



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  
\* If you have no middle name, enter "NMN". 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) 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.

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 & 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 Month/Yr.	To 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), 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.

<b>Name of Present or Last Employer:</b> _____					
<b>Employer's Address:</b> _____					
Street Address		City	County	State	Zip Code
<b>Your Job Title:</b> _____					
<b>From:</b> _____ mo/day/yr		<b>to:</b> _____ mo/day/yr		<b>Annualized Salary:</b> _____ / _____ starting ending	
<b>Supervisor's Name:</b> _____		<b>Title:</b> _____		<b>Phone No.:</b> _____	
<b>May we contact your employer?</b>		Yes		No	
<b>Your Name, if different from application:</b> _____					
<b>Duties &amp; Responsibilities:</b> _____ _____ _____ _____					
<b>Reason(s) for Leaving:</b> _____					

B.

<b>Name of Next Previous Employer:</b> _____					
<b>Employer's Address:</b> _____					
Street Address		City	County	State	Zip Code
<b>Your Job Title:</b> _____					
<b>From:</b> _____ mo/day/yr		<b>to:</b> _____ mo/day/yr		<b>Annualized Salary:</b> _____ / _____ starting ending	
<b>Supervisor's Name:</b> _____		<b>Title:</b> _____		<b>Phone No.:</b> _____	
<b>Your Name, if different from application:</b> _____					
<b>Duties &amp; Responsibilities:</b> _____ _____ _____ _____					
<b>Reason(s) for Leaving:</b> _____					

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: \_\_\_\_\_

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Employer's Street Address      City      County      State      Zip Code

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

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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: \_\_\_\_\_

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Employer's Street Address      City      County      State      Zip Code

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

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

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

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Employer's Street Address      City      County      State      Zip Code

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

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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: \_\_\_\_\_

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Employer's Street Address      City      County      State      Zip Code

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

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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: \_\_\_\_\_

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Employer's Street Address      City      County      State      Zip Code

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

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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:

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

<b>IV. ARREST HISTORY/COURT RECORD</b>
--

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 <b>(AUTHORITY FOR RELEASE OF INFORMATION FORM (OEI-37) REQUIRED)</b>				
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): 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 (include country if outside U.S.)	Race/Sex	Social Security # <i>(optional)</i>
Country of Citizenship	Date Married	Place Married (include country if outside U.S.)		State
Check One Divorced <input type="checkbox"/> Widowed <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?

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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**



Florida Department of  
Law Enforcement

AUTHORITY FOR RELEASE  
OF INFORMATION  
(Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



CJSTC  
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To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records

APPLICANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

AGENCY REQUESTING BACKGROUND INFORMATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. *Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Address \_\_\_\_\_

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of Physical Presence ☐ OR Online Notarization ☐ this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, By \_\_\_\_\_

Signature of Notary Public – State of Florida \_\_\_\_\_

Print, Type, or Stamp Commissioned name of Notary Public \_\_\_\_\_

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced \_\_\_\_\_

# AUTHORITY FOR RELEASE OF INFORMATION (BACKGROUND INVESTIGATION WAIVER)

**FOR CURRENT/FUTURE SPOUSE, DOMESTIC PARTNER, ROOMMATE(S) AND/OR  
FAMILY MEMBER(S) WHO RESIDE WITH YOU FOR 6 MONTHS OR MORE**

**FDLE APPLICANT OR MEMBER:** \_\_\_\_\_

**Mark the appropriate box:**

☐ **Current Spouse**   ☐ **Future Spouse**   ☐ **Domestic Partner**   ☐ **Roommate**   ☐ **Family Member (18 or Older)**

PRINT FULL NAME: \_\_\_\_\_

OTHER NAMES USED / MAIDEN NAME(S): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

RACE/SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: (Optional) \_\_\_\_\_

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.

**EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION:** Florida Department of Law Enforcement

**To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records**

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my criminal history or civil and criminal court records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

\_\_\_\_\_  
Signature of Current Spouse / Future Spouse / Domestic Partner / Roommate / Family Member

\_\_\_\_\_  
Date

## AFFIDAVIT

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of [ ] physical presence or [ ] online  
notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

Notary Seal

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Name of Notary Typed, Printed, or Stamped

Personally Known: \_\_\_\_\_-or- Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

## NOTICE OF SOCIAL SECURITY NUMBER (SSN) COLLECTION

State law requires that notice be given to persons when requesting their Social Security Numbers (SSNs).

FDLE asks that you provide your social security number (SSN). The decision to provide your SSN is at your option, and if you provide your SSN, FDLE will use it for purposes of identification verification, and may share the information with other agencies for the same purpose. FDLE's request for your SSN is authorized by state law, §119.071(5)(a), F.S., because use of it is necessary for FDLE to fulfill its lawful duties and responsibilities. *Your failure to provide your SSN may result in a delay in processing your application or request.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Signature witnessed by:

\_\_\_\_\_  
Print Witness Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



***FLORIDA DEPARTMENT OF LAW ENFORCEMENT***

**DISCLOSURE PURSUANT TO THE  
FAIR CREDIT REPORTING ACT (FCRA)**

The Florida Department of Law Enforcement (FDLE) may obtain one or more consumer reports, including but not limited to credit reports, about you, for employment purposes as defined by the Fair Credit Reporting Act, including for determinations related to initial employment, reassignment, promotion, or other employment-related actions.

**CONSUMER'S AUTHORIZATION FOR FDLE  
TO OBTAIN CONSUMER REPORT(S)**

I have read and understand the above Disclosure. I authorize the Florida Department of Law Enforcement (FDLE) to obtain one or more consumer reports on me, for employment purposes, as described in the above Disclosure.

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_





## FRS Employment Certification Form

This form is not an offer of employment and completion of this form does not constitute enrollment in a retirement program under the Florida Retirement System (FRS). If you are hired, information about your retirement plan options may be mailed to your address on file.

1

### Enter Your Info

PLEASE PRINT

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

CURRENT AGENCY NAME \_\_\_\_\_

PREVIOUS AGENCY NAME \_\_\_\_\_

2

### Confirm Prior Member-ship

Have you ever been a member of a State of Florida-administered retirement plan?

☐

**No, I have never been a member of a State of Florida-administered retirement plan.**

If No, skip to section 4.

☐

**Yes, I have been a member of a State of Florida-administered retirement plan.**

If Yes, indicate which plan(s) you are or were a member of, then proceed to section 3.

☐ FRS Pension Plan (including DROP)

☐ FRS Investment Plan

☐ Senior Management Service Optional Annuity Program (SMSOAP)

☐ State Community College System Optional Retirement Program (SCCSORP)

☐ State University System Optional Retirement Program (SUSORP)

☐ Other \_\_\_\_\_

If you answered YES above but have never made a retirement plan election (including default) between the FRS Pension Plan and the FRS Investment Plan, you will have a choice period established for you with a designated deadline. See page 2 for additional information on making a choice.

3

### Confirm Retiree Status

Are you retired from a State of Florida-administered plan? You are considered retired if:

- You have received any benefits (other than a withdrawal of your employee contributions) under the FRS Pension Plan, including DROP.
- You have taken any distribution (including a rollover) from the FRS Investment Plan, or other state-administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), state government for senior managers (SMSOAP), or local governments for senior managers.

☐

**No, I am not retired from a State of Florida-administered plan.** I understand that if it is later determined I am retired, both my employer and I might be liable for repaying retirement benefits I have received if I am reemployed by or provide services to an FRS-covered employer through any paid or unpaid arrangement as described below. Refer to Page 2 for additional information.

☐

**Yes, I am retired from a State of Florida-administered plan, and I understand I must satisfy any termination requirement prior to returning to FRS employment.**

If Yes, enter your FRS Pension Plan retirement effective date, DROP termination date, or date you received your first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan.

DATE \_\_\_\_\_

4

### Sign Here

By signing below, I acknowledge that I have read and understand the information on pages 1 and 2 of this form, and I certify all supplied information to be true and correct.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Questions?** Call the MyFRS Financial Guidance Line at 1-866-446-9377, Option 2 (TRS 711) or visit MyFRS.com.

This completed form, including page 2, should be retained in the employee's personnel file. Do not send this form to the FRS, unless requested.

# Review the Following Important Information Carefully

## Section 2 – Confirm prior membership

### **If you answered NO - Not Previously Enrolled in the FRS**

A New Hire Kit will be mailed to your address on file with your employer within 30 to 60 days after your hire date.

- You are responsible for ensuring your retirement plan election is received by the Plan Choice Administrator on or before 4:00 p.m. ET on the last business day of the 8<sup>th</sup> month following your month of hire.
- If you do not submit an election choice, the Investment Plan will be considered your initial election by default. Exception: If you are enrolled in the Special Risk Class, the Pension Plan will be considered your initial default election.

### **If you answered YES - Previously Enrolled in the FRS**

- If you were previously enrolled in the FRS, made an active election or defaulted into the FRS Pension Plan or FRS Investment Plan, and separated employment without retiring you will not receive a new choice window. You will continue to participate in the plan you were enrolled in at the time of separation and continue to accrue service credit under that plan.
- If you were previously enrolled in the FRS and did not make an election between the FRS Pension Plan and FRS Investment Plan during your previous enrollment in the FRS, you will receive a choice window with a designated choice deadline. This would include those who have never had an opportunity to make a retirement plan election, members with Pension Plan service prior to July 1, 2002, and who return to FRS employment today, and new hires on or after July 1, 2002 who had an election period established previously but separated employment before making an election or defaulting.
  - You are responsible for ensuring your election is received by the Plan Choice Administrator on or before 4:00 p.m. ET on the last business day of the 8<sup>th</sup> month following your month of hire.
  - If you do not submit an election, the Investment Plan will be considered your initial election by default. Exception: If you are enrolled in the Special Risk Class, the Pension Plan will be considered your initial default election.
  - If you elect or default to the Investment Plan, any accrued value you may have in the Pension Plan will be transferred to your Investment Plan account as your opening account balance and is subject to the vesting requirements of the Pension Plan. The initial transfer amount is an estimate, and your account will be reconciled within 60 days of the transfer using your actual FRS membership record pursuant to Florida law. You direct that all future employer and employee contributions be deposited in your Investment Plan account.

## Section 3 – Confirm Retiree Status

If you are a Pension Plan retiree, you understand:

- If you are reemployed within six calendar months of retirement in any type of position with an FRS-participating employer, your retirement and DROP status (if applicable) are voided, all retirement and DROP benefits you received must be repaid, and you must reapply for retirement to receive future benefits.
- If you are reemployed during months 7 through 12 after retirement in any type of position with an FRS-participating employer, your monthly retirement benefit must be suspended and any overpaid benefits you received must be repaid.

If you are an Investment Plan SUSORP, SCCSORP, or SMSOAP retiree, you understand:

- If you are reemployed within the first six calendar months of retirement in **any type of position** with an FRS-participating employer, any benefits you received must be repaid, or you must terminate employment.
- If you are reemployed during calendar months 7 through 12 after retirement in **any type of position** with an FRS-participating employer, you will not be eligible for additional distributions until you terminate employment or complete 12 calendar months of retirement (whichever occurs first).
- **Any type of position** includes, **but is not limited to**, regularly established, full-time, part-time, OPS, temporary, seasonal, substitute teachers, adjunct professors, etc. Also, any paid or unpaid positions with an FRS employer, service arrangements with an FRS employer, employment by or through a third-party providing service to an FRS employer, or positions pre-arranged before retirement to provide services after retirement to any FRS employer, are prohibited.
- Florida law requires a return of all overpaid Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to overpaid SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan's administrator for details.
- There is one exception to the restrictions on reemployment limitations after retirement. If you are a retired law enforcement officer and are reemployed as a school resource officer by an FRS-covered employer during the seventh through twelfth calendar months after your retirement date or after your DROP termination date, you are eligible to receive both your salary and retirement benefits during this period.
- Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SMSOAP, SCCSORP are eligible for renewed membership in the Investment Plan, SUSORP, SMSOAP, SCCSORP. You must be employed in an FRS-covered position on or after July 1, 2017 in order to have renewed membership. Renewed members may not use a second election to change to the Pension Plan.

**This completed form, including page 2, should be retained in the employee's personnel file. Do not send this form to the FRS, unless requested.**

## Military Service Information

### Veteran Status (check the appropriate box(es) which apply)

- ☐ **Disabled Veteran:** a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or a person who was discharged or released from active duty because of a service-connected disability.
- ☐ **Other Protected Veteran:** a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.
- ☐ **Armed Forces Service Medal Veteran:** a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209).
- ☐ **Recently Separated Veteran:** a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

### Current military status (check the appropriate box(es) which apply)

- ☐ **Veteran/Retired Military** – served or retired from the military
- ☐ Current Member of the **National Guard**
- ☐ Current Member of the **Reserves**
- ☐ NOT APPLICABLE (No Military Service)

**Note:** You will need to provide documentation to substantiate your selection(s) above, if you did not provide it during the application process.

### CERTIFICATION:

I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## REQUEST PERTAINING TO MILITARY RECORDS

Requests can be submitted online using eVetRecs at <https://www.archives.gov/veterans/military-service-records>

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

### SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)		2. SOCIAL SECURITY #		3. DATE OF BIRTH		4. PLACE OF BIRTH	
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)							
COMPONENT	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE #	DOD ID / EDIPI #
(If unknown, write "unknown")							
a. ACTIVE				<input type="checkbox"/>	<input type="checkbox"/>		
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>		
c. NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>		

### 6. PLEASE LIST LAST DUTY STATION(S)

7. IS THIS PERSON DECEASED? ☒ NO ☐ YES - MUST provide date of death if veteran is deceased: \_\_\_\_\_

8. DID THIS PERSON RETIRE FROM MILITARY SERVICE? ☐ NO ☐ YES

9. HAS THIS PERSON FILED A CLAIM WITH THE VA? ☐ NO ☐ YES - if known, please provide VA Claim/File # \_\_\_\_\_

### SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

#### 1. CHECK THE ITEM(S) YOU ARE REQUESTING:

- ☒ **DD Form 214 or equivalent:** Year(s) in which form(s) issued to veteran (Date of Separation): All Years  
This form contains information used to verify military service. **An UNDELETED DD Form 214 is ordinarily required to determine eligibility for benefits.** If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost. Please note - recent veterans may be able to request a DD Form 214 through milConnect by visiting: <https://www.va.gov/records/get-military-service-records>  
*An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box:* ☐ I want a DELETED copy.
- ☒ **Official Military Personnel File (OMPF):** The OMPF may include duty stations and assignments, training and qualifications, awards and decorations received, disciplinary actions, administrative remarks, enlistment and/or discharge information (including DD Form 214, Report of Separation, or equivalent), and other personnel actions. Detailed information about the veteran's participation in battles and their military engagements is NOT contained in the record.
- ☒ **Medical Records:** Includes health (outpatient), extended ambulatory, and dental records. If inpatient/hospitalization records are requested, please specify below.  
☐ I request inpatient/hospitalization records from All (facility), last treated in All (year). (NOTE: Fields are required)  
If available, you may receive copies of inpatient narrative summaries, operative reports, discharge summaries, etc. contained in the record.
- ☐ **Dental Records:** Please check this box if ONLY dental records are needed from the medical record.
- ☒ **Other (Please Specify):** Complete military file to include any and all Non-Judicial Article 15(s).

#### 2. PURPOSE: (Required unless the request is from the veteran, government agencies under routine use, or for information releasable under FOIA. In all cases, it may help to provide the best possible response and ensure a faster reply.)

☐ Benefits (explain) ☒ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal ☐ Other (explain)

Explain here: Required documents for a law enforcement background

### SECTION III - RETURN ADDRESS AND SIGNATURE

#### 1. REQUESTER NAME:

3. ☒ I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section 1, above.  
☐ I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)

#### 4. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 4 on accompanying instructions.)

FDLE ATTN: Office of Executive Investigations

Name

2331 Phillips Road

Street Address

Tallahassee

City

FL

State

Apt. #

32308

ZIP Code

Daytime Phone

Fax Number

Email Address

#### 2. RELATIONSHIP TO VETERAN:

- ☐ I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney)
- ☐ OTHER (Specify): \_\_\_\_\_

5. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section 3 is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on the accompanying instructions sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

Signature Required - Do not print

Date

\* This form is available at <https://www.archives.gov/veterans/military-service-records/standard-form-180.html> on the National Archives and Records Administration (NARA) website. \*

# **AFFIDAVIT OF NON-SERVICE**

\_\_\_\_\_  
Date

I, \_\_\_\_\_, have not served any time in the Armed  
Forces of the United States of America.

\_\_\_\_\_  
Signature



Florida Department of  
Law Enforcement

## AFFIDAVIT OF APPLICANT

Incorporated by Reference in Rule 11B-27.002(1)(f), F.A.C.



CJSTC  
68

Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses

Last Four Digits of Applicant's Social Security Number: \_\_\_\_\_

Applicant's Legal Name: \_\_\_\_\_  
Last First MI

Employing agency: \_\_\_\_\_

Use this form to verify your compliance with the employment requirements of Section 943.13, F.S. I fully understand that to qualify for employment as a law enforcement, correctional, or correctional probation officer, I shall comply with the following provisions of Section 943.13, F.S.:

- Be at least 18 years of age for correctional officer or 19 years of age for all others.
- Be a citizen of the United States.
- Be a high school graduate or equivalent.
- Not have been convicted of any felony or of a misdemeanor involving perjury or false statement. Any person who, after July 1, 1981, pleads guilty or nolo contendere to or is found guilty of a felony or of a misdemeanor involving perjury or a false statement shall not be eligible for employment or appointment as an officer, notwithstanding suspension of a sentence or withholding of adjudication.
- Have been fingerprinted by the employing agency.
- Have passed a physical examination by a licensed medical specialist approved in Rule 11B-27.002(1)(d), F.A.C..
- Be of good moral character.
- Have not received a dishonorable discharge from the U.S. Military.

True False NA In addition, I attest to the following statements: Each statement shall be checked "True" "False" or "NA"

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. I completed my employment application and it is true and correct, and all other information I furnished in conjunction with my application is true and correct.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. I provided documentation of proof of my qualifications to the above listed employing agency.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. I meet the qualifications as specified above.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. I had a criminal record sealed or expunged.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. I am under investigation by a local, state, or federal agency or entity for criminal, civil, or administrative wrongdoing to the best of my knowledge and belief.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. I separated or resigned from a previous criminal justice employment while under investigation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. I am currently serving in good standing in the U.S. Military.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. I previously served in the U.S. Military.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. I received a dishonorable discharge from my previous U.S. Military service.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. I am currently certified as a Florida criminal justice officer in the following area(s): Please check the appropriate box(es). <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. I authorize the employing agency listed above to apply for my certification. Please check the appropriate box(es). <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation

**NOTICE:** This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify the officer for employment as an officer.

**PLEASE READ CAREFULLY BEFORE SIGNING.** You must complete the remainder of this affidavit in the presence of a notary public. Upon witnessing your signing of this affidavit, a notary public shall complete the notary block by entering the same date the affidavit is signed. I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.

12. \_\_\_\_\_ 13. \_\_\_\_\_  
Applicant's Signature Date Signed

### 14. OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of Physical Presence ☐ OR Online Notarization ☐ this \_\_\_\_\_

day of \_\_\_\_\_, year \_\_\_\_\_. By \_\_\_\_\_

Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced \_\_\_\_\_

\*NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliance Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section

# FDLE Security and Privacy Training for Members with Unescorted Access to a Physically Secure Location

The FBI CJIS Security Policy requires individuals with unescorted access to a physically secure location complete Security and Privacy training before FDLE can authorize unescorted access to a FDLE facility. Additional Security and Privacy training will be required based on your job duties and access to Criminal Justice Information (CJI). Security and Privacy training is an annual training requirement.

This training will cover the following topics:

- Physical Access Authorizations
- Physical Access Control
- Monitoring Physical Access
- Visitor Control
- Access, Use and Dissemination of Criminal History Record Information (CHRI), NCIC Restricted Files Information, and NCIC Non-Restricted Files Information Penalties
- System Use Notification
- Personnel Sanctions
- Reporting Security Events
- Incident Response Training

## What is CJI?

Criminal Justice Information, or CJI, is the term used to refer to all of the FBI CJIS provided data necessary for law enforcement and civil agencies to perform their missions.

CJI includes the following:

- **Biometric data** – includes fingerprints, palm prints, iris scans, and facial recognition data
- **Identity History Data** - Includes criminal history data
- **Biographic Data** – Includes information about an individual related to a case not connected to identity data
- **Property data** – Includes information about vehicles and property associated with a crime when accompanied by any personally identifiable information (PII)
- **Case/Incident History** – Includes information about the history of criminal incidents

## Physical Access Authorizations

FDLE buildings are considered physically secure locations. The CJIS Security Policy requires areas that process or store Criminal Justice Information (CJI) be physically secure to prevent unauthorized access.

To ensure physical security of FDLE buildings, FDLE will maintain a list of members with authorized access to FDLE buildings. The perimeter of FDLE buildings are marked indicating restricted access. Restricted areas are separated from nonsecure locations by physical controls.

#### **Physical Access Controls**

FDLE will control all physical access points and will verify individual access authorizations before granting access.

#### **Monitoring Physical Access**

FDLE will monitor physical access to FDLE information systems to detect and respond to physical security incidents.

#### **Visitor Control**

FDLE will control physical access by authenticating visitors before authorizing escorted access to the physically secure location (except for those areas designated as publicly accessible). Authorized FDLE members will escort visitors at all times and monitor visitor activity within the physically secure location.

### **Access, Use and Dissemination of Criminal History Record Information (CHRI), NCIC Restricted Files Information, and NCIC Non-Restricted Files Information Penalties**

Criminal History Record Information, or CHRI, is a subset of CJI. CHRI shall be accessed and used only for an authorized purpose. Dissemination to another agency is authorized if (a) the other agency is an Authorized Recipient of such information and is being serviced by the accessing agency, or (b) the other agency is performing personnel and appointment functions for criminal justice employment applicants.

The National Crime Information Center (NCIC), hosts restricted files and non-restricted files. NCIC restricted files are distinguished from NCIC non-restricted files by the policies governing their access and use. The management of the information processed, stored, or transmitted to NCIC is shared between the FBI and federal, state, local and tribal criminal justice agencies.

Improper access, use or dissemination of CHRI and NCIC Non-Restricted Files information is serious and may result in administrative sanctions including, but not limited to, termination of services and state and federal criminal penalties.

### **System Use Notification**

A system use notification is a message displayed on computer systems prior to accessing CJI, which informs users of various usages and monitoring rules. FDLE's system use notification indicates FDLE resources are for official business. Misuse of FDLE resources will result in loss of resources, disciplinary action, or criminal prosecution. Use of FDLE resources indicates member consent to restrictions/monitoring without prior notice.



## **Access, Use, & Dissemination Penalties/Personnel Sanctions**

Unauthorized requests, receipt, release, interception, dissemination, or discussion of CJI is serious and may result criminal prosecution and discipline, including termination of employment.

## **Security Incidents**

A **security incident** is a violation of the CJIS Security Policy that threatens the confidentiality, integrity, and availability of CJI. FDLE has written policies on reporting and responding to a security incident.

### **Security Incident Policy**

FDLE has policies on the overall incident handling procedures, how the agency performs incident reporting, and incident management procedures in the event of a security incident. All FDLE members should be aware of the agency's policy regarding possible security incidents and the proper reporting procedures within the agency.

### **Incident Response Training**

FDLE members with incident response responsibilities will be provided incident response training on how to properly prepare for, detect, contain, eradicate and recover from, a security incident.

### **Reporting Security Events**

FDLE members must immediately report any suspected information security incidents. Suspected computer security incidents should be reported to the FDLE Local Agency Security Officer/ISM and to the FDLE Customer Support Center.

## **Acknowledgement of Completed Training and Member Responsibilities with Unescorted Access to a Physically Secure Location**

I have received, read and understand the Security and Privacy Training for individuals with unescorted access to a physically secure location. I understand that additional training will be required depending on my job duties and/or future access to Criminal Justice Information.

Member's Signature: \_\_\_\_\_

Member's Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: Please submit the completed and signed form to the Office of Human Resources to be placed in the member's personnel file.**

**Acknowledgement of Receipt and Review of  
FDLE Policy 3.4, *Standards of Member Conduct*  
FDLE Drug Free Workplace/Drug Screening**

*I HEREBY ACKNOWLEDGE that I have received a copy of FDLE Policy 3.4, Standards of Member Conduct. I have reviewed and understand the conditions, limitations, restrictions, obligations of compliance, and the rights and privileges provided therein.*

Please initial next to each statement below to acknowledgement receipt and review of the referenced section of policy.

\_\_\_\_\_ I have read the *Appearance and Grooming* section of Policy 3.4 and understand the general and specific prohibitions on tattoos, piercings and hair coloring.

\_\_\_\_\_ I have read the *Drug Free Workplace/Drug Screening* section of Policy 3.4 and understand the general and specific prohibitions regarding the illegal use of drugs while employed by FDLE and understand that I must undergo drug testing prior to employment with FDLE.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Witnessed By:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: The executed original to be retained in applicant's/member's personnel file. A copy will be filed within the applicant's/member's background file.

## STANDARDS OF MEMBER CONDUCT

### **INDEX:**

[GENERAL PARAMETERS](#)

[APPEARANCE](#)

[TATTOOS, PIERCINGS AND GROOMING](#)

[USE OF TOBACCO PRODUCTS](#)

[DRUG-FREE WORKPLACE/DRUG SCREENING](#)

### **RELATED REFERENCES:**

[Acknowledgement of Receipt and Review Policy 3.4](#)

[Americans with Disabilities Act, 42 U.S.C. 12101](#)

[Capitol Police SOP 2.01 - Uniform and Personal Appearance](#)

[Chapter 59A-24; Rules 60L-34.0061\(2\), 11I-1.011, Florida Administrative Code \(FAC\)](#)

[Code of Federal Regulations, Title 28, Part 67, Subpart F, Government Wide Requirements for Drug-Free Workplace \(Grants\)](#)

[Law Enforcement Code of Ethics \(Chapter 112, Part III, FS\)](#)

[Policy 3.1 - Background Investigations](#)

[Policy 3.2 - Personnel Recruitment, Selection, Promotion and Assignment](#)

[Policy 3.5 - Professional Standards Investigations/Disciplinary Actions](#)

[Policy 3.6 - Dual Employment](#)

[Policy 3.33 - Values and Ethics](#)

[The Florida Clean Indoor Air Act](#)

[Sections 112.0455, 112.313, 112.531, 119.07\(1\), 447.401 and 893.03, FS](#)

### **KEY AGENCY CONTACT:**

Office of Executive Investigations

### **POLICY:**

FDLE members will obey all laws and regulations and maintain the highest standard of professional and ethical behavior at all times. [CALEA 12.2.1 g] Members are considered to be all personnel employed by FDLE, including those employed under OPS, interns, and others as identified by the appropriate Special Agent in Charge (SAC) or Division Director. For the purpose of this policy/procedure, members will also include those contract employees working on site within an FDLE facility.

“Integrity” is a fundamental value of FDLE. Members must conduct themselves in a manner that reflects personal and professional integrity and that reflects positively on the department.

### **GENERAL PARAMETERS**

- A. Acts of misconduct and work standards violations are described in Section 11I-1.011, FAC, in FDLE policies and in other administrative rules applicable to state employees. [CALEA 26.1.1]
- B. In the absence of specific rules or standards of conduct, all members must exercise good judgment, avoiding even the appearance of impropriety. [CALEA 26.1.1]

- C. Members should consult their supervisors if there are questions regarding whether a specific action is proper. [\[CALEA 26.1.1\]](#) [\[CALEA 12.2.1 g\]](#)
- D. Members are to avoid conflicts of interest and abide by the department's ethical standards as detailed in the Values and Ethics Policy 3.33, which supplements this policy's standards. [\[CALEA 12.2.1 g\]](#)
- E. The functions of a law enforcement agency require a level of physical fitness not demanded by many other occupations. Members will report for duty at the time and place assigned and will be physically and mentally fit to perform their duties. FDLE will have an ongoing means available for the physical assessment and psychological evaluation of members currently employed by the department. In accordance with Rule 60L-34.0061(2), FAC, supervisors with sufficient reason to question the physical or psychological fitness of a member should recommend referral for an assessment/evaluation via chain-of-command to the Commissioner. The Commissioner or designee must approve the recommendation prior to referring the member for physical assessment or psychological evaluation. [\[CALEA 22.3.1\]](#) [\[CALEA 22.2.1\]](#) [\[CALEA 22.2.2\]](#)
- F. Members will be courteous to the public and to their fellow FDLE members at all times. [\[CALEA 12.2.1 g\]](#) [\[CALEA 26.1.1\]](#)
- G. Members will obey all lawful orders received from persons in supervisory roles. This includes any such order originating from a supervisor and relayed by another employee to the member. [\[CALEA 12.1.3\]](#) [\[CALEA 12.2.1 g\]](#)
  - 1. Members who receive a lawful order that is in conflict with a previous order, rule, regulation, policy or procedure, shall respectfully inform the individual issuing the most recent order of the conflict. If the person issuing the order does not alter or retract the conflicting order, it shall be obeyed. The person issuing the order shall be responsible for the violation of the prior order, rule, regulation, policy or standard operating procedure. [\[CALEA 12.1.3\]](#)
  - 2. Members shall not obey any order which they know or should know would require them to commit an illegal act. When there is a question about the legality of an order, members shall request clarification from the individual issuing the order. [\[CALEA 12.1.3\]](#)
  - 3. Members who have questions about the nature or details of any of their assignments shall seek clarification from their supervisor as soon as practical. [\[CALEA 12.1.3\]](#)
- H. Members will release confidential information to persons outside the department only upon proper authority. A member's dissemination of confidential information within FDLE shall be on a need-to-know basis or as may otherwise be required to perform the member's official duties.
- I. Members will obtain proper authorization prior to expressing the official viewpoints or policies of FDLE.
- J. Members making public statements or appearances regarding personal interests should be aware that they may be perceived as officially representing FDLE and should, therefore use good judgment in the exercise of the right to free speech and should indicate that they are speaking in an individual, rather than an official capacity.

- K. All legislative lobbying on behalf of FDLE must be performed by registered department lobbyists and all legislative efforts and actions shall be coordinated through the Office of the Executive Director.
- L. Members will not use their official position with FDLE for the purpose of recommending or supporting in any manner the employment or procurement of a particular product, professional service or commercial service. Any requests for endorsements or testimonials from companies with which FDLE contracts, or has previously contracted with, should be directed to FDLE's Office of External Affairs. [\[CALEA 26.1.1\]](#)
- M. FDLE claims all rights, title, and interest in members' work products and department processes, unless the Commissioner or designee approves a written agreement to the contrary.
- N. FDLE will not publicly or privately endorse any candidate for public office. No FDLE member acting as a representative of the department may expressly or implicitly endorse any candidate for public office.
- O. Members interested in holding local public office must request authorization from the Commissioner. Members are not authorized to run for statewide elective office.
- P. Members will refrain from associations or dealings with known criminals, except where such contact is necessary for the performance of official duties, or is unavoidable because of other personal relationships of the member. [\[CALEA 12.2.1 g\]](#) [\[CALEA 26.1.1\]](#)
- Q. Members wishing to secure employment or compensation for work or services performed in a capacity other than their employment with FDLE, or in addition to their initial employment with FDLE, must receive approval in advance and renewal of that approval in compliance with FDLE and, as applicable, state dual employment policies/procedures (See FDLE Dual Employment Policy 3.6). [\[CALEA 22.2.5 b\]](#)
  - 1. No full-time sworn member, Reserve Special Agent, Auxiliary Special Agent or Reserve Capitol Police Officer may hold employment or appointment as a law enforcement officer with any other state or local Florida agency. [\[CALEA 22.2.5 b\]](#)
  - 2. Any FDLE member who fails to obtain approval prior to engaging in dual employment, fails to submit required documentation in the context of a dual employment request, provides or submits any misstatement, falsification or misrepresentation of the conditions or hours of dual employment, fails to advise their immediate supervisor of changes in the conditions of an approved dual employment obligation, fails to abide by the requirements of this policy/procedure, or (in the case of a sworn member's law enforcement related off-duty employment) improperly uses state-provided equipment or vehicle during such employment or utilizes such equipment or vehicle in an unauthorized manner may have the dual employment approval revoked, may be disqualified from further eligibility for dual employment and/or may be subject to disciplinary sanctions up to and including dismissal from the department. [\[CALEA 22.2.5 b\]](#)

## APPEARANCE

- A. Members represent the department while on duty and will demonstrate good judgment and a commitment to a professional work place by dressing appropriately. Business attire, whether business casual or business formal is preferred in most instances; however, certain jobs may require special types of clothing, footwear or gear for health, safety or security reasons. Business formal attire includes any standard issued uniform of the agency whether long or short sleeve including Class A or B Capitol Police uniforms. Business formal attire does not include response attire. Some members are in business formal attire daily based on the nature of their positions; others are in business formal for certain events or meetings associated with their position responsibilities. Many members are in business casual attire daily. Other members may be permitted to dress in agency casual attire as approved by the appropriate SAC or Division Director. [\[CALEA 12.2.1 g\]](#) [\[CALEA 22.1.6\]](#) [\[CALEA 26.1.1\]](#) Categories of attire include:
1. Business formal: Traditional business attire that consists of a coat, tie and dress slacks for men. For women, this would include blouses with skirts, pantsuits or professional dresses. Business formal attire is required when representing the department in an official capacity or presenting at court proceedings, protective operations detail, meetings and trainings with outside customers or other agencies, or any assignment deemed by Command Staff to require business formal attire.
  2. Business casual: Less formal than traditional business attire that consists of slacks or less formal slacks (e.g., chino or khaki pants) and a collared shirt for men. For women, this would include blouses with slacks, khaki pants or skirts and less formal dresses.
  3. Agency casual: On Fridays, members may dress down unless they are acting in a representative capacity that day and are required to wear business formal attire. Members may wear sneakers, jeans, polos or button-down shirts and casual blouses. At their discretion, supervisors may approve agency casual attire on other days for those members performing a significant amount of manual labor. Members working night or weekend shifts or those working in designated work areas with limited public interaction may be permitted to dress in agency casual attire daily if previously approved by the appropriate SAC or Division Director.
- B. Inappropriate attire may not be worn under any circumstances. Examples of inappropriate attire includes shorts (except those permitted under Policy 4.18 – Member Response and Training Attire), threadbare jeans, workout clothes, graphic t-shirts, midriff baring shirts, hoodies/sweatshirts, hats or head coverings (except those worn for religious purposes), flip flops, slippers or similar items. Undergarments should not be visible at any time.
- C. Supervisors may provide more specific guidance regarding appropriate attire consistent with these general guidelines and may send inappropriately dressed members home, with the use of their leave, to change their clothes. Members are encouraged to ask their supervisor in advance if they have questions regarding the appropriateness of their attire. Members who may have to attend meetings without advance notice are encouraged to dress in anticipation of that occurrence or keep a change of clothes in their office.

## **TATTOOS, PIERCINGS AND GROOMING**

This policy is intended to address both general and specific prohibitions on tattoos, piercings and grooming. It is also intended to provide clarity on when, under what conditions of professional attire (business formal, business casual, agency casual and response attire), that tattoos and piercings may be visible or must be covered to promote a professional appearance.

### **A. Tattoos, Brandings and/or Markings**

#### **1. Tattoos, Brandings and/or Markings Guidelines for Current and Prospective Members**

FDLE policy prohibits tattoos, brandings and/or markings that would be visible on:

- a. Your face (excluding permanent makeup, such as eyeliner, lip-liner and brows);
- b. The front and sides of your neck above the t-shirt line; or
- c. Your hands with the exception of one ring tattoo on each hand, although it must not extend beyond where a ring naturally would rest on your finger (between the lowest knuckle and your hand).

Tattoos, brandings and/or markings on the back of the neck and/or ears are allowed but must be covered at all times by your hair, clothing, cosmetics or other approved covering similar in color to the skin tone of the wearer. Tattoos, brandings and/or markings on your head are allowed but must be covered at all times by your hair.

The manner in which tattoos, brandings or markings are to be covered should not draw additional attention to the area being covered. The inadvertent unintentional display of a visible tattoo, branding or marking is not within the scope of this prohibition.

Regardless of placement, tattoos, brandings and/or markings anywhere on the body that promote racism, discrimination, indecency, extremist or supremacist philosophies, lawlessness, violence or contain sexually explicit material or material offensive to the employer or the public are prohibited. Determinations of what constitutes offensive material will be at the discretion of the Commissioner in consultation with the Office of General Counsel.

#### **2. Current Members**

- a. Current FDLE members shall not obtain new tattoos, brandings or markings on the prohibited list as outlined in Section A, Bullet 1. Any current FDLE member with prohibited tattoos, brandings or markings will discreetly, and in a professional manner, cover them at all times. Violations of these prohibitions may result in disciplinary actions.
- b. Business formal: While representing FDLE in any capacity that requires business formal attire, all tattoos, brandings or markings with the exception of ring tattoos as outlined in Section A, Bullet 1 must be covered by clothing, cosmetics or other approved covering similar in color to the skin tone of the wearer. The manner in which tattoos, brandings or markings are to be covered should not draw additional attention to the area being covered.

- c. Business casual/agency casual: While representing FDLE in any capacity where business casual or agency casual attire is acceptable or specialty clothing is required, including response attire (pursuant to Policy 4.18), tattoos, brandings and/or markings not included in Section A, Bullet 1 are permitted to be shown. However, the Office of the Commissioner may enact a more restrictive policy in certain situations and response events where business casual, agency casual, specialty or response attire is required.

### 3. Prospective Members

Job applicants will be required to acknowledge receipt of this policy prior to being placed in background and disclose any tattoo(s) on the prohibited list. This policy and the acknowledgement receipt shall be sent to the applicant with the background packet. If an applicant has any concerns about complying with this policy, they should be addressed prior to submitting the background packet. Tattoos, brandings and/or markings in these areas require Commissioner consent for employment and may prevent employment with the department.

### B. Piercings

Jewelry in piercings through the nose, tongue, chin, eyebrow or any other body part that would be visible with the exception of the ears while in business formal or business casual attire are prohibited. Jewelry in ear piercings must not exceed three per ear, must be less than a quarter inch in diameter, and may not interfere with job performance or safety regardless of attire. Jewelry in piercings shall not be visible through clothing.

### C. Grooming

1. Hair will be neat, clean and trimmed in order to present a well-kept appearance. Non-natural hair coloring, such as blue, purple, orange, green, pink, bright red, bright yellow and fluorescent (or neon) are prohibited.
2. Facial hair shall represent an overall neat, polished and professional appearance.
3. Beards and goatees shall be neatly trimmed and not exceed more than one inch in length. Sideburns shall not extend below the bottom of the earlobe.
4. Mustaches may extend one-quarter inch horizontally beyond the corners of the mouth and shall not extend over the lips or below a line parallel with the bottom of the lower lip.

### D. Exceptions

1. Sworn members working in an undercover capacity may be exempt from these restrictions governing tattoos, piercings, facial hair and hair color with SAC approval.
2. Members required to wear Class A or Class B uniforms must adhere to Capitol Police SOP 2.01 – Uniform and Personal Appearance.
3. The Commissioner may waive policy restrictions on a case-by-case basis.



## USE OF TOBACCO PRODUCTS OR ELECTRONIC CIGARETTES

Use of tobacco products by members is limited while in the workplace or on duty. The Florida Clean Indoor Air Act controls smoking within state buildings. The use of smokeless tobacco detracts from the professional image expected of FDLE members. [CALEA 12.2.1 g]

- A. All facilities occupied by FDLE are designated as nonsmoking areas. Smoking tobacco or use of an electronic cigarette is prohibited inside FDLE facilities. Members are not permitted to use smokeless tobacco inside FDLE facilities. For purposes of this policy, “electronic cigarette” includes electronic cigars, electronic cigarillos, electronic pipes, or other similar devices or products, but does not include a nicotine patch or a chewing gum, lozenge, nasal spray or inhaler containing nicotine. [CALEA 12.2.1 g]
- B. Administrators at each field facility will ensure that “No Smoking” and “No Use of Tobacco Products” signs are posted at all entrances to field facilities.
- C. No smoking is allowed in the vicinity of the main entrance or the side entrances (and covered parking areas) of an FDLE building (including sidewalks and loading dock area) or inside of any FDLE building (including courtyard areas).
- D. Waste receptacles placed near the (front/main) entrances are for the use of visitors to extinguish tobacco products and do not imply that these areas are designated as smoking areas for FDLE members.
- E. The designated smoking areas at headquarters are located:
  - 1. East of the Quad A garage vehicle entrance; and
  - 2. West of the Quad C garage vehicle entrance.
- F. Tobacco waste receptacles are located within the designated smoking areas to extinguish and discard tobacco products. Members should only discard tobacco products into these receptacles and utilize trash receptacles for other objects such as paper, cans, etc. Members should not discard tobacco waste on the ground.
- G. Members should contact the appropriate regional Business Manager for authorized locations of designated smoking areas located at the Regional Operation Centers and Field Offices.
- H. This policy is in effect 24 hours per day and seven days per week.
- I. Harassment aimed at any FDLE member for any reason, including their choice to use tobacco, will not be tolerated. Members wishing to make a tobacco use complaint may contact the Headquarters Building Security Unit at 410-7474.

## DRUG-FREE WORKPLACE/DRUG SCREENING

- A. FDLE will employ and retain only persons free of illegal use of controlled substances or other drugs. Drug testing is required of all job applicants. FDLE members may be required to undergo drug testing upon reasonable suspicion of illegal use of controlled substances or other drugs, to determine fitness for duty, to investigate unlawful drug use, or as otherwise authorized by law. Follow-up drug testing may be required of any member as allowed by law. Drug testing will ensure that members and applicants meet the character, integrity and

suitability standards set by the agency. [\[CALEA 12.2.1 g\]](#) [\[CALEA 26.1.1\]](#)

1. FDLE prohibits the unlawful manufacture, distribution, dispensing, possession, or use by any FDLE member of a controlled substance (any substance listed in Section 893.03, Florida Statutes) or drug (alcohol (including distilled spirits, wine, malt beverages, and intoxicating liquors), amphetamines, cannabis, cocaine, phencyclidine (PCP), hallucinogens, methaqualone, opiates, barbiturates, benzodiazepines, synthetic narcotics, designer drugs, or a metabolite of any of the above).
2. Analysis of specimens (tissue or product of the human body, including, but not limited to, urine or blood, capable of revealing the presence of drugs or their metabolites) may be utilized to evaluate whether evidence of illegal controlled substance or other drug use by prospective members exists. Drug testing methods shall be fair and reasonable and may include job applicant testing, reasonable suspicion testing, fitness for duty testing, or follow-up testing. Illegal use of controlled substances or other drugs is a crime, and FDLE members are to avoid all criminal conduct.
3. The Office of Human Resources (OHR), in conjunction with the Chief Inspector of the Office of Executive Investigations (OEI) is responsible for the implementation, coordination, and maintenance of a drug-free workplace program. The Chief Inspector is responsible for the drug testing (any chemical, biological or physical instrumental analysis administered for the purpose of determining the presence or absence of a drug or its metabolites) program as a component of the background investigation of the finalist(s) for authorized positions, including OPS employees, interns, volunteers, and others identified by the appropriate SAC or Division Director, and for submitting required notices of violations of this policy/procedure to the appropriate federal agencies as may be required by law or as a condition to the receipt of grants.
4. Any SAC or Division Director, after consultation with the Chief Inspector and OGC, may request an investigation of any suspected violation of this policy/procedure and such investigation may, in a manner consistent with the standards stated herein, include drug testing on current members when reasonable suspicion of illegal drug use exists. Such investigations will be conducted consistent with Policy 3.5.
5. An FDLE member found to have violated this prohibition shall be terminated from employment in a manner consistent with applicable law and regulations.
6. Any applicant for employment found to have violated the standards articulated in this policy/procedure shall, consistent with existing law and regulation, be rejected.
7. Nothing in this policy/procedure may be construed to prevent or otherwise limit FDLE from discharging a member for violation of law or rules when such termination is based upon evidence other than the results of a drug test.
8. Under Rule 11I-1.011(9), FAC, FDLE members are required to submit immediately a written report that any member of the department, including oneself, is under investigation by any criminal justice agency. This requirement includes any investigation of suspected illegal involvement (to include but not limited to possession, use, sale, delivery, etc.) with controlled substances or other drugs.
9. FDLE's Professional Standards Investigations/Disciplinary Actions Policy requires any member who observes, becomes aware of, or receives a complaint from any source in any manner alleging misconduct by an FDLE member shall promptly submit a report to

their supervisor. Any suspicion or allegation of violation of FDLE's drug-free policy by a member shall be considered a complaint alleging member misconduct. All suspected violations of FDLE's drug-free policy shall be promptly reported, via chain-of-command, to the OEI.

10. The drug-free awareness program, implemented, coordinated, and maintained by OHR, shall inform members about the dangers of drug abuse in the workplace and elsewhere; FDLE's drug-free policy/procedure; the availability of counseling and employee assistance programs to help members avoid involvement in the illegal manufacture, distribution, dispensing, possession or use of a controlled substance or other drug; and FDLE's policy/procedure that any member found to have been involved in any illegal manufacture, distribution, dispensing, possession or use of a controlled substance or other drug will, in a manner consistent with law and regulation, be terminated.
11. Any member or other person associated with this department in an employment, intern, or volunteer capacity must, in addition to the other requirements of this policy/procedure, advise FDLE of conviction of any criminal drug statute violation within one work day after such conviction. As utilized within this policy/procedure, "conviction" means a defendant was found guilty after trial, or pled guilty or "no contest," without regard to whether adjudication was withheld or sentence was suspended, and regardless of whether an appeal from the "conviction" is being pursued.
12. Upon receipt of any notification that a member employed by reason of a federally-funded grant has been convicted for a violation of a criminal drug statute, the Chief Inspector shall notify the grantor federal agency of such conviction within 10 calendar days. Any member engaged in the performance of a federally funded grant shall receive a copy of this policy.

#### B. Confidentiality of Records

1. Pursuant to s. 112.0455(11)(a), FS, Florida's Drug-Free Workplace Act, all information, interviews, reports, statements, memoranda, and drug test results, written or otherwise, received by FDLE solely through its drug testing program are confidential communications and are exempt from the provisions of Florida's Public Records Law (s. 119.07(1), FS) and may not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceedings, except in accordance with the Drug-Free Workplace Act.
2. Members of FDLE who receive or have access to information concerning drug tests results shall keep all information confidential. Any release of such information shall be in a manner authorized by and consistent with s. 112.0455(11)(b), Florida Statutes. By reason of that section, information on drug test results shall not be released in any criminal proceeding against an employee or job applicant.
3. The restrictions provided above shall not be construed to prohibit members of FDLE or other persons specified in s. 112.0455(11)(e), FS, from having access to employee drug test information when consulting with legal counsel in connection with actions brought under or related to the Florida Drug-Free Workplace Act or where the information is relevant to FDLE's defense in a civil or administrative matter.
4. All information, interviews, reports, statements, memoranda, and documentation received or generated by FDLE independent of the drug testing program is NOT normally confidential, and will be utilized to the fullest extent allowed by law and

regulations in disciplinary actions and criminal prosecutions. Most of such non-confidential material will become, at some point in time, a public record.

#### C. Federal Compliance Not Affected

1. The drug testing procedures provided by this policy/procedure, by the Florida Drug-Free Workplace Act and associated rules or regulations do not restrict more extensive drug testing pursuant to federal law or regulations that specifically preempt state and local regulation of drug testing; that have been enacted or implemented in connection with the operation or use of federally regulated facilities; that require, as a part of a federal contract, drug testing for safety, or protection of sensitive or proprietary data or national security, or that otherwise require drug testing as a part of federally regulated activity.

Note: In 1989, s. 112.0455, FS, Florida's "Drug-Free Workplace Act" (hereafter referred to as the "Act") became law. Prior to the Act, FDLE maintained a drug-free policy and drug-testing program. FDLE continues to maintain that policy and, consistent with applicable law and regulations, engages in its drug testing program. "Drug" as defined in the Act means alcohol, including distilled spirits, wine, malt beverages, and intoxicating liquors; amphetamines; cannabinoids (including marijuana and hashish); cocaine; phencyclidine (PCP); hallucinogens; methaqualone; opiates; barbiturates; benzodiazepines; synthetic narcotics; designer drugs; or a metabolite of any of the above substances.

2. Section 112.0455(6)(b) of the Act requires, prior to drug testing, that all members and job applicants be given this written notice. At the same time, such members will receive a copy of the current FDLE Standards of Member Conduct Policy 3.4.

#### D. Types of Testing

1. **JOB APPLICANT TESTING** (Finalists for positions): FDLE considers all positions within the department to be either "safety-sensitive" as used in the Drug-Free Workplace Act or special risk. All finalists for full or part-time employment, contract employment, internships, and certain designated volunteer positions must submit to a "job applicant" drug test. Refusal by a finalist to submit to the drug test, refusal to participate in the drug test in the manner required, or a positive confirmed drug test result indicating the illegal use of a controlled substance or other drug will be a basis for rejecting the finalist.
2. **REASONABLE SUSPICION TESTING**: FDLE may require a member to submit to drug testing when there is a belief drawn from specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience that a member is illegally using or has illegally used a controlled substance or other drug in violation of FDLE's Drug-Free Policy. Reasonable suspicion drug testing shall not be required except upon the recommendation of a supervisor who is at least one level of supervision higher than the immediate supervisor of the member in question, and receives approval by the Commissioner or designee.
3. **FITNESS FOR DUTY TESTING**: FDLE may, consistent with applicable law or regulations, require a member to submit to a drug test conducted as part of a routinely scheduled employee fitness-for-duty medical examination that is part of FDLE policy or that is scheduled routinely for all members in an employment classification or group, or as may be required as part of a fitness-for-duty medical examination initiated when there is a concern that a member is incapable of performing their assigned duties.

4. FOLLOW-UP TESTING: As a follow-up to an approved employee assistance rehabilitation program for drug or alcohol related problems that have not resulted in the termination of a member, FDLE will require the member to submit to a drug test on a quarterly basis for two years thereafter.

E. FDLE Action Based Upon a Positive Drug Test Result: [\[CALEA 26.1.4 c\]](#)

1. FOR SPECIAL RISK MEMBERS: Termination of Employment (Discharge). [\[CALEA 26.1.4 c\]](#)
2. FOR ALL OTHER MEMBERS: If a disciplinary action is based solely on the first positive confirmation drug test indicating illegal use of a controlled substance or other drug, the Drug-Free Workplace Act allows an opportunity to be provided for the member to participate in an employee assistance program or alcohol or drug rehabilitation program. Any such participation will be at the member's expense unless covered under the member's health insurance plan. The member may be placed on leave while participating in such a program and will be subject to follow-up drug testing on a quarterly basis for two years thereafter. However, if any evidence independent from that derived from a drug test supports a sustained disciplinary finding of a violation of FDLE's Drug-Free Workplace/Drug Screening Policy, the department will discharge the member. [\[CALEA 26.1.4 c\]](#)

F. Use of Prescription and Non-Prescription Medications:

Members, job applicants, and other persons required to be drug tested will be able to confidentially report the use of prescription or non-prescription medications both before and after being tested. A form will be provided for this purpose which will provide notice of the most common medications by brand name, and/or common name, as well as by chemical name, which may alter or affect a drug test. [\[CALEA 26.1.4 c\]](#)

G. Consequence of Refusing to Submit to Drug Test:

If a member, job applicant, or other person required to be drug tested refuses to submit to a drug test when requested, the department will not be barred from discharging the member, or from refusing to hire the job applicant or allow the other person to be associated with the department. Failure to participate in the drug test in the method or manner required shall constitute a refusal to submit to the drug test. [\[CALEA 26.1.4 c\]](#)

H. Local Employee Assistance Programs/ Alcohol and Drug Rehabilitation Programs:

The names, addresses, and telephone numbers of employee assistance programs and local alcohol and drug rehabilitation programs are available from OHR and will be provided to members upon request. The list is not exhaustive. Further information may be found in the local Yellow Page telephone listings under categories such as "Alcoholism Information and Treatment Centers," or "Drug Abuse and Addiction Information and Treatment."

- I. A member or applicant receiving a positive confirmed drug test may contest or explain the result to the Chief Inspector within five working days after written notification of the positive test result. If the contest or explanation is not satisfactory to FDLE, the member or applicant may contest the drug test result in the manner provided by s. 112.0455 (14), FS. If a member or applicant initiates civil or administrative action pursuant to the Act, the member or applicant is responsible for notifying the laboratory which maintains the specimen sample

so that the sample may be retained by the lab until the case or administrative action has been concluded (See s. 112.0455(8)(h), FS, for further detail).

1. FDLE will conduct a drug test (10 Panel Test) for the following:

- Cocaine (including “crack”);
- Cannabinoids (including marijuana, hashish, “pot,” “grass”);
- Opiates (including codeine, morphine, heroin);
- Barbiturates;
- Amphetamines (including methamphetamines, “ice”);
- Phencyclidine (PCP);
- Benzodiazepines (including “Librium,” “Valium,” “Serax,” and “Dalmane”);
- Methaqualone (“Quaaludes,” “ludes”);
- Methadone; and
- Propoxyphene.

2. FDLE may test for hallucinogens, synthetic narcotics, designer drugs, or a metabolite of these or any of the above-listed substances. In addition, FDLE may require a blood alcohol test if reasonable suspicion of alcohol impairment or abuse exists for a member, job applicant, or other person associated with the department.

J. Rights of Appeal:

1. A member who is disciplined or who is discharged, and a job applicant for a special risk or safety-sensitive position who is not hired by FDLE pursuant to drug testing done under the Drug-Free Workplace Act but who already is a member of the Career Service or who is covered by an applicable collective bargaining agreement may file an appeal with the Public Employees Relations Commission (PERC) within 30 calendar days of receipt of the final notice of discipline or discharge or the refusal to hire. The notice will inform the member of the right to file an appeal, or if applicable, the right to file a collective bargaining grievance pursuant to s. 447.401, FS.
2. Any person (including Senior Management, Selected Exempt, or Other Personal Service (OPS) employees or job applicants) alleging a violation of the Drug-Free Workplace Act that is not remediable by PERC or an arbitrator and who seeks relief must institute a civil action for injunctive relief or damages, or both, in a court of competent jurisdiction within 180 days of the alleged violation.

K. Rights to Consult the Drug Testing Lab

Members and job applicants have the right to consult with the testing laboratory for technical information regarding prescription and non-prescription medication. FDLE will notify members and applicants of the approved clinical laboratories.

Note: A copy of this section (Drug-Free Workplace/Drug Screening) will be provided to all applicants and members and be posted on all FDLE bulletin boards containing human resource related information. The applicants/members shall review the documents and sign an agency affidavit indicating receipt. The affidavit will be filed within the applicant's/member's personnel file with a copy being maintained within the agency background file.