

FDLE SUPPLEMENTAL QUESTIONNAIRE

Instructions: In order to be considered for an interview, please return this questionnaire. All questions must be answered. Please ensure all information is complete, true and correct prior to submission.

FDLE has asked that you provide your social security number (SSN). The decision to provide your SSN is at your option, but failure to provide your SSN may result in a delay in processing your application or request. If you provide your SSN, FDLE will use it for purposes of identification, and may share the information with other agencies for the same purpose pursuant to Section 119.071(5)(a)2.b., F.S. FDLE's request for your SSN is authorized by state law because it is imperative for the performance of FDLE's duties and responsibilities pursuant to Section 119.071(5)(a)2.a.(II), F.S.*

Last Name

First Name

Middle Name

ABBV.

Position for which you are applying:

1. Within the last 10 years, have you been dismissed from employment, asked to resign, or quit a job after being told you would be fired?
2. Have you ever been arrested or received a notice or summons for a criminal infraction?
3. Has anyone in your family ever been arrested or received a notice or summons for a criminal infraction?
4. Have you ever committed a crime even if you were not caught or arrested? (Examples of crimes are theft, possession of illegal drugs, firearms offenses, fraud, passing worthless checks, domestic violence, assault, etc.)
5. Are you aware of any information, including criminal allegations, complaints or activity, regarding yourself or any person with whom you are or have been related or closely associated with (including relatives, current and former spouses and domestic partner(s), your children's parent(s) and roommates) which might tend to reflect unfavorably upon you?
6. Have you ever filed for bankruptcy?
7. A. Have you ever used or possessed any form of marijuana/cannabis with or without a prescription?

Last time used?

B. Have you ever used or possessed any controlled substance including prescription drugs without a perscription?

What drug if any?

Last time used?

If you answered yes to questions 1 – 7, provide details:

8. In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.
Are you a U.S. Citizen or legally authorized to work in the U.S.?

Signature

Last 4 SSN

Date

Effective: 6/7/2021