



SUPPLEMENTAL APPLICATION

DATE: _____

M/D/Y

**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).

INSTRUCTIONS

NOTICE: Application must be typewritten or printed legibly. All questions must be answered; if a question is not applicable, so state by indicating N/A. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach additional pages 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."

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, former marriage names, nickname(s) i.e., any other name(s) used that is not your current legal name.

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

3. Personal Identifiers

Date of Birth	City	County	State	Country
SSN	Race	Sex		

4. Current Address

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

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

6. 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 or military, family-owned vacation homes and college on-campus residences. If residences in military service cannot be shown as street address, indicate city and state.

From To

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

III. EMPLOYMENT HISTORY

1. List all employments during **the past 5 years** including those listed on your state application. If you had only 1 employer during the past 5 years, also list the employer prior to your current/last employment. List **any** employment with a criminal justice agency regardless of when it occurred. Include military service, internship and volunteer work, and indicate number of employees supervised, if applicable. Provide an explanation of all gaps in employment. If needed, attach additional sheets.

A. Name of Present or Last Employer: _____

Employer's Address: _____

Street Address	City	County	State	Zip Code
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Your Job Title: _____

From: _____ to: _____ Annualized Salary: _____ / _____

M/D/Y	M/D/Y	starting	ending
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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: _____ / _____
M/D/Y M/D/Y 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: _____ / _____
M/D/Y M/D/Y 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: _____ / _____
M/D/Y M/D/Y 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
3. Have you ever quit a job after being told you would be fired? Yes No
4. Have you ever left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?
 Yes No
5. 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
6. If you answered yes to questions # 2, #3, #4, or #5, please provide details:
Employer's Name/Address: _____ Date: _____
Reason: _____
Employer's Name/Address: _____ Date: _____
Reason: _____
Employer's Name/Address: _____ Date: _____
Reason: _____
7. Have you ever applied for employment or an internship with FDLE or any other criminal justice agency not listed as an employer? Yes No
8. If yes, please provide name of agency and date of application: _____
9. Do you own a business, or are you a partner/corporate officer in a business or organization not listed above as a current or former employer? Yes No If yes, please provide name and address and describe your relationship or position: -

IV. ARREST HISTORY/COURT RECORD

1. Have you ever: (check all that apply)
 - a. been arrested?
 - b. received a notice or summons to appear for a criminal infraction?
 - c. entered into any pretrial diversion program resulting in charges being dropped by reason of completion of the program?
 - d. been convicted, pled nolo contendere or guilty to any criminal violation?
 - e. had your criminal history record sealed or expunged?
 - f. received a ticket or been charged with a traffic violation (exclude parking tickets)?
 - g. been questioned by any law enforcement officer for investigative purposes (witness, victim, present at scene, suspect?)

If you answered yes to any question in #1, list all such matters even if not formally charged, no court appearance, found not guilty, the matter settled by fine/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

2. Have you ever committed a crime even if you were not caught or arrested? (Examples: theft, possession of illegal drugs, fraud, passing worthless checks, domestic violence, assault, etc. Yes No If yes, please explain: _____

3. Have you ever been a plaintiff/defendant in a court action (include 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: _____

4. To your knowledge, has your current or future spouse or domestic partner, roommate or any member of your immediate family [Child 18 years of age or older, father, mother, siblings, step-parents, step-siblings, half-siblings, in-laws or parents of domestic partner] ever been arrested, charged or prosecuted for a crime? (Regardless of if the offense occurred in Florida.)

Yes No

(If Yes, list below)

Person's Name/ Relationship	Date	Place & Department	Charge/Disposition	DOB/Race/Sex/ SSN (if known)

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:

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 (M/D/Y) 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. 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

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

Name	Location	Length of Acquaintance

2. 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 # & Type of Reference (Personal/Professional)

IX. MARITAL STATUS

1. Mark 1 of the following boxes to show your current marital status. 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, domestic partner or future spouse and check mark type of relationship.)

<p>Never Married:</p> <p><input type="checkbox"/> Current Spouse <input type="checkbox"/> Future Spouse <input type="checkbox"/> Domestic Partner</p> <p>(AUTHORITY FOR RELEASE OF INFORMATION FORM (OEI-37) REQUIRED)</p>				
Full Name	Date of Birth	Place of Birth (State/Country)	Race/Sex	Social Security # (optional)
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	If Legally Separated, Court of Record, City (Country)			State
Address of Spouse (Street, city, and country if outside the U.S.)			State	Zip

X. FINANCIAL INFORMATION

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: _____

XI. QUALIFICATIONS, SKILLS, REGISTRATIONS, LICENSURES & CERTIFICATIONS

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

License Type	License Number	Date Issued	Expiration Date	Issued By

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 If yes, when was the last time you 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. Provide details around use (circumstances, #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 _____

Details:

I understand that any appointment offered 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 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.

Legal Signature of Applicant

Date

Print Legal Name