



## SA SUPPLEMENTAL APPLICATION

### RETURN ALL MATERIALS:

STATE OF FLORIDA  
DEPARTMENT OF LAW ENFORCEMENT  
DAVID HALL – IFS PROGRAM  
P.O. BOX 1489  
TALLAHASSEE, FL 32302-1489  
Physical Address: 2331 Phillips Road, Tallahassee, FL 32308

DATE: \_\_\_\_\_

POSITION FOR WHICH APPLYING: \_\_\_\_\_

### EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

#### INSTRUCTIONS

**NOTICE:** Application must be typewritten or printed legibly in black ink. All questions must be answered; if a question is not applicable, so state by indicating N/A (not applicable). If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as the application, and number answers to correspond with questions. Please be specific when completing application to insure all information is complete, true and correct. Omission of facts will be perceived as falsification and could be grounds for non-employment or dismissal.

#### I. PERSONAL HISTORY

1. **Full Name** \* If you have only initials in your name, use them. \* If you are a “Jr.,” “Sr.,” “II,” etc., enter  
\* If you have no middle name, enter “NMN.” the abbreviation in the box after your middle name.

Last Name	First Name	Middle Name	Abbv.
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2. **Other** \* Give other names you used and the period of time you used them, for example: maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s). If the other name is your maiden name, put “nee” in front of it.

Name	Month/Year From /	Month/Year To /
Name	Month/Year From /	Month/Year To /
Name	Month/Year From /	Month/Year To /

3. **Date & Place of Birth**

Date of Birth	City	County	State	Country (if not in the United States)
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4. **Other Identifying Information**

Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color	Sex	Race	Social Security Number ( <i>Optional</i> )
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5. **Give the name and address of your personal or family physician, if any:** \_\_\_\_\_

## II. RESIDENCES

### 1. Current Address

Street Address	Apt. No.	Home Phone:	Area Code/Number
City	County	State	Zip Code
		Work Phone:	Area Code/Number
		Cell Phone:	Area Code/Number

A) List all Email Addresses or Instant Messenger Accounts you have utilized in the past:


B) In the event this information becomes invalid, indicate the name and phone number of a relative through whom you may be reached or who could furnish your current address and phone number.

Name	Relationship	Phone Number
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### 2. List all adult persons, other than your spouse and children, who currently reside with you at your current address:

Full Name	Date of Birth	Race & Sex	Relationship

### 3. Actual Places of Residence for Past 10 Years

List chronologically all addresses, including residences while at school and in military, as well as family-owned vacation homes. For college on-campus residences, give 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. If post office box, give location of post office.

From To						
Month/Yr.	Month/Yr.	Apt. No.	Street Address	City	County	State

### III. EMPLOYMENT HISTORY

1. List all employments during the past five (5) years including those listed on your state application and any periods of unemployment. If you had only one (1) employer during the past five (5) years, list your next most recent employer also. List **any** employment with a criminal justice agency regardless of when the employment occurred. Describe your work experience in detail, beginning with your current or most recent job. Use a separate block to describe each position. Include military service (indicate rank) and volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of all gaps in employment. If needed, attach additional sheets, using the same format.

A. Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_

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

From: \_\_\_\_\_ to: \_\_\_\_\_ Annualized Salary: \_\_\_\_\_ / \_\_\_\_\_  
mo/day/yr mo/day/yr starting ending

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: \_\_\_\_\_

May we contact your employer? Yes No

Your Name, if different from application: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

B. Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

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

From: \_\_\_\_\_ to: \_\_\_\_\_ Annualized Salary: \_\_\_\_\_ / \_\_\_\_\_  
mo/day/yr mo/day/yr starting ending

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No: \_\_\_\_\_

Your Name, if different from application: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

C. Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

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

From: \_\_\_\_\_ to: \_\_\_\_\_ Annualized Salary: \_\_\_\_\_ / \_\_\_\_\_  
                     mo/day/yr                      mo/day/yr                      starting                      ending

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No: \_\_\_\_\_

Your Name, if different from application: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

D. Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

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

From: \_\_\_\_\_ to: \_\_\_\_\_ Annualized Salary: \_\_\_\_\_ / \_\_\_\_\_  
                     mo/day/yr                      mo/day/yr                      starting                      ending

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No: \_\_\_\_\_

Your Name, if different from application: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

2. Have you ever been dismissed or asked to resign from any employment or position you have held?      Yes      No

If yes, please provide details:

Employer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

3. Have you ever quit a job after being told you would be fired? Yes No If yes, please provide details:

Employer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_

4. Have you ever left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?

Yes No If yes, please provide details:

Employer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_

5. Have you ever left a job for other reasons under unfavorable circumstances? Yes No  
If yes, please provide details:

Employer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_

6. Have you ever had any disciplinary action taken against you by an employer or in any position you have held?  
Yes No If yes, please provide details:

Employer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Action and Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you ever applied for employment with any criminal justice agency not listed as an employer?  
Yes No If yes, please provide name of agency and date of application: \_\_\_\_\_

8. Do you own a business, or are you a partner or corporate officer in any business or organization not listed above as current or former employer? Yes No If yes, please provide name and address of business, corporation or organization and describe your relationship or position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### IV. ARREST HISTORY/COURT RECORD

1. Have you ever been arrested, received a notice or summons to appear, charged, been entered into any pretrial diversion program resulting in charges being dropped by reason of completion of the program, been convicted, pled nolo contendere or guilty to any criminal violation, or had your criminal record sealed or expunged?

Yes No

2. Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)?  
Yes No

If yes to question #1 or #2, list all such matters even if not formally charged, no court appearance, found not guilty, matter settled by payment of fine or forfeiture of collateral, or pre-trial diversion. (Include your juvenile record and records of arrests which have been sealed, if any.)

Date	Place & Department	Charge	Court & Place	Disposition

Provide details of all criminal arrests listed above: \_\_\_\_\_

3. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? Yes No  
If yes, please provide details: \_\_\_\_\_

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.)  
Yes No If yes, please explain: \_\_\_\_\_

5. Have you ever been a plaintiff or defendant in a court action (include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.)? Yes No If so, give date, place, court, names of parties involved, nature of action, and final disposition: \_\_\_\_\_

6. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No  
If yes, please give date(s) and reasons printed: \_\_\_\_\_

7. To your knowledge, has your spouse (including future or former spouse), domestic partner, roommate or any member of your immediate family [father, mother, brother, sister, stepfather, stepmother, half-brother, half-sister, in-laws or parents of domestic partner or roommate] ever been arrested for any felony offense? (A felony offense is a criminal violation punishable by imprisonment in excess of one year in a state or federal prison, regardless of whether the offense occurred in Florida.) Yes (list below) No

Person's Name/ Relationship	Date	Place & Department	Charge	Disposition

For each person listed above, please provide relation to you, social security number (if known), date of birth, race, and brief details of the arrest: \_\_\_\_\_

## V. Driving History

- |  |
|--|
| <b>VI. SELECTIVE SERVICE</b> <i>(Male Applicants Only)</i> |
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1. Are you registered for Selective Service?	Yes	No
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- ## VII. MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces of the United States?	Yes	No
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**Highest Rank:** \_\_\_\_\_ **Service Number:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Type:** \_\_\_\_\_ **Basis:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Separation Center:** \_\_\_\_\_

4. If you attend drills, provide the name of the unit and location: \_\_\_\_\_

- applicable.)    Yes    No    If yes, please provide details: \_\_\_\_\_

### VIII. ACQUAINTANCES WITH FDLE AND PERSONAL REFERENCES

**Relatives, Friends or Acquaintances employed by FDLE (Past or Current):**

Name	Location	Length of Acquaintance

**Please provide three (3) minimum PERSONAL REFERENCES:**

Name	Email Address	Mailing Address & Phone number

### IX. MARITAL STATUS

1. Mark one (1) of the following boxes to show your current marital status. If you were previously married provide the requested information concerning your former spouse(s). If you are engaged to be married or contemplating marriage in the near future, complete information must be provided regarding your future spouse. (Use the space provided for current spouse to record information about your future spouse and clearly indicate that such relationship is a future one.)

☐ Never married    
 ☐ Married    
 ☐ Engaged    
 ☐ Separated    
 ☐ Legally separated    
 ☐ Divorced    
 ☐ Widowed

**Complete the following about your spouse/future spouse:**

Spouse		Future Spouse		
Full Name	Date of Birth	Place of Birth (include country if outside U.S.)	Race/Sex	Social Security # <i>(optional)</i>
Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name.)				
Country of Citizenship		Date Married	Place Married (include country if outside U.S.)	State
If separated, Date of Separation (Mo/Day/Yr)		If Legally Separated, Court of Record, City (Country)		
		State		
Address of Spouse (Street, city, and country if outside the U.S.)				State      Zip Code
Former Spouse(s) Complete the following about your former spouse(s):				
Full Name	Date of Birth	Place of Birth (include country if outside U.S.)	Social Security # <i>(optional)</i>	Race
Country of Citizenship	Date Married	Place Married (include country if outside U.S.)		State
<div style="display: flex; justify-content: space-around;"> <span>Check One</span> </div> <div style="display: flex; justify-content: space-around;"> <span>Divorced</span> <span>Widowed</span> </div>	Month/Day/Year	If Divorced, Court of Record, City (Country)		State



**X. FINANCIAL STATUS**

1. Do you have any sources of income other than your salary or the salary of your spouse?      Yes      No  
Specify each with an estimated annual amount: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Are you indebted to anyone?      Yes      No      List any debt over \$500. Be sure to include student loans and charges accounts.      Also, list any debt where payment is past due, regardless of the amount.

Creditor	Address	Amount	Loan or Account Number

3. Have you, your spouse, or a company controlled by you filed for bankruptcy?      Yes      No
4. Have you, your spouse, or a company controlled by you been declared bankrupt?      Yes      No
5. Have you, your spouse, or a company controlled by you been subject to a tax lien or other lien?      Yes      No
6. Have you, your spouse, or a company effectively controlled by you had legal judgment rendered against you for a debt?  
Yes      No
7. Have you ever been rejected, other than physical or health reasons, for any insurance?      Yes      No
8. If yes to question #3, #4, #5, #6, #7 above, provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**XI. QUALIFICATIONS, SKILLS, REGISTRATIONS, LICENSURES & CERTIFICATIONS**

1. List any qualifications, skills, registrations, licensures or certifications which you now hold or have held which are not listed on your State of Florida Application. (Examples: aircraft pilot, boat captain, business or occupational licenses, member of bar, CPA, etc.)

<u>License Type</u>	<u>License Number</u>	<u>Date Issued</u>	<u>Expiration Date</u>	<u>Issued By</u>
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## XII. PERSONAL DECLARATIONS AND ASSOCIATIONS

1. Do you now, or have you ever used, experimented with, or tasted, any narcotic or dangerous drug such as, but not limited to, marijuana, hashish, cocaine, crack, LSD, amphetamines, heroin, GHB, Ecstasy or "RAVE club" or drugs of a similar nature?      Yes      No

2. If your answer is yes to question #1, complete the following items for each drug used:

a. Drug: \_\_\_\_\_ b. How taken: \_\_\_\_\_

c. Circumstances: \_\_\_\_\_

d. Number of times used: \_\_\_\_\_

e. First time used: \_\_\_\_\_ f. Last time used: \_\_\_\_\_

3. Do you now, or have you ever abused or illegally obtained any prescription drug?      Yes      No

If yes, provide details including drug, date(s) and circumstances: \_\_\_\_\_

\_\_\_\_\_

4. Have you ever possessed, supplied or sold any narcotic or dangerous drug?      Yes      No

If yes, provide details including drug, date and circumstances: \_\_\_\_\_

\_\_\_\_\_

5. Have you ever been a member, officer or employee of any organization, association or group which: 1) advocates the overthrow of our government; 2) advocates or approves of committing acts of force or violence to deny others their constitutional rights; or 3) wants to change our form of government by unconstitutional means?      Yes      No

6. Have you ever made a financial or other material contribution to any organization of the type described in question #5 above?      Yes      No      \*\*If you answer yes to question #5 or #6, answer questions #7, #8, and #9 also.

7. At the time of your membership, participation or contribution, did you know of any unlawful aims of the organization?  
Yes      No

8. Did you intend to promote any unlawful aims of the organization(s)?      Yes      No

9. List each organization and provide an explanation of your involvement and activities with each one:

\_\_\_\_\_

10. An investigation will be conducted of all information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or have been closely associated (including relatives and roommates) which might tend to reflect unfavorably on your reputation, morals, character, ability, or loyalty?

Yes      No      If yes, provide your version of this/these incident(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that any appointment tendered me will be contingent upon the results of a complete background investigation, and I am aware that withholding information or making false statements on this application may be the basis for non-employment or dismissal from the Florida Department of Law Enforcement. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete. I understand that I may be required to submit to the department a copy of my Income Tax Return for the year prior to employment and may be required to submit a copy of my Income Tax Return each year thereafter while employed by the department. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application. I also understand an employee of the Florida Department of Law Enforcement is exempt from appeal rights to the Public Employees Relations Commission under Florida Statutes as it applies to transfers.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous or current employment, education, or any other information they might have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing such information to you.

I agree to conform to the rules and regulations of the department and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the department at any time, at the department's sole option, and without any prior notice to me.

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Signature of the applicant as usually written  
(DO NOT USE NICKNAMES)

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Date

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Print Legal Name