



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 ten (10) years including those listed on your state application and any periods of unemployment. If you had only one (1) employer during the past ten (10) 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:** \_\_\_\_\_



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:  
 \_\_\_\_\_  
 \_\_\_\_\_





**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 <b>(AUTHORITY FOR RELEASE OF INFORMATION FORM (OEI-37) REQUIRED)</b>				
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 (include country if outside U.S.)		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 (include country if outside U.S.)		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:

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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): \_\_\_\_\_

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

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**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