



Florida Department of Law Enforcement

AGENCY NEW HIRE REPORT

Incorporated by Reference in Rule 11B-27.002(3), F.A.C.



CJSTC
207

AGENCY NAME: _____

NEW HIRE REPORT PERIOD: _____ ORI NUMBER: FL _____

THE FOLLOWING NEW HIRE RECORDS HAVE BEEN SELECTED FOR AGENCY REVIEW:

1. Registration	2. Background	3. Aff/Applicant	4. TEA/Firearms	5. Minimum Age	6. US Citizenship	7. Name Change	8. HS or GED
9. Military	10. Fingerprints	11. Basic Training	12. Basic Exam	13. Physical CJSTC-75 and 75A	14. Drug Screen	15. Other	16. CJSTC-62

SSN	Officer's Name	Fingerprint Date	TEA	Start Date	Separation Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:																					
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:																					
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:																					
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:																					

IT IS RECOMMENDED THAT THE OFFICER(S) NOT WORK IN A SWORN CAPACITY PRIOR TO COMPLYING WITH THE ALL REQUIREMENTS OF SECTION 943.13, F.S.

Field Specialist

Agency Administrator

Date