOL

NAME OF SCHOOL		CITY		STATE
DATES ATTENDED: FROM	TO	DATE GRADUATED	TYPE OF DIPLOMA	
IF YOU DID NOT GRADUATE, DO YOU HAVE A GED ? YES <input type="checkbox"/> NO <input type="checkbox"/>				

COLLEGE/TECHNICAL

☐ CHECK HERE IF NOT APPLICABLE

NAME OF SCHOOL		CITY		STATE
DATES ATTENDED: FROM	TO	DATE GRADUATED	TYPE OF DEGREE	
MAJOR/MINOR				NUMBER OF CREDITS

COLLEGE/TECHNICAL

NAME OF SCHOOL		CITY		STATE
DATES ATTENDED: FROM	TO	DATE GRADUATED	TYPE OF DEGREE	
MAJOR/MINOR				NUMBER OF CREDITS

COLLEGE/TECHNICAL

NAME OF SCHOOL		CITY		STATE
DATES ATTENDED: FROM	TO	DATE GRADUATED	TYPE OF DEGREE	
MAJOR/MINOR				NUMBER OF CREDITS

POST GRADUATE

☐ CHECK HERE IF NOT APPLICABLE

NAME OF SCHOOL		CITY		STATE
DATES ATTENDED: FROM	TO	DATE GRADUATED	TYPE OF DEGREE	
MAJOR/MINOR				NUMBER OF CREDITS

POST GRADUATE

NAME OF SCHOOL		CITY		STATE
DATES ATTENDED: FROM	TO	DATE GRADUATED	TYPE OF DEGREE	
MAJOR/MINOR				NUMBER OF CREDITS

EDUCATION (CONT.)

LAW ENFORCEMENT ACADEMY

☐ CHECK HERE IF NOT APPLICABLE

NAME OF SCHOOL		CITY		STATE
DATES ATTENDED: FROM	TO	DATE GRADUATED		

TYPE OF ACADEMY? FULL ☐ CROSSOVER ☐

DID YOU PASS THE FLORIDA CERTIFICATION EXAM? YES ☐ NO ☐

TRAINING CERTIFICATES/AWARDS/PERFORMANCE COMMENDATIONS

FOREIGN LANGUAGES

DO YOU SPEAK ANY FOREIGN LANGUAGES? YES ☐ NO ☐ IF SO PLEASE LIST ALL LANGUAGES.

READ	WRITE

HOBBIES AND INTERESTS

LIST ANY SPECIAL ABILITIES, INTEREST, AND HOBBIES YOU HAVE AND THE DEGREE OF PROFICIENCY

SPECIAL LICENSE

LIST ALL TYPES OF SPECIAL LICENSE SUCH AS PILOT, RADIO OPERATOR, ETC.

TYPE	DATE ISSUED	EXPIRATION	ISSUING AUTHORITY
TYPE	DATE ISSUED	EXPIRATION	ISSUING AUTHORITY
TYPE	DATE ISSUED	EXPIRATION	ISSUING AUTHORITY

SPECIAL SKILLS

LIST SPECIAL SKILLS YOU POSSESS AND EQUIPMENT YOU CAN USE WHICH MAY BE RELATED TO LAW ENFORCEMENT WORK. (Example: two-way radio, breathalyzer, speed detection equipment, firearms, computers)

APPROXIMATE NUMBER OF WORDS PER MINUTE: TYPING SHORTHAND

EMPLOYMENT HISTORY

COMPLETE THIS SECTION AND LIST YOUR MOST RECENT EMPLOYER FIRST. IF YOU ARE CURRENTLY UNEMPLOYED, LEAVE PRESENT EMPLOYER SECTION OF THIS APPLICATION BLANK. PLEASE INCLUDE ANY VOLUNTARY UNPAID WORK EXPERIENCE AS WELL AS MILITARY SERVICE, AND ANY PERIOD OF UNEMPLOYMENT. LIST ANY BUSINESS WHICH YOU OWN, ARE A PARTNER, OR CORPORATE OFFICER IN THE WORK HISTORY SECTION. IF YOU NEED ADDITIONAL SPACE, PLEASE PHOTOCOPY THIS FORM AND PROVIDE ALL INFORMATION.

YOU MUST ACCOUNT FOR ALL PERIODS OF TIME FOR AT LEAST THE LAST TEN (10) YEARS.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES ☐ NO ☐
(IF "NO", AT THE TIME OF A CONDITIONAL JOB OFFER YOUR CURRENT EMPLOYER WILL BE CONTACTED.)

DOES YOUR CURRENT EMPLOYER KNOW YOU ARE SEEKING OTHER EMPLOYMENT? YES ☐ NO ☐
(IF "YES" OR "NO", AT THE TIME OF A CONDITIONAL JOB OFFER YOUR CURRENT EMPLOYER WILL BE CONTACTED.)

CURRENT / PRESENT EMPLOYER			
EMPLOYER NAME	DATES OF EMPLOYMENT: FROM		TO
EMPLOYER ADDRESS	CITY	STATE	ZIP
EMPLOYER PHONE NUMBER	FAX NUMBER	EMAIL	
POSITION HELD		FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>
NAME OF SUPERVISOR		LAST SALARY	
REASON FOR LEAVING			

EMPLOYMENT HISTORY (CONT.)

PAST EMPLOYER'S					
1					
	EMPLOYER NAME		DATES OF EMPLOYMENT: FROM TO		
	EMPLOYER ADDRESS		CITY	STATE	ZIP
	EMPLOYER PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS		
			FULL TIME <input type="checkbox"/>		PART TIME <input type="checkbox"/>
	POSITION HELD				LAST SALARY
NAME OF SUPERVISOR		REASON FOR LEAVING			
2					
	EMPLOYER NAME		DATES OF EMPLOYMENT: FROM TO		
	EMPLOYER ADDRESS		CITY	STATE	ZIP
	EMPLOYER PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS		
			FULL TIME <input type="checkbox"/>		PART TIME <input type="checkbox"/>
	POSITION HELD				LAST SALARY
NAME OF SUPERVISOR		REASON FOR LEAVING			
3					
	EMPLOYER NAME		DATES OF EMPLOYMENT: FROM TO		
	EMPLOYER ADDRESS		CITY	STATE	ZIP
	EMPLOYER PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS		
			FULL TIME <input type="checkbox"/>		PART TIME <input type="checkbox"/>
	POSITION HELD				LAST SALARY
NAME OF SUPERVISOR		REASON FOR LEAVING			
4					
	EMPLOYER NAME		DATES OF EMPLOYMENT: FROM TO		
	EMPLOYER ADDRESS		CITY	STATE	ZIP
	EMPLOYER PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS		
			FULL TIME <input type="checkbox"/>		PART TIME <input type="checkbox"/>
	POSITION HELD				LAST SALARY
NAME OF SUPERVISOR		REASON FOR LEAVING			

EMPLOYMENT HISTORY (CONT.)

5						
	EMPLOYER NAME		DATES OF EMPLOYMENT: FROM		TO	
	EMPLOYER ADDRESS		CITY		STATE	ZIP
	EMPLOYER PHONE NUMBER		FAX NUMBER	EMAIL ADDRESS		
			FULL TIME <input type="checkbox"/>		PART TIME <input type="checkbox"/>	
	POSITION HELD					LAST SALARY
NAME OF SUPERVISOR			REASON FOR LEAVING			

6						
	EMPLOYER NAME		DATES OF EMPLOYMENT: FROM		TO	
	EMPLOYER ADDRESS		CITY		STATE	ZIP
	EMPLOYER PHONE NUMBER		FAX NUMBER	EMAIL ADDRESS		
			FULL TIME <input type="checkbox"/>		PART TIME <input type="checkbox"/>	
	POSITION HELD					LAST SALARY
NAME OF SUPERVISOR			REASON FOR LEAVING			

HAVE YOU EVER BEEN DISMISSED, ASKED TO RESIGN OR HAD ANY DISCIPLINARY ACTION TAKEN AGAINST YOU FROM ANY EMPLOYMENT OR POSITION YOU HAVE HELD? (IF **YES**, PLEASE EXPLAIN)

YES ☐ NO ☐

1						
	EMPLOYER NAME		DATE OF DISCIPLINARY ACTION		NATURE OF DISCIPLINE	

2						
	EMPLOYER NAME		DATE OF DISCIPLINARY ACTION		NATURE OF DISCIPLINE	

	EMPLOYER NAME		DATE OF DISCIPLINARY ACTION		NATURE OF DISCIPLINE	

MILITARY HISTORY

HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE UNITED STATES ARMED FORCES?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES,					
	BRANCH	SERIAL #	DATE OF SERVICE: FROM TO		
TYPE OF DISCHARGE			RANK UPON DISCHARGE		
HAVE YOU EVER BEEN A MEMBER OF A RESERVE UNIT OR NATIONAL GUARD?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES,					
	BRANCH	UNIT NAME	LOCATION		
DO YOU ATTEND DRILLS, MEETINGS, OR CAMPS?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
WAS ANY TYPE OF DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE SERVICE?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES,					
	DATE	LOCATION			
NATURE OF OFFENSE			ACTION TAKEN		
HAVE YOU EVER SERVED IN THE ARMED FORCES OF A FOREIGN COUNTRY?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES PLEASE PROVIDE:					
	COUNTRY	DATE FROM TO			

RESIDENCES

ACTUAL PLACES OF RESIDENCE FOR THE PAST TEN (10) YEARS – LIST CURRENT TO OLDEST OF ALL ADDRESSES, INCLUDING RESIDENCES WHILE IN SCHOOL AND IN THE MILITARY. FOR COLLEGE ON-CAMPUS RESIDENCIES, GIVE THE DORMITORY NAME, CITY AND STATE. IF RESIDENCES DURING MILITARY SERVICE CANNOT BE SHOWN AS STREET ADDRESS, INDICATE THE COMPLETE MILITARY UNIT DESIGNATION AND THE LOCATION BY CITY AND STATE. IF POST OFFICE BOX, GIVE LOCATION OF POST OFFICE, ALSO LIST PHYSICAL ADDRESS AT THE TIME USING THE POST OFFICE BOX ADDRESS.

1				
	DATE FROM	TO	STREET	APT 3
	CITY	ST	ZIP	COMPLEX / SUBDIVISION NAME
2				
	DATE FROM	TO	STREET	APT 3
	CITY	ST	ZIP	COMPLEX / SUBDIVISION NAME
3				
	DATE FROM	TO	STREET	APT 3
	CITY	ST	ZIP	COMPLEX / SUBDIVISION NAME

RESIDENCES (CONT.)

4				
	DATE FROM	TO	STREET	APT 3
	CITY	ST	ZIP	COMPLEX / SUBDIVISION NAME

5				
	DATE FROM	TO	STREET	APT 3
	CITY	ST	ZIP	COMPLEX / SUBDIVISION NAME

6				
	DATE FROM	TO	STREET	APT 3
	CITY	ST	ZIP	COMPLEX / SUBDIVISION NAME

7				
	DATE FROM	TO	STREET	APT 3
	CITY	ST	ZIP	COMPLEX / SUBDIVISION NAME

8				
	DATE FROM	TO	STREET	APT 3
	CITY	ST	ZIP	COMPLEX / SUBDIVISION NAME

PERSONAL REFERENCES

LIST SIX (6) REFERENCE (NOT INCLUDING RELATIVES) 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. YOU MUST GIVE COMPLETE INFORMATION FOR EACH REFERENCE. IF THEY ARE RETIRED, PLEASE LIST THEIR FORMER OCCUPATION.

1	MR. <input type="checkbox"/> MS. <input type="checkbox"/>			
	NAME		NO. YEARS ACQUAINTED	
	ADDRESS		CITY	ST ZIP
	HOME PHONE	OCCUPATION	WORK PHONE	EMAIL ADDRESS

2	MR. <input type="checkbox"/> MS. <input type="checkbox"/>			
	NAME		NO. YEARS ACQUAINTED	
	ADDRESS		CITY	ST ZIP
	HOME PHONE	OCCUPATION	WORK PHONE	EMAIL ADDRESS

PERSONAL REFERENCES (CONT.)

3	MR. <input type="checkbox"/> MS. <input type="checkbox"/>					
	NAME				NO. YEARS ACQUAINTED	
	ADDRESS		CITY	ST	ZIP	
HOME PHONE		OCCUPATION	WORK PHONE	EMAIL ADDRESS		

4	MR. <input type="checkbox"/> MS. <input type="checkbox"/>					
	NAME				NO. YEARS ACQUAINTED	
	ADDRESS		CITY	ST	ZIP	
HOME PHONE		OCCUPATION	WORK PHONE	EMAIL ADDRESS		

5	MR. <input type="checkbox"/> MS. <input type="checkbox"/>					
	NAME				NO. YEARS ACQUAINTED	
	ADDRESS		CITY	ST	ZIP	
HOME PHONE		OCCUPATION	WORK PHONE	EMAIL ADDRESS		

6	MR. <input type="checkbox"/> MS. <input type="checkbox"/>					
	NAME				NO. YEARS ACQUAINTED	
	ADDRESS		CITY	ST	ZIP	
HOME PHONE		OCCUPATION	WORK PHONE	EMAIL ADDRESS		

CONTROLLED SUBSTANCES

DRUG TESTING IS REQUIRED FOR THIS POSITION. ALL APPLICANTS MUST COMPLETE THE BELOW DRUG USE QUESTIONNAIRE WHEN APPLYING FOR A POSITION. THIS QUESTIONNAIRE IS PART OF THE APPLICATION PROCESS AND MUST BE COMPLETED BEFORE THE APPLICATION WILL BE REVIEWED. FAILURE TO SUBMIT THIS FORM WILL RESULT IN DISQUALIFICATION OF YOUR APPLICATION.

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, TO TONGUE; INJECTING; OR INGESTING BY ANY OTHER MEANS AS A JUVENILE OR AS AN ADULT)

YES ☐ NO ☐ IF **YES** LIST DETAILS BELOW.

CONTROLLED SUBSTANCE	# TIMES TRIED	# TIMES PURCHASED	# TIMES SOLD	FIRST TIME (MM\YY)	LAST TIME (MM\YY)
MARIJUANA "POT"					
COCAINE/"CRACK"					
STEROIDS					
ECSTASY					

CONTROLLED SUBSTANCES (CONT.)

METHAMPHETAMINE/METH					
LSD/"ACID"					
HEROIN					
OTHER:					
OTHER:					
OTHER:					

CRIMINAL HISTORY

CHARGES: WHEN APPLYING FOR A POSITION WITH A LAW ENFORCEMENT AGENCY. FLORIDA LAW REQUIRES THAT **ALL** ARRESTS AND CHARGES BE DISCLOSED, REGARDLESS OF THE DISPOSITION. THESE INCLUDE, BUT ARE NOT LIMITED TO ALL SUCH MATTERS, EVEN IF NOT FORMALLY CHARGED OR NO COURT APPEARANCE, OR FOUND NOT GUILTY, OR NOLO CONTENDRE TO ANY CHARGE FOR WHICH ADJUDICATION WAS WITHHELD, OR MATTER SETTLED BY PAYMENT OF FINE OR FORFEITURE OF COLLATERAL. (INCLUDE YOUR JUVENILE RECORD AND RECORDS OF YOUR ARREST WHICH HAVE BEEN SEALED, IF ANY.)

CONVICTIONS: THE CIRCUMSTANCES SURROUNDING THE CONVICTION ARE CONSIDERED SUCH AS: THE NATURE, NUMBER, SEVERITY, DATE OF OFFENSE, SUBSEQUENT HISTORY, EFFORTS AT REHABILITATION, AND RELATION OF THE OFFENSE TO THE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING.

HAVE YOU EVER BEEN ARRESTED BY ANY LAW ENFORCEMENT AGENCY FOR ANY REASON?

YES ☐ NO ☐ THIS INCLUDES ARRESTS OR DETENTIONS (HELD FOR QUESTIONING) AS A JUVENILE OR FOR VIOLATIONS WHICH WERE NOT PROSECUTED OR WHERE SOME TYPE OF PRE-TRIAL INTERVENTION WAS OFFERED, AND INCLUDES ALL ARRESTS REGARDLESS OF YOUR PLEA.

HAVE YOU EVER BEEN CONVICTED OF, OR HAVE YOU BEEN FOUND TO HAVE COMMITTED ANY CIVIL OR CRIMINAL LAW VIOLATION OTHER THAN MINOR TRAFFIC VIOLATION?

YES ☐ NO ☐

HAVE YOU EVER HAD A CRIMINAL CHARGE OR RECORD SEALED, EXPUNGED OR PURGED?

YES ☐ NO ☐

IF YES, LIST ALL CRIMINAL AND CIVIL LAW VIOLATIONS. INCLUDE DISPOSITIONS (COPIES OF ALL COURT DISPOSITIONS MUST BE SUBMITTED WITH APPLICATION.) BE SURE TO INCLUDE CHARGES FROM ALL STATES REGARDLESS OF THE OUTCOME OR TIMEFRAME. **ATTACH ADDITIONAL PAGES IF NECESSARY.**

CHARGE	DATE (MM\YY)
ARRESTING AGENCY	
DISPOSITION OR OUTCOME	DATE (MM\YY)
CHARGE	DATE (MM\YY)
ARRESTING AGENCY	
DISPOSITION OR OUTCOME	DATE (MM\YY)

VETERANS' PREFERENCE

PER FLORIDA STATE STATUTE CHAPTER 295 AND RULES OF THE FLORIDA DEPARTMENT OF VETERANS' AFFAIRS, VETERANS' PREFERENCE POINTS SHALL BE AWARDED TO THE EARNED RATINGS OF ELIGIBLE APPLICANTS WHO HAVE ACHIEVED A MINIMUM QUALIFYING SCORE ON AN EXAMINATION, HAVE RECEIVED AN HONORABLE DISCHARGE, AND WHO ARE RESIDENTS OF THE STATE OF FLORIDA. SPECIAL CONSIDERATION WILL BE GIVEN TO ELIGIBLE APPLICANTS WHO APPLY FOR POSITIONS WHERE EXAMINATION ARE NOT USED.

IN ORDER TO RECEIVE PREFERENCE, AN APPLICANT MUST COMPLETE THE FOLLOWING REQUIREMENTS BY THE CLOSING DATE AND TIME OF THE EMPLOYMENT OPPORTUNITY SPECIFIED ON THE POSTING:

1. INDICATE CLAIM FOR VETERANS' PREFERENCE ON THIS APPLICATION.
2. ANSWER ALL QUESTIONS ON THE VETERANS' PREFERENCE CLAIM.
3. PROVIDE REQUIRED DOCUMENTATION

VETERANS, DISABLED VETERANS, OR SPOUSES OF DISABLED VETERANS SHALL PROVIDE DD-214 MEMBER 4 FORM, MILITARY DISCHARGE PAPERS, OR EQUIVALENT V.A. CERTIFICATION LISTING:

1. MILITARY STATUS,
2. DATES OF SERVICE, AND
3. DISCHARGE TYPE.

DISABLED VETERANS SHALL ALSO PROVIDE A DOCUMENT FROM THE DEPARTMENT OF DEFENSE, V.A., OR DEPARTMENT OF VETERANS' AFFAIRS CERTIFYING THAT THE VETERAN HAS A SERVICE-CONNECTED DISABILITY.

SPOUSES OF DISABLED VETERANS SHALL ALSO PROVIDE:

1. EVIDENCE OF MARRIAGE,
2. STATEMENT THAT SPOUSE IS STILL MARRIED TO THE VETERAN, AND
3. PROOF THAT THE VETERAN CANNOT QUALIFY FOR EMPLOYMENT DUE TO SERVICE-CONNECTED DISABILITY (e.g., DEPARTMENT OF DEFENSE OR V.A. CERTIFICATION OF TOTAL AND PERMANENT DISABILITY OR DEPARTMENT OF VETERANS' AFFAIRS ID CARD).

SPOUSES OF PERSONS MISSING, CAPTURED, OR DETAINED ON ACTIVE DUTY SHALL FURNISH:

1. EVIDENCE OF MARRIAGE,
2. STATEMENT THAT SPOUSE IS STILL MARRIED TO THE VETERAN, AND
3. DEPARTMENT OF DEFENSE OR V.A. DOCUMENT CERTIFYING THE PERSON ON ACTIVE DUTY IS MISSING IN ACTION OR CAPTURED OR FORCIBLY DETAINED IN LINE OF DUTY BY FOREIGN GOVERNMENT OR POWER.

UNREMARIED WIDOW/WIDOWERS OF DECEASED VETERANS SHALL FURNISH:

1. EVIDENCE OF MARRIAGE,
2. STATEMENT THE WIDOW/WIDOWER IS NOT REMARRIED, AND
3. DEPARTMENT OF DEFENSE OR V.A. DOCUMENT CERTIFYING SERVICE-CONNECTED DEATH.

I UNDERSTAND THAT AN APPLICANT ELIGIBLE FOR VETERANS' PREFERENCE WHO BELIEVES HE OR SHE WAS NOT AFFORDED EMPLOYMENT PREFERENCE IN ACCORDANCE WITH THE AFOREMENTIONED RULE, MAY FILE A COMPLAINT WITH THE FLORIDA DIVISION OF VETERANS AFFAIRS, P.O. BOX 1437, St. PETERSBURG, FL 33731 REQUESTING AND INVESTIGATION. WHEN NOTICE OF A HIRING DECISION IS GIVEN BY A COVERED EMPLOYER, THE COMPLAINT SHALL BE FILED WITHIN 21 CALENDAR DAYS FROM THE DATE THE NOTICE IS RECEIVED BY THE APPLICANT. I FURTHER UNDERSTAND THAT IF THE FLORIDA DIVISION OF VETERANS AFFAIR FINDS THE COMPLAINT TO BE VALID AND THE COMPLAINANT AND THE EMPLOYER FAIL TO REACH A SATISFACTORY RESOLUTION, THE COMPLAINANT MAY PETITION THE PUBLIC EMPLOYEES RELATION COMMISSION FOR A HEARING

VETERANS' PREFERENCE CLAIM

DO YOU WISH TO CLAIM VETERANS' PREFERENCE UNDER FLORIDA STATUTE 295?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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I WISH TO CLAIM VETERANS' PREFERENCE AS:

- ☐ 1. ANY VETERAN WITH A SERVICE-CONNECTED DISABILITY COMPENSABLE UNDER PUBLIC LAW ADMINISTERED BY THE U.S. DEPARTMENT OF VETERANS' AFFAIRS?

- ☐ 2. THE SPOUSE OF ANY VETERAN, WHO HAS A TOTAL AND PERMANENT SERVICE-CONNECTED DISABILITY AND WHO BECAUSE OF THIS DISABILITY CANNOT QUALIFY FOR EMPLOYMENT; OR, THE SPOUSE OF ANY PERSON WHO IS MISSING IN ACTION, CAPTURED IN THE LINE OF DUTY BY A HOSTILE FORCE, OR FORCIBLY DETAINED OR INTERNED IN THE LINE OF DUTY BY A FOREIGN GOVERNMENT OR POWER?

- ☐ 3. A VETERAN WHO HAS SERVED ON ACTIVE DUTY FOR ONE (1) 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. AN UNREMARIED WIDOW/WIDOWER OF A VETERAN WHO DIED AS A RESULT OF SERVICE-CONNECTED DISABILITY

- ☐ 5. ANY VETERAN WHO HAS SERVED IN A QUALIFYING CAMPAIGN OR EXPEDITION FOR WHICH A CAMPAIGN BADGE HAS BEEN AUTHORIZED?

IF YOU HAVE A SERVICE-CONNECTED DISABILITY, SUCH DISABILITY HAS BEEN RATED BY THE V.A. OR DEPARTMENT OF DEFENSE TO BE. PERCENTAGE

NOTE: A DD-214, MILITARY DISCHARGE PAPERS FROM THE DEPARTMENT OF DEFENSE OR COMPARABLE DOCUMENTS FROM THE DEPARTMENT OF VETERANS AFFAIRS WHICH SERVES AS A CERTIFICATE OF RELEASE OR DISCHARGE MUST BE FURNISHED AT THE TIME OF APPLICATION. IN ADDITION, APPLICANTS CLAIMING CATEGORIES 1, 2, OR 4 ABOVE MUST FURNISH SUPPORTING DOCUMENTATION IN ACCORDANCE WITH THE PROVISIONS OF RULE 55A-7.013, F.A.C. WARTIME PERIODS ARE DEFINED IN SECTION 1.01,F.S. UNDER FLORIDA LAW, PREFERENCE IN APPOINTMENT SHALL BE GIVEN BY THE STATE TO THOSE PERSONS IN CATEGORIES 1 AND 2 AND THEN THOSE IN CATEGORIES 3 AND 4. VETERANS' PREFERENCE IS NOT AVAILABLE TO THOSE CLASSIFIED AS A "DESERTER" OR WHO RECEIVED LESS THAN HONORABLE DISCHARGE UPON SEPARATION OF DISCHARGE FORM THE ARMED FORCES.

ORGANIZATION MEMBERSHIPS

LIST ALL CLUBS, SOCIETIES OF WHICH YOU AARE OR HAVE BEEN A MEMBER:
--

NAME	PRESENT	FORMER	ADDRESS
(IF PRESENT, LIST POSITION HELD AND DESCRIBE ACTIVITY)			
NAME	PRESENT	FORMER	ADDRESS
(IF PRESENT, LIST POSITION HELD AND DESCRIBE ACTIVITY)			

ORGANIZATION MEMBERSHIPS (CONT.)

NAME	PRESENT	FORMER	ADDRESS

(IF PRESENT, LIST POSITION HELD AND DESCRIBE ACTIVITY)

NAME	PRESENT	FORMER	ADDRESS

(IF PRESENT, LIST POSITION HELD AND DESCRIBE ACTIVITY)

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, GANGS, CLUBS, SOCIAL GROUP, MOVEMENT, OR COMBINATION OF PERSONS, (E.G. STREET GANGS, MOTORCYCLE CLUBS, CIVIC ORGANIZATIONS, HATE GROUPS, MILITIAS, ETC), WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?

YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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IF YES, EXPLAIN INCLUDING NAME OF ORGANIZATION AND LOCATION.

DO YOU NOW OR HAVE YOU EVER ASSOCIATED WITH ANY PERSON OR ORGANIZATION THAT YOU KNEW, OR SHOULD HAVE KNOWN, WAS UNDER CRIMINAL INVESTIGATION, OR HAD A REPUTATION IN THE COMMUNITY OR WITH LAW ENFORCEMENT AGENCIES FOR BEING INVOLVED IN CRIMINAL OR TERRORIST BEHAVIOR?

YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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IF YES, EXPLAIN INCLUDING NAME OF ORGANIZATION AND LOCATION.

APPLICANT'S CERTIFICATION

THE FRUITLAND PARK POLICE DEPARTMENT IS AUTHORIZED TO VERIFY ANY OR ALL OF THE INFORMATION CONTAINED IN THE APPLICATION FORM. A FALSE ANSWER TO ANY QUESTION(S) IN THIS APPLICATION MAY BE GROUNDS FOR NON-SELECTION OR FOR TERMINATION AFTER YOU BEGIN WORK WITH OUR DEPARTMENT. ALL STATEMENTS ARE SUBJECT TO INVESTIGATION, INCLUDING A CHECK OF YOUR TRAINING AND EXPERIENCE RECORDS. ALL INFORMATION YOU GIVE WILL BE CONSIDERED IN REVIEWING YOUR APPLICATION. YOUR APPLICATION MAY BE SUBJECT TO PUBLIC INSPECTION IN ACCORDANCE WITH THE FLORIDA PUBLIC RECORDS LAW, CHAPTER 119, FLORIDA STATE STATUTES.

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT. I AGREE AND UNDERSTAND THAT ANY MISSTATEMENT, MISREPRESENTATION OR FALSIFICATION OF FACTS COULD RESULT IN MY DISQUALIFICATION OF EMPLOYMENT WITH THE FRUITLAND PARK POLICE DEPARTMENT. IF ACCEPTED FOR EMPLOYMENT I AGREE TO ABIDE BY AND COMPLY WITH ALL POLICY AND PROCEDURES, REGULATIONS, AND RULES OF BOTH THE CITY OF FRUITLAND PARK AND THE FRUITLAND PARK POLICE DEPARTMENT. I UNDERSTAND AND AGREE THAT I AM FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME. I FURTHER UNDERSTAND AND AGREE THAT MY EMPLOYER HAS THE RIGHT TO TERMINATE MY EMPLOYMENT DURING MY INITIAL PROBATIONARY PERIOD WITH OR WITHOUT CAUSE. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT WITH ME CONTRARY TO THE RULES, REGULATIONS, POLICIES AND PROCEDURES OF THE CITY OF FRUITLAND PARK AND THE FRUITLAND PARK POLICE DEPARTMENT.

SIGNATURE

DATE

STATE OF FLORIDA, COUNTY OF

BEFORE ME PERSONALLY APPEARED

WHO SAYS THAT HE/SHE

EXECUTED THE ABOVE INSTRUMENT OF HIS/HER OWN FREE WILL AND ACCORD, WITH FULL

KNOWLEDGE OF THE PURPOSE THEREFORE.

SWORN AND SUBSCRIBED IN MY PRESENCE THIS

DAY OF

MY COMMISSION EXPIRES ON

DATE

NOTARY PUBLIC

☐ PERSONALLY KNOWN OR

☐ PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED

NOTARY SEAL/STAMP

BACKGROUND INVESTIGATION WAIVER
AUTHORITY FOR RELEASE OF INFORMATION

TO: CONCERNED PERSON OR
AUTHORIZED REPRESENTATIVE OF
ANY ORGANIZATION, INSTITUTION
OR REPOSITORY OF RECORDS

APPLICANT'S NAME:

DATE OF BIRTH:

SOCIAL SECURITY NO.:

EMPLOYING AGENCY REQUESTING BACK GROUND INFO: FRUITLAND PARK POLICE DEPARTMENT

I hereby authorize any employee or authorized representative bearing this release, copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievements, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, education 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 associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the national records center, St. Louis, Missouri, and other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD214, report of separation, to:

Florida state statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: - An employer who discloses information about a former employees' job performance to a prospective employer of the former employee upon request of the prospective employer of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information is disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.

Pursuant to section 943.13 (4), (5), and (7) 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.

SIGNATURE

DATE

STATE OF FLORIDA, COUNTY OF

BEFORE ME PERSONALLY APPEARED

WHO SAYS THAT HE/SHE

EXECUTED THE ABOVE INSTRUMENT OF HIS/HER OWN FREE WILL AND ACCORD, WITH FULL
KNOWLEDGE OF THE PURPOSE THEREFORE.

SWORN AND SUBSCRIBED IN MY PRESENCE THIS

DAY OF

MY COMMISSION EXPIRES ON

DATE

NOTARY PUBLIC

☐ PERSONALLY KNOWN OR

☐ PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED

NOTARY SEAL/STAMP

APPLICANT CHECKLIST

ALONG WITH YOUR APPLICATION, PLEASE SUBMIT COPIES OF ANY OF THE DOCUMENTS LISTED BELOW WHICH APPLY TO YOU. COPIES SHOULD BE ON 8.5" BY 11" PAPER AND SHOULD BE INSERTED IN THE ORDER LISTED. FAILURE TO SUBMIT ALL OF THE ITEMS LISTED BELOW MAY DISQUALIFY YOUR APPLICATION. PLEASE NOTE THAT THE FRUITLAND PARK POLICE DEPARTMENT WILL NOT MAKE COPIES OF DOCUMENTS NOR PROVIDE NOTARY SERVICE FOR THE BACKGROUND INVESTIGATION WAIVER FORM.

☐ **COPY OF YOUR VALID FLORIDA DRIVERS LICENSE**

A photocopy of your current driver's license (include back of license if renewal information is located on the back.

☐ **COPY OF YOUR SOCIAL SECURITY CARD**

☐ **CERTIFIED COPY OF YOUR BIRTH CERTIFICATE**

A copy of the document must be from the bureau of vital statistics from the state of your birth.

☐ **COPY OF YOUR HIGH SCHOOL DIPLOMA OR GED**

☐ **COPY OF ANY COLLEGE, VOCATIONAL DEGREES AND TRANSCRIPTS**

If your application reflects that you hold a college degree, you must submit copies of your college transcripts for each degree that you hold. Copies may be sent from you college directly to human resources in a sealed envelope, or attached to you application in a tamper evident envelope sealed by the college.

☐ **COPY OF YOUR DD-214 (MILITARY DISCHARGE PAPERS)**

DD-214 (Member 4 copy) reflecting character of service and type of separation for each tour of duty or branch of service.

☐ **COPY OF YOUR FLORIDA LAW ENFORCEMENT ACADEMY CERTIFICATE**

☐ **COPY OF YOUR FLORIDA BASIC LAW ENFORCEMENT EXAM RESULTS**

☐ **PROOF OF NAME CHANGE (IF APPLICABLE)**

☐ **NATURALIZATION PAPERS (IF APPLICABLE)**

Federal law prohibits copying of naturalization papers. The actual papers must be presented at the time of application.

PLEASE COMPLETE ALL PORTIONS OF THE APPLICATION FULLY AND ACCURATELY. INCOMPLETE OR INACCURATE INFORMATION WILL RESULT IN YOUR PROCESSING BEING DELAYED OR STOPPED. ALL ADDRESSES MUST BE COMPLETE, INCLUDING ZIP CODES AND TELEPHONE NUMBERS. IF AN ITEM DOES NOT APPLY, PLEASE WRITE N/A FOR "NOT APPLICABLE."

THIS COMPLETED APPLICATION MUST BE NOTARIZED PRIOR TO SUBMITTAL. PROVIDING FALSE INFORMATION SHALL BE SUFFICIENT CAUSE FOR REJECTION. ALL INFORMATION CONTAINED IN THIS APPLICATION WILL BE VERIFIED THROUGH A BACKGROUND INVESTIGATION

WHERE POSSIBLE, APPLICANTS WITH LAW ENFORCEMENT EXPERIENCE SHOULD PROVIDE COPIES OF THEIR LAST THREE EVALUATIONS (OR LESS BASED ON LENGTH OF SERVICE) FROM THEIR CURRENT AND/OR PREVIOUS AGENCIES. WHILE THIS INFORMATION IS HELPFUL, IT IS NOT REQUIRED.



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 _____



Florida Department of
Law Enforcement

AFFIDAVIT OF APPLICANT

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



CJSTC
68

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

Last Four Digits of Applicant's Social Security Number: _____

Applicant's Legal Name: _____
Last First MI

Employing agency: _____

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

- Be at least 18 years of age for correctional officer or 19 years of age for all others.
- Be a citizen of the United States.
- Be a high school graduate or equivalent.
- Not have been convicted of any felony or of a misdemeanor involving perjury or false statement. Any person who, after July 1, 1981, pleads guilty or nolo contendere to or is found guilty of a felony or of a misdemeanor involving perjury or a false statement shall not be eligible for employment or appointment as an officer, notwithstanding suspension of a sentence or withholding of adjudication.
- Have been fingerprinted by the employing agency.
- Have passed a physical examination by a licensed medical specialist approved in Rule 11B-27.002(1)(d), F.A.C..
- Be of good moral character.
- Have not received a dishonorable discharge from the U.S. Military.

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

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

NOTICE: This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify the officer for employment as an officer.

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

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

14. OATH

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

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me 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 _____

*NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliance Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section



FRS Employment Certification Form

This form is not an offer of employment and completion of this form does not constitute enrollment in a retirement program under the Florida Retirement System (FRS). If you are hired, information about your retirement plan options may be mailed to your address on file.

1

Enter Your Info

PLEASE PRINT

NAME _____

SOCIAL SECURITY NUMBER _____

CURRENT AGENCY NAME _____

PREVIOUS AGENCY NAME _____

2

Confirm Prior Member-ship

Have you ever been a member of a State of Florida-administered retirement plan?

☐

No, I have never been a member of a State of Florida-administered retirement plan.

If No, skip to section 4.

☐

Yes, I have been a member of a State of Florida-administered retirement plan.

If Yes, indicate which plan(s) you are or were a member of, then proceed to section 3.

☐ FRS Pension Plan (including DROP)

☐ FRS Investment Plan

☐ Senior Management Service Optional Annuity Program (SMSOAP)

☐ State Community College System Optional Retirement Program (SCCSORP)

☐ State University System Optional Retirement Program (SUSORP)

☐ Other _____

If you answered YES above but have never made a retirement plan election (including default) between the FRS Pension Plan and the FRS Investment Plan, you will have a choice period established for you with a designated deadline. See page 2 for additional information on making a choice.

3

Confirm Retiree Status

Are you retired from a State of Florida-administered plan? You are considered retired if:

- You have received any benefits (other than a withdrawal of your employee contributions) under the FRS Pension Plan, including DROP.
- You have taken any distribution (including a rollover) from the FRS Investment Plan, or other state-administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), state government for senior managers (SMSOAP), or local governments for senior managers.

☐

No, I am not retired from a State of Florida-administered plan. I understand that if it is later determined I am retired, both my employer and I might be liable for repaying retirement benefits I have received if I am reemployed by or provide services to an FRS-covered employer through any paid or unpaid arrangement as described below. Refer to Page 2 for additional information.

☐

Yes, I am retired from a State of Florida-administered plan, and I understand I must satisfy any termination requirement prior to returning to FRS employment.

If Yes, enter your FRS Pension Plan retirement effective date, DROP termination date, or date you received your first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan.

DATE _____

4

Sign Here

By signing below, I acknowledge that I have read and understand the information on pages 1 and 2 of this form, and I certify all supplied information to be true and correct.

SIGNATURE _____

DATE _____

Questions? Call the MyFRS Financial Guidance Line at 1-866-446-9377, Option 2 (TRS 711) or visit MyFRS.com.

This completed form, including page 2, should be retained in the employee's personnel file. Do not send this form to the FRS, unless requested.

Review the Following Important Information Carefully

Section 2 – Confirm prior membership

If you answered NO - Not Previously Enrolled in the FRS

A New Hire Kit will be mailed to your address on file with your employer within 30 to 60 days after your hire date.

- You are responsible for ensuring your retirement plan election is received by the Plan Choice Administrator on or before 4:00 p.m. ET on the last business day of the 8th month following your month of hire.
- If you do not submit an election choice, the Investment Plan will be considered your initial election by default. Exception: If you are enrolled in the Special Risk Class, the Pension Plan will be considered your initial default election.

If you answered YES - Previously Enrolled in the FRS

- If you were previously enrolled in the FRS, made an active election or defaulted into the FRS Pension Plan or FRS Investment Plan, and separated employment without retiring you will not receive a new choice window. You will continue to participate in the plan you were enrolled in at the time of separation and continue to accrue service credit under that plan.
- If you were previously enrolled in the FRS and did not make an election between the FRS Pension Plan and FRS Investment Plan during your previous enrollment in the FRS, you will receive a choice window with a designated choice deadline. This would include those who have never had an opportunity to make a retirement plan election, members with Pension Plan service prior to July 1, 2002, and who return to FRS employment today, and new hires on or after July 1, 2002 who had an election period established previously but separated employment before making an election or defaulting.
 - You are responsible for ensuring your election is received by the Plan Choice Administrator on or before 4:00 p.m. ET on the last business day of the 8th month following your month of hire.
 - If you do not submit an election, the Investment Plan will be considered your initial election by default. Exception: If you are enrolled in the Special Risk Class, the Pension Plan will be considered your initial default election.
 - If you elect or default to the Investment Plan, any accrued value you may have in the Pension Plan will be transferred to your Investment Plan account as your opening account balance and is subject to the vesting requirements of the Pension Plan. The initial transfer amount is an estimate, and your account will be reconciled within 60 days of the transfer using your actual FRS membership record pursuant to Florida law. You direct that all future employer and employee contributions be deposited in your Investment Plan account.

Section 3 – Confirm Retiree Status

If you are a Pension Plan retiree, you understand:

- If you are reemployed within six calendar months of retirement in any type of position with an FRS-participating employer, your retirement and DROP status (if applicable) are voided, all retirement and DROP benefits you received must be repaid, and you must reapply for retirement to receive future benefits.
- If you are reemployed during months 7 through 12 after retirement in any type of position with an FRS-participating employer, your monthly retirement benefit must be suspended and any overpaid benefits you received must be repaid.

If you are an Investment Plan SUSORP, SCCSORP, or SMSOAP retiree, you understand:

- If you are reemployed within the first six calendar months of retirement in **any type of position** with an FRS-participating employer, any benefits you received must be repaid, or you must terminate employment.
- If you are reemployed during calendar months 7 through 12 after retirement in **any type of position** with an FRS-participating employer, you will not be eligible for additional distributions until you terminate employment or complete 12 calendar months of retirement (whichever occurs first).
- **Any type of position** includes, **but is not limited to**, regularly established, full-time, part-time, OPS, temporary, seasonal, substitute teachers, adjunct professors, etc. Also, any paid or unpaid positions with an FRS employer, service arrangements with an FRS employer, employment by or through a third-party providing service to an FRS employer, or positions pre-arranged before retirement to provide services after retirement to any FRS employer, are prohibited.
- Florida law requires a return of all overpaid Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to overpaid SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan's administrator for details.
- There is one exception to the restrictions on reemployment limitations after retirement. If you are a retired law enforcement officer and are reemployed as a school resource officer by an FRS-covered employer during the seventh through twelfth calendar months after your retirement date or after your DROP termination date, you are eligible to receive both your salary and retirement benefits during this period.
- Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SMSOAP, SCCSORP are eligible for renewed membership in the Investment Plan, SUSORP, SMSOAP, SCCSORP. You must be employed in an FRS-covered position on or after July 1, 2017 in order to have renewed membership. Renewed members may not use a second election to change to the Pension Plan.

This completed form, including page 2, should be retained in the employee's personnel file. Do not send this form to the FRS, unless requested.