

TEQUESTA POLICE DEPARTMENT



EMPLOYMENT APPLICATION

EMPLOYMENT DRUG POLICY

The Village of Tequesta Police Department (TPD) is firmly committed to a drug-free society and workplace. Therefore, the unlawful use of drugs by TPD employees is not tolerated. Furthermore, applicants for employment with the TPD who currently use illegal drugs will be found unsuitable for employment. The TPD does not condone any prior unlawful drug use by applicants. We realize, however, some otherwise qualified applicants may have used drugs at some point in their past. The following information sets forth the criteria for determining whether any prior drug use makes an applicant unsuitable for employment, while balancing the needs of the TPD to maintain the public integrity necessary to accomplish the Village of Tequesta Police Department's intelligence and law enforcement missions within a drug free environment. Applicants who do not meet the listed criteria should not apply for any Village of Tequesta Police Department position.

Criteria

You can determine whether you meet the Village of Tequesta Police Department's illegal drug use criteria by reviewing the items below. **You will be ineligible for employment with the Village of Tequesta Police Department if any of the following apply:**

Illegal Drug Policy

1. You have used marijuana within the last year.
2. You have used any other illegal drug, including anabolic steroids, within the past five years.
3. You have sold, distributed, manufactured, or transported any illegal drug.
4. You have used any prescription drug or legally obtainable substance in a manner for which it was not intended within the last five years.

Additional Disqualifiers

1. You have been convicted of a DUI within the last five years, or you have been convicted of two or more DUIs regardless of when they occurred.
2. Your driving history includes any of the following:
 - a. Four or more moving violations within the past three years.
 - b. A driver's license suspension within the past three years.
 - c. Accumulation of thirty-six (36) points or more within the past three years.
3. You have been dishonorably discharged from military service.

By checking this box, I acknowledge that I have read and understand the requirements listed above, and I affirm that none of the disqualifying conditions apply to me. I understand that any misrepresentation or omission may result in disqualification from the hiring process.

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

If a question is not applicable to you, enter N / A in the space provided. Every space must have a response.

Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.

You are responsible for obtaining correct and complete addresses, including zip codes. If you are unsure of an address, check it by personal verification. **Incomplete applications will not be processed.**

If there is insufficient space on the form for you to include all information required, attach extra sheets. Be sure to reference the relevant section and question number before continuing your answer.

An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.

The Americans with Disabilities Act prohibits employers from making medically related inquiries prior to a Conditional Offer of Employment. Therefore, if you are completing this application before you have received a Conditional Offer of Employment, do not disclose information concerning physical or medical conditions, either past or current.

NOTICE REGARDING THE COLLECTION OF SOCIAL SECURITY NUMBERS

Pursuant to section 119.071(5)(a), Florida statutes, the Tequesta Police Department is providing the following statement regarding its collection of social security numbers.

Social security numbers are collected by the Tequesta Police Department when specifically authorized by law to do so when it is imperative for the performance of the law enforcement officer's duties and responsibilities as prescribed by law. The Tequesta Police Department has collected your social security number for one or more of the following purposes: employment, background investigations (required by FDLE), credit worthiness, benefit processing, payroll and tax reporting, reporting to the Florida Department of Law Enforcement, identification and verification, to obtain criminal history information, booking, and criminal intelligence and investigations.

FORMS WHICH MUST ACCOMPANY A POLICE OFFICER APPLICATION

Please check off the forms you have attached and indicate N / A if not applicable in your case:

Birth Certificate

Copy of High School Diploma or equivalency certificate and Transcript

Notarized Release of Liability and FDLE Release of Information Form 58

Copy of DD214, if applicable (must submit within 5 day of application)

Copy of current driver's license / Certified copy of driving history

Copy of Social Security card

If you are a certified Police Officer, a copy of your Police certification

A photocopy of your Naturalization Certificate, if applicable

Documentation of all name changes from birth name

College Diploma or Certificate and Transcript

Proof of Selective Service registration, if applicable

Credit Report

List of other forms attached (college degrees, certificates, exc.)



APPLICATION FOR EMPLOYMENT

Rev 01/2026

Village of Tequesta
345 Tequesta Drive, Tequesta, FL 33469
Tel: (561) 768-0505 – Fax: (561) 768-0695



APPLICANT INFORMATION

Information provided in this section is used for identification purposes only.

POSITION APPLIED FOR: _____ DATE OF APPLICATION: _____

FULL NAME: _____

NICKNAME, MAIDEN NAME, OR OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

DRIVER'S LICENSE NUMBER: _____ EXP DATE: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

SCARS, TATTOOS, OR OTHER DISTINGUISHING MARKS: _____

HOW DID YOU LEARN ABOUT US: _____

Have you ever worked under another name? Yes No

If so, please provide name: _____

Have you ever filed an application with us before? Yes No

If yes, please provide details: _____

Are any of your friends or relatives presently employed with the Village? Yes No

If yes, please state name and relation: _____

Are you currently employed? Yes No

Are you available to work: Overtime Yes No

Nights Yes No

Weekends Yes No

In Florida, only U.S. citizens are eligible for employment as a Law Enforcement Officer. Can you, upon employment, provide original documentation establishing your identity and eligibility to be legally employed in the United States? Yes No

Only applicants applying for a police officer position are required to complete the following questions.

Are you a state certified police officer? Yes No

If no, are you presently enrolled in a Florida police academy? Yes No

Are you or have you ever been a certified police officer in another state? Yes No

If yes, please list state: _____

EDUCATION, TRAINING, AND SKILLS

HIGH SCHOOL:

Name of School: _____

Address: _____

Years Attended: _____ Major: _____ Graduated: Yes No

COLLEGE:

Name of School: _____

Address: _____

Years Attended: _____ Major: _____ Graduated: Yes No

GRADUATE SCHOOL:

Name of School: _____

Address: _____

Years Attended: _____ Major: _____ Graduated: Yes No

VOCATIONAL/OTHER SCHOOL:

Name of School: _____

Address: _____

Years Attended: _____ Major: _____ Graduated: Yes No

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any special licenses you hold (such pilot, radio operator, scuba, etc.) Showing licensing authority, original date of issue, and date of expiration:

List any specialized machinery or equipment that you can operate:

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment.

If you are fluent in a foreign language, indicate in each area your degree of fluency (Excellent, Good, Fair)

Language	Reading	Speaking	Understanding	Writing

Clubs and organization of which you are a member (ex. Knights of Columbus, American Legion, Eagle Scouts): _____

EMPLOYMENT HISTORY

Beginning with your present employer or most recent job, list ALL employment held for the past ten years, including part-time, temporary or seasonal employment. Attach extra pages if necessary.

Company Name: _____ **Supervisor Name/Title:** _____

Phone Number: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Position/Title: _____ **Start Date:** _____ **End Date:** _____

Reason for Leaving:

Laid Off **Voluntarily Resigned** **Retired** **Transfer** **Discharged**

Duties/Responsibilities: _____

Company Name: _____ **Supervisor Name/Title:** _____

Phone Number: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Position/Title: _____ **Start Date:** _____ **End Date:** _____

Reason for Leaving:

Laid Off **Voluntarily Resigned** **Retired** **Transfer** **Discharged**

Duties/Responsibilities: _____

Company Name: _____ **Supervisor Name/Title:** _____

Phone Number: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Position/Title: _____ **Start Date:** _____ **End Date:** _____

Reason for Leaving:

Laid Off **Voluntarily Resigned** **Retired** **Transfer** **Discharged**

Duties/Responsibilities: _____

Company Name: _____ Supervisor Name/Title: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position/Title: _____ Start Date: _____ End Date: _____

Reason for Leaving:

Laid Off Voluntarily Resigned Retired Transfer Discharged

Duties/Responsibilities: _____

Company Name: _____ Supervisor Name/Title: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position/Title: _____ Start Date: _____ End Date: _____

Reason for Leaving:

Laid Off Voluntarily Resigned Retired Transfer Discharged

Duties/Responsibilities: _____

Company Name: _____ Supervisor Name/Title: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position/Title: _____ Start Date: _____ End Date: _____

Reason for Leaving:

Laid Off Voluntarily Resigned Retired Transfer Discharged

Duties/Responsibilities: _____

Please list any additional employment on a separate page

Have you ever been fired, demoted, disciplined or been asked to resign by an employer?

Yes No

If yes, explain: _____

Were you ever rejected for a government position?

Yes No

If yes, explain: _____

Are you on any other Law Enforcement Department's eligibility list?

Yes No

RESIDENCY

List all residences for the past TEN YEARS beginning with your present address.

From: _____ To: _____ Own Rent Family-Owned

Address: _____ City: _____ State: _____ Zip: _____

Landlord Name: _____ Landlord Phone: _____

From: _____ To: _____ Own Rent Family-Owned

Address: _____ City: _____ State: _____ Zip: _____

Landlord Name: _____ Landlord Phone: _____

From: _____ To: _____ Own Rent Family-Owned

Address: _____ City: _____ State: _____ Zip: _____

Landlord Name: _____ Landlord Phone: _____

From: _____ To: _____ Own Rent Family-Owned

Address: _____ City: _____ State: _____ Zip: _____

Landlord Name: _____ Landlord Phone: _____

REFERENCES

List the name of five (3) persons not related to you and not former employers, who have known you for at least five (5) years. All persons whom you refer will be asked to appraise your character, ability, experience, personality and other qualities

Name: _____ Relationship: _____

Occupation: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____

Occupation: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____

Occupation: _____ Phone: _____

Address: _____

CRIMINAL HISTORY

1. Have you ever been arrested as an adult or juvenile (*arrest is defined as being taken into custody and transported to a jail/detention facility*)? Yes No

2. Have you ever been charged with a crime as an adult or a juvenile (charged with a crime means issued a misdemeanor citation a juvenile summons, and adult summons, arrested on a warrant, or indicted by grand jury)? Yes No
(A conviction record will not necessarily be a bar to employment. Factors such as job relations, age and time of the offense, seriousness and nature of violation and rehabilitation will be considered)

List **ALL** times you have been arrested or had criminal charges placed against you including a detailed explanation of the circumstances (use attached sheets). You must list ALL arrests or charges even if they were dropped or did not result in a conviction and even if the public records were expunged or erased. An independent investigation of your criminal history will be conducted and, if arrests or charges are found which you did not report, your application will be rejected due to untruthfulness.

Date: _____ City & State: _____

Charges: _____ Disposition of Case: _____

Circumstances: _____

Date: _____ City & State: _____

Charges: _____ Disposition of Case: _____

Circumstances: _____

Date: _____ City & State: _____

Charges: _____ Disposition of Case: _____

Circumstances: _____

DRUG USE

3. Have you ever used any of the following illegal drugs?

Heroin	Yes	No	If yes, last use: _____
Cocaine	Yes	No	If yes, last use: _____
Methamphetamine	Yes	No	If yes, last use: _____
LSD	Yes	No	If yes, last use: _____
Ecstasy	Yes	No	If yes, last use: _____
Opium	Yes	No	If yes, last use: _____
Marijuana	Yes	No	If yes, last use: _____
Shrooms	Yes	No	If yes, last use: _____
PCP	Yes	No	If yes, last use: _____
Other drugs not listed <i>(including prescriptions)</i>	Yes	No	If yes, last use: _____

PERSONAL DECLARATIONS & ASSOCIATIONS

The term “subversive organization” as defined by Florida Statutes Section 876.22 means “any organization which engages in or advocates, abets, advises, or teaches, or a purpose of which is to engage in or advocate, abet, advise, or teach activities intended to overthrow, destroy, or to assist in the overthrow or destruction of the constitutional form of the Government of the United States, the constitution or government of the state, or of any political subdivision of either of them, by revolution, force, violence, or other unlawful means.” Answer only “yes” or “no” to each question. If yes, provide details on a separate sheet

Are you a member of, or have you ever been a member of, any subversive organization?

Yes No

If yes, name organization(s): _____

Have you ever been connected or affiliated with, in any manner, or ever attended any meeting of any subversive organization?

Yes No

How many meetings? _____ How many in sympathy with? _____

Which one(s): _____

Do any of your family members or friends belong to any of these types of organizations?

Yes No

Is there anything not mentioned herein which may reflect upon your suitability to perform the duties which may be required of you in a law enforcement capacity that may require further explanation?

Yes No

POLICE APPLICANT ADDITIONAL QUESTIONS

List every Law Enforcement Agency to which you have applied:

Date	Agency	Status

MILITARY HISTORY

Have you served in the U.S. Armers Forces? Yes No

If yes, dates of service: _____ Branch of Service: _____

Unit Designation: _____ Military Service ID: _____

Highest Rank: _____ Type of Discharge: _____

Were you ever disciplined while in the military (include court-martial, captians masts, company punishment, etc.)? Yes No

If you answered “yes” to prior question please complete:

Charge: _____ Agency: _____

Age When Charge Occurred: _____ Disposition: _____

Charge: _____ Agency: _____

Age When Charge Occurred: _____ Disposition: _____

Charge: _____ Agency: _____

Age When Charge Occurred: _____ Disposition: _____

If you received a discharge other than honorable, give complete details:

VETERANS PREFERENCE

Veteran’s preference will be granted to Florida residents in accordance with Florida law to eligible veterans and spouses of veterans. To be considered for veteran’s preference points, you are required to submit a copy of your DD214 showing dates of entry, separation, and if disabled, proof of current receipt of disability benefits within 5 business days of applying for a position with the Village of Tequesta, or prior to the closing date announcement, whichever is later.

Have you previously claimed and been employed through a veteran’s preference?

If so, provide employer name: _____

Signature: _____ **Date:** _____

FINANCIAL HISTORY

What is your present salary or wages? _____

Do you have income from any other source other than your principal occupation?

Yes No

If yes, Source of Income: _____ Amount: _____ How Often: _____

Do you own real estate? Yes No

If yes, Location(s): _____

Do you have a bank account? Yes No

Savings Account:

Average Balance: _____ Bank Name: _____

Bank Address: _____

Checking Account:

Average Balance: _____ Bank Name: _____

Bank Address: _____

Additional Account:

Average Balance: _____ Bank Name: _____

Bank Address: _____

Have you ever been involved as a party in civil litigation? Yes No

If yes, explain: _____

Financial obligations - please list the names and addresses of all individuals, and companies, to whom you are indebted, and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts that may not be listed. Include account numbers where applicable.

Type	Name & Address of Creditor	Reason for Debt or Items Purchased	Account Number	Total Balance	Monthly Payments

DRIVING HISTORY

Has your driver's license ever been suspended or revoked? Yes No

If yes, explain: _____

Date of Violation	Violation	Location	Disposition

How many driving citations have you received in the last 7 years? _____

Date of Citation	Violation	Location	Disposition

What company do you carry auto insurance with: _____

Policy Number: _____

Describe in a brief narrative any traffic accidents in which you have been involved. Include date, location, cause, who was at fault, injuries, etc.

FAMILY STATUS

Relationship Status:

Single Married Separated Divorced Widowed

If Married:

Date of Marriage: _____ City & State: _____

Spouse's Name (If applicable, include spouse's maiden name): _____

If Separated or Divorced:

Date of Marriage: _____ City & State: _____

Spouse's Name (If applicable, include spouse's maiden name): _____

Address: _____

Phone: _____ Separated, Divorced or Annulled: _____

Date of Order Decree: _____ Court & State Issued: _____

List relatives in the following order: Spouse, Children, Father, Mother (include maiden name), brothers and sisters. If deceased, so indicate.

Name: _____ Relation: _____

Address: _____

Phone Number: _____ Business Phone: _____

Business Address: _____

Name: _____ Relation: _____

Address: _____

Phone Number: _____ Business Phone: _____

Business Address: _____

Name: _____ Relation: _____

Address: _____

Phone Number: _____ Business Phone: _____

Business Address: _____

Name: _____ Relation: _____

Address: _____

Phone Number: _____ Business Phone: _____

Business Address: _____

Name: _____ Relation: _____

Address: _____

Phone Number: _____ Business Phone: _____

Business Address: _____

NOTIFICATION AND AGREEMENT – (PLEASE READ BEFORE SIGNING)

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT ANY OMISSION OF FACTS, MISREPRESENTATIONS OR MISSTATEMENTS ON THIS APPLICATION MAY RENDER THIS APPLICATION VOID, DISQUALIFY ME FROM EMPLOYMENT CONSIDERATION WITH THE VILLAGE, OR IF EMPLOYED, CONSTITUTE GROUNDS FOR DISMISSAL

Questions regarding this statement should be directed to the employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the Village to conduct recruitment and selection in an affirmative manner to provide equal employment opportunity to all applicants and to prohibit discrimination because of race, religion, color, national origin, gender, gender identity or expression, political affiliation, veteran status, marital status, familial status, pregnancy, ancestry, sexual orientation, age, disability, or any other discriminatory factor prohibited by law.

I authorize the Village of Tequesta to conduct a background check pertaining to my suitability for employment, which will include a criminal history check. I understand that any application information submitted to the Village of Tequesta is public record and I authorize any employee or agent of the Village of Tequesta to verify the information submitted. I hereby release all my prior employers, schools and other persons from all liability related to any information provided them to the Village of Tequesta.

After an employment offer, I give my voluntary consent to be examined and to be subject to a drug screening test. I understand that the result of this drug screening test may disqualify me from further consideration for employment. Further, I understand that acceptance of an offer of employment does not create a contractual obligation upon the Village to continue to employ me in the future.

I understand that I will be required to provide the Village of Tequesta with documentation which verifies my identity and my right to work in the United States

I understand that by signing this application, I agree to accept all the above terms.

Applicant Signature: _____ **Date Signed:** _____

TEQUESTA POLICE DEPARTMENT

Rev 01/2026



Gustavo Medina
Chief of Police

345 Tequesta Drive

Tequesta, FL 33469

Tel: (561) 768-0505 – Fax: (561) 768-0695



AFFIRMATION

Must be notarized

I swear that this application contains no misrepresentations or falsifications, omissions, or concealment of material fact and that information given by me is true and complete to the best of my knowledge and belief. Should any investigation disclose any misrepresentation, falsification, omission, or concealment of material fact, I am aware that my application may be rejected and my name removed from the eligibility list. If already appointed, I may be dismissed.

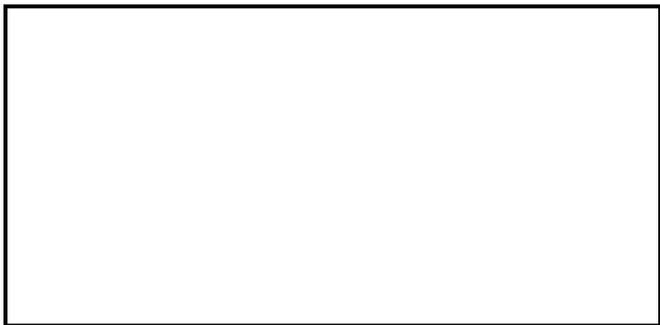
Applicant Signature: _____ **Date Signed:** _____

NOTARY

State: _____

County: _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20____ by _____ who is personally known to me _____ or has produced identification _____ (type of identification) _____, who did (did not) take an oath, and who said that he/she executed the above instrument of his/her own free will and accord with full knowledge of purpose thereof.



(Notary's Official Stamp or Seal)

Notary Public Signature

Notary Public – Print Name

My Commission Expires



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022, F.A.C.



CJSTC 58

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 _____

AFFIDAVIT OF APPLICANT

Incorporated by Reference in Rule 11B-27.002, 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. _____
Applicant's Signature

13. _____
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 _____