



DATE: _____

STATE OF FLORIDA
FLORIDA DEPARTMENT OF LAW ENFORCEMENT
P.O. BOX 1489
TALLAHASSEE, FL 32302
EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

The following additional documents are required as soon as possible:

- 1. Copy of Birth Certificate;
2. Copy of Social Security Card;
3. Copy of Driver License;
4. Copy of High School Diploma or Certificate and/or certified sealed College Transcript;
5. Copy of any and all Form DD 214 (applies to previous military personnel only); and
6. Copy of Selective Service Registration Card (males between 18 and 26 years old).

All Applicants:

Attach an unmounted, full face photograph of yourself, not larger than 2 3/4 x 2 1/2 inches. Print your name plainly on the back of the photograph. The photograph must have been taken not more than 3 months prior to the date of this application.

Position for Which Applying _____

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.

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.

Omission of facts will be perceived as falsification and could be grounds for non-employment or dismissal.

I. PERSONAL INFORMATION

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

Table with 4 columns: Last Name, First Name, Middle Name, Abbv.

- 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) or nickname(s) i.e., any other name(s) used that is not your legal name. If the other name is your maiden name, put "nee" in front of it.

Table with 3 columns: 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 & inches)	Weight (pounds)	Hair Color	Eye Color	Sex	Race	Social Security Number (Optional)
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5. 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**

6. List all Email Addresses & Social Media Usernames you currently use or have used in the past: Including Facebook, Twitter, YouTube, Instagram etc..

A) 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 FDLE with your current address and phone number.

Name	Relationship	Phone Number
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7. List all adult persons, 18 years of age or older, currently residing with you at your present address and provide FDLE with a signed notarized waiver from each of them:

Full Name	Date of Birth	Race & Sex	Relationship

II. RESIDENCES

1. Actual Places of Previous Residence for Past 10 Years

List chronologically all addresses, including residences while at school and in the 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		Apt. No.	Street Address	City	County	State
Month/Yr.	Month/Yr.					

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), internship 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:** _____

Employer's Address: _____
Street Address City County State Zip Code

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:** _____

Employer's Address: _____
Street Address City County State Zip Code

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:** _____

Employer's Address: _____
Street Address **City** **County** **State** **Zip Code**

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:** _____

Employer's Address: _____
Street Address **City** **County** **State** **Zip Code**

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:** _____

Employer's Street Address **City** **County** **State** **Zip Code**

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: _____

Employer's Street Address City County State Zip Code

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: _____

Employer's Street Address City County State Zip Code

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: _____

Employer's Street Address City County State Zip Code

Reason: _____

6. Have you ever been counseled, reprimanded or 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: _____

Employer's Street Address City County State Zip Code

Action and Reason: _____

7. Have you ever been the subject of an internal investigation by an employer? Yes No
If yes, please provide details:
Employer's Name: _____ Date: _____

Employer's Street Address City County State Zip Code

Action and Reason: _____

8. Have you ever applied for employment or an internship with FDLE or any other criminal justice agency not listed as an employer? Yes No

If yes, please provide name of agency and date of application: _____

9. 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:

Yes No

- been arrested?
- received a notice or summons to appear for a criminal infraction?
- 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?
- had your criminal history record sealed or expunged?

2. Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)?

Yes No

If you answered 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 or expunged, if any.)

Date	Place & Department	Charge	Court & Place	Disposition

Provide additional details: _____

3. Have you ever been questioned by any law enforcement officer for investigative purposes (witness, victim, present at scene, suspect)? Yes No If yes, please provide details:

4. To your knowledge have you ever been the subject of, or a suspect in, any criminal investigation? Yes No
 If yes, please explain: _____

5. 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: _____

6. 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: _____

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

8. To your knowledge, has your spouse (including future or former spouse), current or former domestic partner, roommate or any member of your immediate family [Child 18 years of age or older, father, mother, brother, sister, stepfather, stepmother, half-brother, half-sister, in-laws or parents of domestic partner or roommate] ever been arrested, charged or prosecuted for a crime? (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, sex, and brief details of the arrest:

V. DRIVING HISTORY

1. Are you a licensed automobile operator? Yes No State Issued: _____
 License #: _____ Date of Expiration: _____ Restrictions: _____
2. Do you hold or have you ever held a license in any state other than the one listed in question #1?
 Yes No If yes, please provide state(s), name used and approximate dates of license(s) was/were held:

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?
 Yes No If yes, please provide complete details:

4. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance?
 Yes No If yes, please provide complete details:

VI. SELECTIVE SERVICE (Male Applicants Only)

1. Are you registered for Selective Service? Yes No

Selective Service #: _____

VII. MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Service: _____

Highest Rank: _____ Service Number: _____

Dates of Duty (mo/day/yr) From: _____ To: _____

From: _____ To: _____

2. Discharge(s); Provide information for any period(s) of service:

Type: _____ Basis: _____ Date: _____ Separation Center: _____

Type: _____ Basis: _____ Date: _____ Separation Center: _____

3. Are you now or have you ever been a member of a reserve unit or the National Guard?

Yes No Present Former Branch of Service: _____

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

5. Has any type of disciplinary action been taken against you in the service? (Be sure to include non-judicial punishment[s], if 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 six (6) REFERENCES: (3 Personal- Non-Family Members Only and 3 Professional references)

Please indicate which are Personal and which are Professional.

Name	Email Address	Phone Number & Type of Reference (Personal/Professional)

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 Domestic Partner Separated Legally separated Divorced Widowed

<input type="checkbox"/> Current Spouse <input type="checkbox"/> Future Spouse <input type="checkbox"/> Domestic Partner (AUTHORITY FOR RELEASE OF INFORMATION FORM (OEI-37) REQUIRED)				
Full Name	Date of Birth	Place of Birth <small>(include country if outside U.S.)</small>	Race/Sex	Social Security # <small>(optional)</small>
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 <small>(include country if outside U.S.)</small>	State	
If separated, Date of Separation <small>(Mo/Day/Yr)</small>	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): If space provided is not sufficient to report all former spouses, or you wish to furnish additional information, attach additional sheets of the same size as the application.				
Full Name	Date of Birth	Place of Birth <small>(include country if outside U.S.)</small>	Race/Sex	Social Security # <small>(optional)</small>
Country of Citizenship	Date Married	Place Married <small>(include country if outside U.S.)</small>	State	
Check One Divorced Widowed <input type="checkbox"/> <input type="checkbox"/>	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. Do you owe any money to any person or creditor/business? Yes No
 List any debt over \$500. Be sure to include student loans and charge accounts. Also, list any debt and/or accounts you have for which payment is past due, regardless of the amount. If space provided is not sufficient, attach additional sheets of the same size as the application.

Person / Creditor / Business	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 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, licenses or certifications which you now hold or have held which are not listed on your State of Florida Application. (Examples: boat captain, business or occupational licenses, bar association member, CPA, etc.)

<u>License Type</u>	<u>License Number</u>	<u>Date Issued</u>	<u>Expiration Date</u>	<u>Issued By</u>

XII. PERSONAL DECLARATIONS AND ASSOCIATIONS

1. Have you ever illegally manufactured, supplied or sold any controlled substances, including prescription drugs without a prescription?
 Yes No

If yes, provide details including drug, date and circumstances: _____

2. Have you ever used or possessed marijuana/cannabis in any form, including with a prescription? If yes, when was the last time used?
 Yes No Last time used: _____

3. Have you ever used any controlled substances other than marijuana/cannabis, including prescription drugs without a prescription?
 Yes No

If yes, please indicate all that apply and provide details around use (circumstances, number of times used and approximate date of last use).

- a. Cocaine _____
- b. Heroin _____
- c. LSD _____
- d. Ecstasy, GHB or any illegal designer drug _____
- e. Methamphetamine or amphetamine _____
- f. Prescription drugs _____
- g. Other - identify _____

4. 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
5. Have you ever made a financial or other material contribution to any organization of the type described in question #4 above? Yes No ****If you answer yes to question #4 or #5, answer questions #6, #7, and #8 also.**
6. At the time of your membership, participation or contribution, did you know of any unlawful aims of the organization? Yes No
7. Did you intend to promote any unlawful aims of the organization(s)? Yes No
8. List each organization and provide an explanation of your involvement and activities with each:

9. 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 (including relatives, current and former spouses and domestic partner(s), your children's parent(s) and roommates) which might tend to reflect unfavorably on your reputation, morals, character, or loyalty?

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

How often are you in contact with these individuals now or during the past five years?

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.

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

Date

Print Legal Name