

# POLICE AND EMERGENCY COMMUNICATIONS OFFICERS



## VILLAGE OF PALM SPRINGS APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

**RETURN TO:**  
Human Resources  
226 Cypress Lane  
Palm Springs, FL 33461  
561/965-4011

**INSTRUCTIONS:** Please type or print the application in ink. **ANSWER ALL QUESTIONS.** If a question does not apply, write "Not Applicable" or "N/A." You may include a resume or other job-related documentation as a supplement to this application; however, you must provide all information requested in the application. If additional space is needed, please use a blank sheet of paper, and be sure to include your name on each additional sheet. Incomplete applications will not be considered.

Position Applied For: \_\_\_\_\_

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

How Did You Hear About This Position? \_\_\_\_\_

**EDUCATION:** (Please attach copies of degrees, certifications, etc.)

| NAME AND LOCATION OF INSTITUTION | MAJOR/<br>COURSE OF STUDY | DEGREE<br>RECEIVED | DID YOU<br>GRADUATE?         |  |
|----------------------------------|---------------------------|--------------------|------------------------------|--|
| <u>HIGH SCHOOL:</u>              |                           |                    | Diploma<br>G.E.D.            | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <u>COLLEGE/UNIVERSITY:</u>       |                           |                    | YES <input type="checkbox"/> | NO <input type="checkbox"/>  |
|                                  |                           |                    | YES <input type="checkbox"/> | NO <input type="checkbox"/>  |
| <u>OTHER EDUCATION/TRAINING:</u> |                           |                    | YES <input type="checkbox"/> | NO <input type="checkbox"/>  |
|                                  |                           |                    | YES <input type="checkbox"/> | NO <input type="checkbox"/>  |

**BACKGROUND INFORMATION:**

Are you a citizen of the U.S.? Yes  No . If "No," do you possess one of the following: An I-151 card, I-551 card, I-94 card stamped "Employment Authorized," or any other proof of employment authorization from the Immigration and Naturalization Service? Yes  No . If yes, please attach copy of documents.

Have you ever been convicted of a felony or first-degree misdemeanor, pled "Nolo Contendere," or, pled guilty to a crime, which is a felony or a first-degree misdemeanor, or, have you ever had the adjudication of guilt withheld to a crime, which is a felony or a first-degree misdemeanor? Yes  No . If yes, please give dates, city and state, charges, and disposition of the case:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT:** Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**DRIVER'S LICENSE**

State of Issuance: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Driver's License Type:  A  B  C  D  E Endorsement(s):  N  P  H  X  E

**MILITARY/VETERANS' PREFERENCE**

Are you now or have you ever been a member of any branch of the military service, Reserves or National Guard?  
Yes  No . (If yes, complete the remainder of this section. If no, please skip to the next section).

|         |                                      |                    |
|---------|--------------------------------------|--------------------|
| Branch: | Dates of Service:<br>Mo/Yr From: To: | Type of Discharge: |
|---------|--------------------------------------|--------------------|

Were you ever the subject of disciplinary action? YES  NO . (If yes, provide the date, details of the offense and type of disciplinary action:  
\_\_\_\_\_  
\_\_\_\_\_

Are you claiming Veterans' Preference for the position in which you are applying? YES  NO . If yes, check the appropriate information below AND provide a clear copy of your DD214 to substantiate your claim. The DD214 must be furnished at the time of application. Police and Fire applicants must submit a DD214 for EACH tour of duty.

- 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. Veterans Administration and the Department of Defense, or
- 2. The spouse of veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained or interned by a foreign power, or
- 3. A veteran of any war\*, who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
- 4. The un-remarried widow or widower of a veteran who died of a service connected disability.

HAVE YOU CLAIMED AND BEEN EMPLOYED THROUGH VETERANS' PREFERENCE SINCE OCTOBER 1, 1987?  
YES  NO . IF YES, NAME OF EMPLOYER \_\_\_\_\_

\*NOTE: Under Florida Law, preference in appointment shall be given for covered City positions, first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the position, he/she may file a complaint with the Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731. A complaint must be filed within 21 days from the date the applicant received notice that a hiring decision was made by the employing agency or within 3 months of the date the application is filed with the employer, if no notice is given.

**LAW ENFORCEMENT FLAG/PUBLIC RECORDS**

Florida Statute 119.07 provides exemptions from public inspection of certain records for active and former police personnel including police and certified firefighters, code inspectors and code enforcement officers and their families. Do you and/or your spouse fall into one of the aforementioned categories? YES  NO .

Have you ever worked for the Village of Palm Springs: YES  NO . If yes, please state:

Last Date of Employment: \_\_\_\_\_ Last Department Employed: \_\_\_\_\_

Do you have any relative(s), either by blood or by marriage, who is/are employed by the Village of Palm Springs? YES  NO . Relatives include: Father, Mother, Son, Daughter, Brother, Sister, Uncle, Aunt, First Cousin, Nephew, Niece, Husband, Wife, Father-In-Law, Mother-In-Law, Son-In-Law, Daughter-In-Law, Brother-In-Law, Sister-In-Law, Stepfather, Stepmother, Stepson, Stepdaughter, Stepbrother, Stepsister, Half Brother, or Half Sister. If so, please list below:

| NAME | RELATIONSHIP | DEPARTMENT EMPLOYED |
|------|--------------|---------------------|
|      |              |                     |
|      |              |                     |

**EMPLOYMENT HISTORY:**

On the following page, please list all full and part-time paid work experience. Starting with the most recent position and working back at least ten (10) years. Major changes in duties or job titles with the same employer should be listed as separate positions. If necessary, use additional sheets in the same format. **Résumés may not substitute for any information requested on this application, but may be submitted in addition to a completed application.**

***Present or Most Recent Job***

Name of Present or Last Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Current/Final Salary: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

May We Contact Your Current Employer?  Yes  No

***Previous Job***

Name of Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Current/Final Salary: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

***Previous Job***

Name of Present or Last Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Current/Final Salary: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

***Previous Job***

Name of Present or Last Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Current/Final Salary: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

\*Attach additional sheets if necessary

**List All Periods of Unemployment and Any Relevant Volunteer Work in the Past 10 Years**

| From |     | To  |     | Description of Activities and/or Volunteer Work |
|------|-----|-----|-----|---|
| Mo.  | Yr. | Mo. | Yr. |   |
|      |     |     |     |   |
|      |     |     |     |   |
|      |     |     |     |   |
|      |     |     |     |   |
|      |     |     |     |   |

**PROFESSIONAL REFERENCES:**

List three professional references that can attest to your character, ability, etc. Please give complete addresses and phone numbers (including City, State, Zip Code, and Area Code). **Do not include relatives.**

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_
2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_
3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**APPLICANT'S STATEMENT**

I understand that the Village of Palm Springs is an Equal Opportunity Employer and does not discriminate in employment or in any Personnel action, and that no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by law.

I understand that the Village of Palm Springs, is in no way obligated to provide employment, nor am I obligated to accept employment.

I understand that this application will remain in the Village's active file for six (6) months, and that I am responsible for updating my application, including any changes in my address, phone number, employment history, etc.

I agree to voluntarily consent to any lawfully administered post-offer physical examination, drug and alcohol screening.

I understand that should I become an employee, that upon termination of employment, I will return all Village-owned property issued to me by the Village of Palm Springs.

**APPLICANT CERTIFICATION:** I have read and understand all the instructions and certify that all answers and statements on this application are true to the best of my knowledge. I understand that falsification of information on this application, related employment papers, and during all interviews may result in rejection of my application and, if employed, may result in disciplinary action up to and including termination of my employment.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

The Village of Palm Springs does not discriminate on the basis of race, color, national origin, sex, religion, age, marital status or non-disqualifying disability in employment or personnel practices. In accordance with the guidelines set forth in the Americans with Disabilities Act of 1990, employment applicants in need of assistance or special accommodation to apply for a position must inform the Human Resources Division.



# VILLAGE OF PALM SPRINGS

## EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

The following information is requested for Equal Employment Opportunity record keeping and statistical reporting compliance purposes only as specified by Title VII of the Civil Rights Act of 1964, and amended by the Equal Employment Opportunity Act of 1972, Section 709 (c).

**THIS INFORMATION WILL NOT BE USED TO EVALUATE YOUR APPLICATION AND WILL BE REMOVED AND MAINTAINED IN A SEPARATE FILE.**

Application Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Sex:            Male             Female             Date of Birth: \_\_\_\_\_

National Origin: (Please check only one)

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native

**SUPPLEMENT**  
**PALM SPRINGS POLICE DEPARTMENT**



**IMPORTANT!**

Please return this checklist with your application and the items requested to:  
**Village of Palm Springs**  
**ATT: Human Resources**  
**226 Cypress Lane**  
**Palm Springs, FL 33461**

**YOUR APPLICATION WILL NOT BE ACCEPTED**  
**UNLESS ALL APPLICABLE ITEMS LISTED BELOW ARE SUPPLIED**

- Current passport photograph
- Birth certificate or other citizenship verification
- High school diploma or GED certificate
- College degrees and transcripts, if applicable
- Social Security card
- DD214 (military), if applicable
- Law Enforcement Certificate from Florida approved academy
- State test results
- Valid Florida Driver's License
- CPR Certificate (if applicable)
- EMT certificate (if applicable)
- Any other certificates pertaining to employment

**NOTE:**

Emergency Communications Officers, do not complete pages 13-15.

**PALM SPRINGS POLICE DEPARTMENT  
SUPPLEMENT FOR POLICE OFFICER**



**NOTICE TO PERSONS REGARDING  
COLLECTION OF SOCIAL SECURITY NUMBERS**

The Village of Palm Springs collects the Social Security Number of persons who:

1. Apply for employment or are employed by this municipality;
2. Apply to qualify with a firearm pursuant to HR 218, the Nationwide Concealed Carry act for Retired Law Enforcement Officers;
3. Apply to volunteer with this agency; and
4. Are arrested by this Agency.

Social Security Numbers are collected by the Village of Palm Springs for the following reasons, which are imperative for the performance of duties and responsibilities prescribed by law:

1. To verify identity;
2. To conduct employment background investigations;
3. to properly pay an employee and to credit the withholding of income taxes, social security and Medicare taxes, retirement and other items pursuant to State and Federal law; and
4. To determine criminal history and to verify wants, warrants, and/or arrest capiases.

**PALM SPRINGS POLICE DEPARTMENT  
SUPPLEMENT FOR POLICE OFFICER**



Name, (last, first, middle) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers License Number \_\_\_\_\_

The minimum requirements for a POLICE OFFICER with the Village of Palm Springs are as follows:

- Must be a U.S. Citizen and at least nineteen (19) years of age.
- Must have graduated from an accredited high school, or have obtained a State of Florida G.E.D. certificate or equivalent, as determined by Florida State Criminal Justice Standards & Training Commission and Florida Standards.
- Must possess a valid State of Florida Class E driver's license, or able to obtain prior to employment.
- Must be fingerprinted and have prints filed with the Florida Department of Law Enforcement.
- Must be of good moral character.
- Must submit to a post-offer psychological, medical inquiry, and examination with drug screen. The offer of employment will be conditioned on the results of these tests and/or examinations.
- Individuals with disabilities who will need reasonable accommodation in order to complete a test must inform the Village of Palm Springs a minimum of 48 hours prior to the administration of the test. Documentation supporting the need for accommodation must be submitted a minimum of 48 hours prior to the administration of the test. (29CFR1630.14(a)App.).

The VILLAGE OF PALM SPRINGS operates under a system in which all promotions are based on merit and tests where applicable. A Police Officer serves a one (1) year probationary period.

**ARREST, DETENTION AND LITIGATION (Show all arrests including juvenile delinquent and traffic arrests)**

Have you ever been arrested or detained by ANY law enforcement agency? \_\_\_yes \_\_\_no, If yes, provide police and court records. Include any arrest in which the records were expunged.

Crime charged:\_\_\_\_\_Police Agency:\_\_\_\_\_

Date:\_\_\_\_\_Disposition of case:\_\_\_\_\_

Have you ever been placed on probation? \_\_\_yes \_\_\_no. If yes, give details:\_\_\_\_\_

Have you ever been required to pay a fine? \_\_\_yes \_\_\_no. If yes, give details:\_\_\_\_\_

Have you ever been reported as a missing person or a runaway? \_\_\_yes \_\_\_no. If yes, give complete details, including police jurisdiction, dates and outcome:\_\_\_\_\_

If you have been fingerprinted by a law enforcement agency for any reason, give details. Your answer will be checked with the FBI and other agencies.

| <u>Agency</u> | <u>Date</u> | <u>Purpose</u> |
|---------------|-------------|----------------|
| _____         | _____       | _____          |
| _____         | _____       | _____          |
| _____         | _____       | _____          |

Have you ever been advised of your "Miranda Rights"? \_\_\_yes \_\_\_no. If yes, give complete details:\_\_\_\_\_

Have you ever been the subject of a police investigation? \_\_\_yes \_\_\_no. If yes, give details including police department and dates:\_\_\_\_\_

Have you ever taken a polygraph examination? \_\_\_yes \_\_\_no. If yes, list date, examiners' name, location and purpose:\_\_\_\_\_

Have you or your spouse ever sued anyone (civil court plaintiff)? \_\_\_yes \_\_\_no. If yes, give details and provide copies:\_\_\_\_\_

Have you or your spouse been sued by anyone (civil court defendant)? \_\_\_yes \_\_\_no. If yes, give details and provide copies:\_\_\_\_\_

**FINANCIAL INFORMATION**

What is your total indebtedness at the present time? \_\_\_\_\_

Have your creditors treated you fairly? \_\_yes \_\_no. If not, explain: \_\_\_\_\_

Have you ever had accounts placed in the hands of a collection agency? \_\_yes \_\_no. If yes, give details: \_\_\_\_\_

Have you ever filed for bankruptcy? \_\_\_\_yes \_\_no. If yes, give details: \_\_\_\_\_

**MEDICAL**

Have you ever had or been advised to have an operation? \_\_yes \_\_no. If yes, give reasons, dates and places: \_\_\_\_\_

Are you presently under a doctor's care for any condition? \_\_yes \_\_no. If yes, give details: \_\_\_\_\_

Have you ever been a patient, committed or voluntary, in a medical hospital? \_\_\_\_yes \_\_no. If yes, give reasons, dates and places: \_\_\_\_\_

Have you every used, tried or experimented with any illegal drugs, hashish, opiates, pills, crack, cocaine, etc.? \_\_yes \_\_\_\_no. If yes, please completely explain: \_\_\_\_\_

Have you ever been treated for excessive use or illegal use of legitimate pharmaceuticals? \_\_\_\_yes \_\_\_\_no. If yes, please explain: \_\_\_\_\_

Have you ever used, tried or experimented with any hallucinogenic plants, herbs or fungi (mushroom)? \_\_\_\_yes \_\_no. If yes, please explain: \_\_\_\_\_

Have you ever been treated for a nervous or mental disorder? \_\_\_\_yes \_\_no. If yes, please explain: \_\_\_\_\_

Have you ever attempted to commit suicide? \_\_yes \_\_no. If yes, please explain: \_\_\_\_\_

**CIVIL SERVICE**

Have you previously submitted an application for employment with any law enforcement agency?  
\_\_\_\_\_yes \_\_\_\_\_no. If yes, give details:

| Date  | Name of Agency | City & State |
|-------|----------------|--------------|
| _____ | _____          | _____        |
| _____ | _____          | _____        |
| _____ | _____          | _____        |

**OTHER**

List previous three (3) addresses for the past ten (10) years:

| Street | City  | State | Zip   | From-To |
|--------|-------|-------|-------|---------|
| _____  | _____ | _____ | _____ | _____   |
| _____  | _____ | _____ | _____ | _____   |
| _____  | _____ | _____ | _____ | _____   |

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which may be required of you in a police capacity or which might require further explanation?

\_\_yes \_\_no. If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

Would you submit to a post-offer psychological examination? \_\_\_\_\_yes \_\_no. If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have any of the following?

|                               | Yes   | No    | What State? |
|-------------------------------|-------|-------|-------------|
| Law Enforcement Certification | _____ | _____ | _____       |
| EMT Certification             | _____ | _____ | _____       |

**MILITARY HISTORY:** If you have served in the armed forces, please complete the following:

Highest Rank Attained: \_\_\_\_\_ Honorable Discharge Yes  No

List military training/experience applicable to the Police Officer position:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_



# VILLAGE OF PALM SPRINGS

## AUTHORIZATION FOR RELEASE OF INFORMATION

To: Authorized Representative of any Organization, Institution, or Repository of Records

APPLICANT'S FULL NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

I respectfully request and authorize you to furnish the VILLAGE OF PALM SPRINGS all information requested by them concerning any records to be used to assist the VILLAGE in conducting a background investigation to determine my qualifications for the position I am applying for.

I hereby release you, your organization, the Village of Palm Springs or others from any liability or damage that may result from furnishing the information requested above.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip

### AFFIDAVIT

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

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

Before me personally appeared \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, who said that he/she executed the above document of his/her own free will and accord, with full knowledge of the purpose therefore.

He/she is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

Seal

\_\_\_\_\_  
NOTARY NAME; TYPED, PRINTED OR STAMPED

**VILLAGE OF PALM SPRINGS**

Human Resources  
226 Cypress Lane  
Palm Springs, FL 33461  
561/965-4011

The POLICE DEPARTMENT of PALM SPRINGS, FLORIDA respectfully requests an official transcript of records for the following individual for the period of time that is indicated below:

STUDENT'S FULL NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

ATTENDANCE DATES: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MAIDEN NAME (If Applicable): \_\_\_\_\_

I, the undersigned, hereby authorize the Chief School Officer or his designated representative to release an official transcript of my records to the VILLAGE OF PALM SPRINGS POLICE DEPARTMENT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for your cooperation in this matter.

Sincerely,

Tom Ceccarelli  
Chief of Police

**VILLAGE OF PALM SPRINGS**

**POLICE DEPARTMENT**

230 Cypress Lane  
Palm Springs, FL 33461

**AFFIDAVIT OF COMPLIANCE WITH GUN CONTROL ACT OF 1968 (AMENDED)**

Applicant's Full Name: \_\_\_\_\_

Under penalty of perjury, I hereby certify that I have never been convicted of any crime of domestic violence, misdemeanor or felony, in any jurisdiction.

A crime of domestic violence means an offense that has, as an element, the use of physical force, or the threatened use of a deadly weapon, committed by an current or former spouse, parent of guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent or guardian, or by a person similar, situated to a spouse, parent or guardian of the victim.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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

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

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

(Seal)

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
Notary Name; Typed, Printed or Stamped

My Commission Expires: \_\_\_\_\_



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

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



CJSTC 58

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

AGENCY REQUESTING BACKGROUND INFORMATION:

ADDRESS:

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

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

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

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

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

Applicant's Signature Date

Applicant's Address

OATH

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

STATE OF COUNTY OF

Sworn to (or affirmed) and subscribed before me this

day of, year, By

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced