



Palmetto Police Department

Drug Policy for Certified (Police) Applicants & Non-Certified (Civilian) Applicants

The Palmetto Police Department is firmly committed to a drug-free society and workplace. To this end, the unlawful use of drugs by Palmetto Police Department employees will not be tolerated. Furthermore, applicants to the Palmetto Police Department who are currently using illegal drugs will be considered unsuitable for employment. While the Palmetto Police Department does not condone any prior unlawful drug use by applicants, the Palmetto Police Department realizes that some otherwise qualified applicants may have used drugs at some point during his/her past. The following guidelines shall be followed for determining whether an applicant's prior illegal drug use makes him/her unsuitable for employment.

Any exceptions to the Palmetto Police Department's Drug Policy must be requested, in writing, and must specify the circumstances that justify the hiring of the applicant. The Chief of Police must approve all exceptions to this Drug Policy.

Experimental drug use (for the purpose of this policy) is defined as: one who has illegally, wrongfully, or improperly used any narcotic substance, marijuana, or dangerous drug for reasons of curiosity, peer pressure, or other similar reason. The exact number of times drugs were used is not necessarily as important as determining the category of use and the impact of the drug use on the user's life-style, the intent of the user, the circumstances of use, and the psychological makeup of the user. An individual whose drug experimentation or use has resulted in some form of medical, psychiatric, or psychological treatment; a conviction or adverse juvenile adjudication; or loss of employment does not fall within the limits of experimental drug use. For administrative purposes, determination of whether or not the applicant's drug use will be considered experimental drug use shall be within the judgment of the Palmetto Police Department and may be aided by medical and or legal advice, with information available from investigative sources.

An applicant for any position must not have illegally used any Schedule I through Schedule V controlled substance within the last 24 months. No applicant will be considered for employment if he or she has illegally used any Schedule I through Schedule V controlled substances since his or her 25th birthday. Schedule I through Schedule V, as defined in the Controlled Substances Act, 21 U.S.C., Section 812, include, but are not limited to: cocaine, crack, lysergic acid diethylamide (LSD), amphetamines, methamphetamines, heroine, MDMA, GHB, and anabolic steroids. Although Schedule I includes marijuana, the Palmetto Police Department's drug policy on marijuana usage is set forth, below.

An applicant for a certified position may not have illegally used marijuana within the past 12 months. An applicant for a certified position may not have used marijuana after his/her 25th birthday. No applicant will be considered for employment if he/she has a pattern of usage of marijuana in his/her lifetime. Experimental usage will be evaluated based on circumstances of involvement, use, length of use, and quantity of use. The various forms of marijuana include cannabis, hashish, hash oil, and tetrahydrocannabinol (THC) in both synthetic and natural forms.

Applicants applying for a non-certified position who illegally used marijuana after their 25th birthday will not be considered for employment if they used marijuana within the past 24 months; if the applicant's last use was prior to the applicant's 25th birthday, they may not have illegally used marijuana within the past 12 months. No applicant will be considered for employment if he/she has a pattern of usage of marijuana in his or her lifetime. Experimental usage will be evaluated on the basis of circumstances of involvement, use, length of use, and quantity of use. The various forms of marijuana include cannabis, hashish, hash oil, and tetrahydrocannabinol (THVC) in both synthetic and natural forms.

Any applicant may not have illegally used a controlled substance (including marijuana) while employed as law enforcement, corrections officer, in a prosecutorial position, or while employed in a position of public safety.

Except as provided above, any applicant may not have violated any provision of the Controlled Substance Act, including but not limited to; the illegal sale, delivery, or manufacture of a controlled substance.

An applicant will not be considered for employment if he or she has been convicted of any DUI in the last 60 months or more than once in a lifetime.

Palmetto Police Department non-certified employees who wish to apply for a certified position will be subject to the policy for certified applicants.

I HAVE READ AND UNDERSTAND THE ABOVE DRUG POLICY,

Signature _____ Date _____

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Questions should be directed to the City of Palmetto Human Resources Department at (941) 723-4570.

PALMETTO POLICE DEPARTMENT APPLICATION FOR APPOINTMENT

THE PALMETTO POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER. WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, HANDICAP, MATRITAL STATUS, RELIGION, OR ANY OTHER LEGALLY PROTECTED STATUS.

INSTRUCTIONS

- Answers to question must be typewritten or printed in black ink.
- All questions must be answered; if a question is not applicable, state N/A.
- Applications that are not complete, including required documents and photo, will not be considered.
- An applicant may be rejected who has intentionally made a false statement of a material fact, or practiced, or attempted to practice, any deception, or fraud in the application and the examination, or in securing eligibility for appointment.
- If space provided is not sufficient, use “Additional Information” section and attach sheets of the same size as this application. Identify section and question number.
- Return application to the Palmetto Human Resources Department, 516 8th Ave. West, PO Box 1209, Palmetto, Florida, 34220-1209.

PART A: BACKGROUND INFORMATION

DESIRED POSITION:	
POSITION:	
DATE OF APPLICATION:	DATE AVAILABLE:
PERSONAL INFORMATION:	
LAST NAME:	FIRST NAME:
MIDDLE:	MAIDEN:
DATE OF BIRTH:	
CITY OF BIRTH:	STATE:
COUNTY:	COUNTRY:
SOCIAL SECURITY NUMBER:	
CONTACT INFORMATION	
PRIMARY PHONE:	SECONDARY PHONE:
EMAIL:	

CITIZENSHIP			
Are you a United States Citizen?		YES	NO
If naturalized, please provide the following:		COURT:	
LOCATION:	NATURALIZATION #:	DATE:	
PASSPORT INFORMATION			
Do you have or have you ever applied for a passport?		YES	NO
PASSPORT #:		APPLICATION LOCATION:	
ALIASES			
List all other names you have used, including maiden name, married names, aliases or nicknames:			
NAME	REASON	DATES FROM (M/Y)	DATES TO (M/Y)

PART B: RESIDENCE HISTORY

In chronological order, list your actual places of residence for the past 10 years , including time spent in school and / or the military. If necessary, attach additional pages.		
ADDRESS:		APT:
CITY:	STATE:	ZIP:
START DATE:		END DATE:
ADDRESS:		APT:
CITY:	STATE:	ZIP:
START DATE:		END DATE:
ADDRESS:		APT:
CITY:	STATE:	ZIP:
START DATE:		END DATE:
ADDRESS:		APT:
CITY:	STATE:	ZIP:
START DATE:		END DATE:
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START DATE:		END DATE:
ADDRESS:		APT:
CITY:	STATE:	ZIP:
START DATE:		END DATE:
ADDRESS:		APT:
CITY:	STATE:	ZIP:
START DATE:		END DATE:
ADDRESS:		APT:
CITY:	STATE:	ZIP:
START DATE:		END DATE:

PART C: EDUCATION/TRAINING

HIGH SCHOOL	
NAME:	ADDRESS:
DATES ATTENDED:	GRADUATION DATE:
G.E.D.	
If applicable, provide the following information regarding the institution that issued your GED:	
NAME:	ADDRESS:
DATES ATTENDED:	GED RECEIVED: YES NO
COLLEGE/UNIVERSITY (Transcripts are required. Attach additional pages for multiple entries.)	
NAME OF SCHOOL:	LOCATION:
MAJOR & MINOR, or COURSE OF STUDY:	
TYPE OF DEGREE:	CREDIT HOURS EARNED:
GRADUATE/POSTGRADUATE EDUCATION (Transcripts are required. Attach additional pages for multiple entries.)	
NAME OF SCHOOL:	LOCATION:
MAJOR & MINOR, or COURSE OF STUDY:	
TYPE OF DEGREE:	CREDIT HOURS EARNED:
OTHER SCHOOLS/ACADEMIES (Transcripts are required. Attach additional pages for additional entries.)	
Provide the following information regarding trade, vocational, business schools, or academies attended:	
NAME:	ADDRESS:
DATES ATTENDED:	CREDIT HOURS: QTR: SEM:
TYPE OF DEGREE:	COURSE OF STUDY:
NAME:	ADDRESS:
DATES ATTENDED:	CREDIT HOURS: QTR: SEM:
TYPE OF DEGREE:	COURSE OF STUDY:
NAME:	ADDRESS:
DATES ATTENDED:	CREDIT HOURS: QTR: SEM:
TYPE OF DEGREE:	COURSE OF STUDY:

PART D: EMPLOYMENT HISTORY

In chronological order, list all employment beginning with PRESENT employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment. If necessary, attach additional sheets.			
NAME:		PHONE:	
CITY:	STATE:	ZIP:	
TITLE/POSITION:			
FULL TIME	PART TIME:	SALARY:	
START DATE:		END DATE:	
REASON FOR LEAVING:			
NAME:		PHONE:	
CITY:	STATE:	ZIP:	
TITLE/POSITION:			
FULL TIME	PART TIME:	SALARY:	
START DATE:		END DATE:	
REASON FOR LEAVING:			
NAME:		PHONE:	
CITY:	STATE:	ZIP:	
TITLE/POSITION:			
FULL TIME	PART TIME:	SALARY:	
START DATE:		END DATE:	
REASON FOR LEAVING:			
NAME:		PHONE:	
CITY:	STATE:	ZIP:	
TITLE/POSITION:			
FULL TIME	PART TIME:	SALARY:	
START DATE:		END DATE:	
REASON FOR LEAVING:			
NAME:		PHONE:	
CITY:	STATE:	ZIP:	
TITLE/POSITION:			
FULL TIME	PART TIME:	SALARY:	
START DATE:		END DATE:	
REASON FOR LEAVING:			

PART E: REFERENCES & ASSOCIATES

PERSONAL REFERENCES

List three (3) references who are responsible adults of reputable standing in their communities who have known you well for the past five (5) years. DO NOT list relatives or former employers.

NAME:		PHONE:
CITY:	STATE:	ZIP:
TITLE/POSITION:	HOW AQUAINTED:	
NAME:		PHONE:
CITY:	STATE:	ZIP:
TITLE/POSITION:	HOW AQUAINTED:	
NAME:		PHONE:
CITY:	STATE:	ZIP:
TITLE/POSITION:	HOW AQUAINTED:	

CLOSE FRIENDS

List three (3) of your closest friends, include both men and women, with whom you have had regular contact over the past three (3) years.

NAME:		PHONE:
CITY:	STATE:	ZIP:
YEARS AQUAINTED:	HOW AQUAINTED:	
NAME:		PHONE:
CITY:	STATE:	ZIP:
YEARS AQUAINTED:	HOW AQUAINTED:	
NAME:		PHONE:
CITY:	STATE:	ZIP:
YEARS AQUAINTED:	HOW AQUAINTED:	

PART F: ADULT CRIMINAL & CIVIAL COURT HISTORY

As an adult, have you ever been taken into custody and fingerprinted by civilian or military authorities for violation of any law or ordinance regardless of whether the record in your case has been sealed, expunged, dropped, or otherwise stricken?	YES	NO
As an adult, have you ever been investigated, charged or received a notice or summons for any violation of law or ordinance?	YES	NO
As an adult, have you ever been investigated or charged with a traffic violation (exclude parking tickets)?	YES	NO
If you answered "YES" to any of the above questions, list all such matters even if you were not formally charged, or made no court appearance, or were found not guilty, or pled nolo contendere to any charge for which adjudication was withheld, or the matter was settled by payment of fine or forfeiture of collateral.		
DATE:	CHARGE/INCIDENT:	
AGENCY/LOCATION:	DISPOSITION:	
DETAILS: _____		
DATE:	CHARGE/INCIDENT:	
AGENCY/LOCATION:	DISPOSITION:	
DETAILS: _____		
DATE:	CHARGE/INCIDENT:	
AGENCY/LOCATION:	DISPOSITION:	
DETAILS: _____		
Have you ever been a plaintiff or defendant in a court action?	YES	NO
DETAILS: _____		

Have you ever been detained by any law enforcement officer for investigative purposes or, to your knowledge, have you ever been the subject of, or a suspect in, any criminal investigation?	YES	NO
DETAILS: _____		

Have you ever been reported as a missing person or runaway?	YES	NO
DETAILS: _____		

PART G: SOCIAL MEDIA

Have you, at any time, created a social media account?	YES	NO
Do you actively post to social media websites?	YES	NO
Have you, at any time, posted to any social media platform or website?	YES	NO
If you answered "YES" to ANY of the above questions, list all social media accounts, screen names, aliases, & usage dates.		
PLATFORM:	SCREEN NAME:	
LINK TO USER PROFILE:		
DATES FROM:	DATES TO:	
PLATFORM:	SCREEN NAME:	
LINK TO USER PROFILE:		
DATES FROM:	DATES TO:	
PLATFORM:	SCREEN NAME:	
LINK TO USER PROFILE:		
DATES FROM:	DATES TO:	
PLATFORM:	SCREEN NAME:	
LINK TO USER PROFILE:		
DATES FROM:	DATES TO:	
PLATFORM:	SCREEN NAME:	
LINK TO USER PROFILE:		
DATES FROM:	DATES TO:	
Please, describe your social media usage. For instance, how often do you check &/or post to your accounts (daily, weekly, etc.)?		
If available, please include any recent profile pictures with your application submission.		

PART H: MILITARY HISTORY

Have you ever been a member of the Armed Forces of the United States?		YES	NO
BRANCH:	HIGHEST RANK:	SERIAL #:	
ACTIVE: FROM	TO	RESERVE: FROM	TO
BRANCH:	HIGHEST RANK:	SERIAL #:	
ACTIVE: FROM	TO	RESERVE: FROM	TO
Have you ever served in the Armed Forces of a foreign country?		YES	NO
BRANCH:	HIGHEST RANK:	SERIAL #:	
ACTIVE: FROM	TO	RESERVE: FROM	TO
If disciplinary action was taken against you, please describe the nature of the offense and action taken.			

PART I: DRIVING HISTORY

Are you a licensed automobile operator or chauffeur?		YES	NO
STATE:	LIC. #:	EXP. DATE:	
Do you hold or have you ever held an operator or chauffeur license in another state?		YES	NO
STATE:	LIC. #:	DATES:	
STATE:	LIC. #:	DATES:	
Have you ever been denied a license or have you ever had a license suspended or revoked?		YES	NO
IF YES, GIVE DETAILS: _____			

How many traffic accidents have you had in the past ten (10) years?		#:	
How many were your fault?		#:	
PLEASE GIVE DETAILS: _____			

PART J: BUSINESS & CREDIT

Do you now have, or have you ever had, a license to engage in a business or profession?	YES	NO
Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer?	YES	NO
IF YES, PLEASE PROVIDE NAME, ADDRESS, BUSINESS TYPE, & YOUR REALTIONSHIP OR POSITION: _____ _____		
Has a license or professional certification, issued to you, ever been canceled, suspended, or revoked?	YES	NO
Do you have stock or interest in any firm, partnership, or corporation doing business in Manatee County?	YES	NO
Have you or a company controlled by you, filed for bankruptcy, or declared bankruptcy?	YES	NO
Have you had a legal judgment rendered against you for a debt?	YES	NO
IF YES TO ANY OF THE PREVIOUS PART J QUESTIONS, PLEASE PROVIDE DETAILS: _____ _____		
Do you have any sources of income other than your salary and the salary of your spouse?	YES	NO
YOUR ESTIMATED ANNUAL SALARY:		SPOUSE'S EST. ANNUAL SALARY:
SPECIFY THE SOURCE & AMOUNT OF ANY ADDITIONAL INCOME: _____ _____ _____		
LIST ALL OF YOUR & YOUR SPOUSE'S DEBTS OVER \$500; & ANY DEBT, WHICH IS PAST DUE, REGARDLESS OF THE AMOUNT:		
CREDITOR:	ACCOUNT #:	
ADDRESS:		
AMOUNT (\$):	AMOUNT PAST DUE:	
CREDITOR:	ACCOUNT #:	
ADDRESS:		
AMOUNT (\$):	AMOUNT PAST DUE:	
CREDITOR:	ACCOUNT #:	
ADDRESS:		
AMOUNT (\$):	AMOUNT PAST DUE:	

PART K: MISCELLANEOUS

What foreign languages can you speak, read, or write?			
LANGUAGE:	SPEAK:	READ:	WRITE:
LANGUAGE:	SPEAK:	READ:	WRITE:
LANGUAGE:	SPEAK:	READ:	WRITE:

Please detail any type of special license such as pilot, radio operator, E.M.T., marine pilot, etc., indicating the licensing authority, where the license was issued, & expiration date (with the exception of a vehicle operator s license. Attach additional pages if necessary):	
TYPE:	AUTHORITY:
LOCATION:	EXPIRATION DATE:
TYPE:	AUTHORITY:
LOCATION:	EXPIRATION DATE:
TYPE:	AUTHORITY:
LOCATION:	EXPIRATION DATE:

Have you ever been dismissed, asked to resign, or had any disciplinary action taken against you from any employment or position you have held?	YES	NO
Have you resigned, or left a job by mutual agreement, following allegations of misconduct or unsatisfactory job performance?	YES	NO
Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer?	YES	NO

Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons that has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? PLEASE DESCRIBE: _____ _____ _____		
Have you ever made a financial or other material contribution to any organization of the type described in the question above?	YES	NO
If yes to either of the above questions, please answer the following questions.		
At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?	YES	NO

Did you intend to promote any unlawful aims of the organization?	YES	NO
IF YES TO ANY OF THE PREVIOUS QUESTIONS, PLEASE EXPLAIN. INCLUDE THE NAME OF ORGANIZATION AND LOCATION. _____ _____ _____ _____		

RCTV'M. CONFIDENTIAL HISTORY

PORTIONS OF THIS SECTION WILL REMAIN CONFIDENTIAL, SUBJECT TO APPLICABLE LAW.		
Are you currently a Certified Officer?	YES	NO
Are you a retired Officer?	YES	NO
Applicant's Name & Current Address:		
LAST NAME:	FIRST NAME:	MI:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	WORK PHONE:	
CELL PHONE:		
Spouse's Name & Current Address:		
LAST NAME:	FIRST NAME:	MI:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	WORK PHONE:	
Children's Name, Ages, & Current Address:		
NAME	AGE	ADDRESS (if different)
Former Spouse(s) Name and Address:		
LAST NAME:	FIRST NAME:	
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
Emergency Contact / Next of Kin		
LAST NAME:	FIRST NAME:	RELATIONSHIP::
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	WORK PHONE:	
CELL PHONE:		

Please provide the name and address of your personal or family physician to be contacted in case of an emergency.			
LAST NAME:		FIRST NAME:	
MAILING ADDRESS:			
CITY:	STATE:		ZIP:
WORK PHONE:		FAX:	
CELL PHONE:			
How you ever used, experimented with, tasted, supplied, possessed, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature?			YES
			NO
If yes, please complete the following:			
DRUG:	INGESTED	SUPPLIED:	SOLD:
# OF TIMES:	FIRST TIME:		LAST TIME:
CIRCUMSTANCES:			
DRUG:	INGESTED	SUPPLIED:	SOLD:
# OF TIMES:	FIRST TIME:		LAST TIME:
CIRCUMSTANCES:			
As a juvenile, have you ever been taken into custody and fingerprinted by civilian or military authorities for violation of any law or ordinance, regardless of whether the record in your case has been sealed, expunged, dropped, or otherwise stricken?			YES
			NO
As a juvenile, have you ever been investigated, charged, or received a notice or summons for any violation of law or ordinance?			YES
			NO
As a juvenile, have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)?			YES
			NO
If you answered "YES" to any of the previous questions, list all such matters even if you were not formally charged, or made no court appearance, or were found not guilty, or pled nolo contendere to any charge for which adjudication was withheld, or the matter was settled by payment of fine or forfeiture of collateral.			
CHARGE/INCIDENT:			DATE:
AGENCY:		LOCATION:	
DISPOSITION:			
DETAILS:			

CHARGE/INCIDENT:		DATE:
AGENCY:	LOCATION:	
DISPOSITION:		
DETAILS:		
CHARGE/INCIDENT:		DATE:
AGENCY:	LOCATION:	
DISPOSITION:		
DETAILS:		
CHARGE/INCIDENT:		DATE:
AGENCY:	LOCATION:	
DISPOSITION:		
DETAILS:		

APPLICANT'S CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or Misrepresentation will be the basis for my dismissal from the Palmetto Police Department. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application, or which is discovered as a result of the background investigation, physical examination, or drug test. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Palmetto Police Department and that it, and the information received in response to the background examination, is public record.

I also understand that I may be required to furnish the Palmetto Police Department with a copy of my Federal Income Tax Return for the year preceding this application and for each year during my employment or appointment.

I further understand and agree that my employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment, and maintenance of personal physical fitness to the degree necessary to satisfactorily perform the duties of my position or assignment with the Palmetto Police Department.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Palmetto Police Department, and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Palmetto Police Department.

I agree to conform to the rules, regulations and orders of the Palmetto Police Department and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Palmetto Police Department, at its discretion, at any time and without any prior notice to me.

Signature of the applicant as usually written: _____ Date: _____

Witnessed By: _____ Date: _____

APPLICATION ATTACHMENT CHECKLIST

ITEM	DESCRIPTION	ATTACHED
1	Copy of Driver's License	
2	Copy of Social Security Card	
3	Copy of High School or GED Diploma/Records	
4	Copy of College Diploma	
5	Copy of College Transcripts	
6	Copy of Birth Certificate	
7	Recent Photograph of Self	
8	Copy of Criminal Justice Standards and Training Commission (Official Grade Notification)	
9	Copy of Certificate of Completion of Law Enforcement Training	
10	Copies of any Certificates or Cards of any Special Training (i.e., First Responder, CPR, any law enforcement classes or courses taken, etc.)	
11	Copy of Marriage License/Certificate	
12	Copy of Divorce Records	
13	Completed FDLE Authority for Release of Information (Background Investigation Waiver)	



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 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 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 _____