



JUPITER INLET COLONY POLICE DEPARTMENT EMPLOYMENT APPLICATION

The Jupiter Inlet Colony Police Department is an Equal Opportunity Employer

Veteran's Preference must be requested at the time your application is submitted.

Applicants with a disability who require accommodation during the application/interview process should direct a request in advance.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, familial status, marital status, or sexual orientation.

Applications are valid for twelve (12) months from the date received.

Please Be Completely Honest

Acknowledgement of prior drug use, arrest history, or other incidents of concern will not necessarily result in disqualification. However, omissions, untruthfulness, misrepresentation or any method of deception is likely to disqualify applicants from further or continued employment consideration.

NOTICE REGARDING THE COLLECTION OF SOCIAL SECURITY NUMBERS

PURSUANT TO SECTION 119.071(5)(a), FLORIDA STATUTES, THE JUPITER INLET COLONY POLICE DEPARTMENT IS PROVIDING THE FOLLOWING STATEMENT REGARDING ITS COLLECTION OF SOCIAL SECURITY NUMBERS:

SOCIAL SECURITY NUMBERS ARE COLLECTED BY THE JUPITER INLET COLONY POLICE DEPARTMENT WHEN SPECIFICALLY AUTHORIZED BY LAW TO DO SO OR WHEN IT IS IMPERATIVE FOR THE PERFORMANCE OF THE JUPITER INLET COLONY POLICE DEPARTMENT'S DUTIES AND RESPONSIBILITIES AS PRESCRIBED BY LAW. THE JUPITER INLET COLONY POLICE DEPARTMENT HAS COLLECTED YOUR SOCIAL SECURITY NUMBER FOR ONE OR MORE OF THE FOLLOWING PURPOSES: EMPLOYMENT; BACKGROUND INVESTIGATIONS; 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 INVESTIGATION.

JUPITER INLET COLONY POLICE DEPARTMENT'S REQUIRED MINIMUM CRITERIA

All applicants must meet the following requirements

- 21 years of age.
- Must be United States citizen.
- High School Graduate or GED.
- Able to perform the essential functions of the job for which applying with or without reasonable accommodation.
- Have a solid stable work history free of repeated disciplinary actions, suspensions, terminations and resignations.
- Achieved satisfactory evaluations and favorably completed at least one year of employment unless position is designated by the Jupiter Inlet Colony Police Department as a critical need position at the time of the application.
- Free of convictions involving domestic abuse or violence.
- Free of convictions of any felony.
- Free of convictions and violations pertaining to Florida Department of Law Enforcement Good Moral Character guidelines.
- Free of misdemeanor convictions involving perjury or false statements.
- Free of convictions or pleas of nolo contendere to any 1st or 2nd degree misdemeanor within the last three (3) years.
- Have not been dishonorably discharged from any of the Armed Forces of the United States.
- Possess a valid Driver's License.
- If driving a vehicle is a job requirement the following applies: Must present proof of automobile insurance upon offer of employment, free from "at fault" accidents or convictions for violation(s) of traffic law to include - adjudication withheld for the past twelve (12) months. A good driving record will include no Driver's License suspensions in the past five (5) years.
- Have not used tobacco products (i.e. cigarettes, cigars, pipes or smokeless tobacco referred to as chewing tobacco and snuff or any other tobacco related product for at least one (1) year immediately preceding application for employment.
- Have not used marijuana and/or all other illegal drug use in the five (5) years prior to employment application submission.

I CERTIFY THAT I HAVE READ THE ABOVE INFORMATION AND MEET ALL OF THE REQUIRED MINIMUM CRITERIA. I FULLY UNDERSTAND NON-COMPLIANCE WITH ANY OF THE CRITERIA IS GROUNDS FOR REJECTION OF MY APPLICATION OR TERMINATION.

Applicant Name/Signature	Date
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1. LEGAL NAME	LAST	FIRST	MIDDLE
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2. DATE OF BIRTH:	PLACE OF BIRTH:
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3. SOCIAL SECURITY NUMBER:

4. DRIVER LICENSE #	STATE:	EXP. DATE:
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5. List all other names you have used including circumstances and time periods you used them. (For example: maiden name, former name(s), alias(es), or nickname(s). Include original documentation of legal name change (e.g. marriage certificate and/or divorce decree).

NAME	CIRCUMSTANCE	DATE FROM (MM/YYYY)	DATE TO MM/YYYY

6. Are you a U.S. Citizen? Yes No

If naturalized, list Naturalization Certificate No: _____

Date, Place and Court: _____

7. SPOUSE'S NAME	OCCUPATION	MAIDEN NAME	SOCIAL SECURITY #

8. Name and address of former spouse(s):

NAME	ADDRESS (STREET, CITY, STATE)	PHONE NO. (AREA CODE)

EMPLOYMENT QUESTIONS
Entire Work History

1. May we contact your present employer? Yes _____ No _____

2. Have you ever been dismissed, forced to resign, or asked to resign by an employer?
 Yes _____ No _____ If yes, please explain.

DATE	NAME OF EMPLOYER	REASON FOR LEAVING

3. Have you ever had any disciplinary actions taken against you by any employer? This includes, but is not limited to, written warning(s), written counseling(s), suspensions(s) or demotion(s).

DATE	NAME OF EMPLOYER	TYPE/REASON

4. Have you ever resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?
 Yes _____ No _____ If yes, please explain.

DATE	NAME OF EMPLOYER	TYPE/REASON

5. Have you ever applied to, or performed, paid (or unpaid) services for a Law Enforcement Agency not listed as employer?
 Yes _____ No _____ If yes, please explain

DATE	NAME OF EMPLOYER	TYPE/REASON

6. Have you ever submitted an application to any other Law Enforcement and/or Corrections Agency?
 Yes _____ No _____ If yes, please explain.

DATE	NAME OF AGENCY	REASON NOT HIRED

RESIDENCES

List all residences for the past twenty (20) years. List name, address and phone number of present and prior Landlords, if applicable. Attach additional sheet(s) if necessary.

<p>Month/Year From: _____ To: _____ OWN ____ RENT ____</p> <p>Street Address: _____</p> <p>City: _____ County: _____ State: _____ Zip Code: _____</p> <p>Landlords Name: _____</p> <p>Landlords Address: _____</p>
<p>Month/Year From: _____ To: _____ OWN ____ RENT ____</p> <p>Street Address: _____</p> <p>City: _____ County: _____ State: _____ Zip Code: _____</p> <p>Landlords Name: _____</p> <p>Landlords Address: _____</p>
<p>Month/Year From: _____ To: _____ OWN ____ RENT ____</p> <p>Street Address: _____</p> <p>City: _____ County: _____ State: _____ Zip Code: _____</p> <p>Landlords Name: _____</p> <p>Landlords Address: _____</p>
<p>Month/Year From: _____ To: _____ OWN ____ RENT ____</p> <p>Street Address: _____</p> <p>City: _____ County: _____ State: _____ Zip Code: _____</p> <p>Landlords Name: _____</p> <p>Landlords Address: _____</p>

RESIDENCES

List all residences for the past twenty (20) years. List name, address and phone number of present and prior Landlords, if applicable. Attach additional sheet(s) if necessary.

Month/Year From: _____ To: _____ OWN _____ RENT _____ Street Address: _____ City: _____ County: _____ State: _____ Zip Code: _____ Landlords Name: _____ Landlords Address: _____
Month/Year From: _____ To: _____ OWN _____ RENT _____ Street Address: _____ City: _____ County: _____ State: _____ Zip Code: _____ Landlords Name: _____ Landlords Address: _____
Month/Year From: _____ To: _____ OWN _____ RENT _____ Street Address: _____ City: _____ County: _____ State: _____ Zip Code: _____ Landlords Name: _____ Landlords Address: _____
Month/Year From: _____ To: _____ OWN _____ RENT _____ Street Address: _____ City: _____ County: _____ State: _____ Zip Code: _____ Landlords Name: _____ Landlords Address: _____

FAMILY INFORMATION

List in order given, showing relationship: current spouse, parents/guardian, stepparents, parents-in-law, brothers, sisters, all children, including step and adopted children. Include any others you currently reside with or have resided with in the past 3 years or with whom a close relationship existed or exists (i.e. roommate). Use additional space if needed.

RELATIONSHIP	NAME	COMPLETE ADDRESS	PHONE	DOB	OCCUPATION

DRIVING HISTORY

1. Are you a licensed Florida vehicle operator? YES NO License No# _____
 Date of Expiration: _____ Restrictions: YES NO Explain: _____

2. Do you hold, or have you ever held an operator or chauffeur license in another state? YES NO
 If yes, please provide state(s), name used and approximate dates licenses(s) was/were held.

STATE	NAME USED	DATE OF LICENSE(S) HELD

3. Have you ever been denied issuance of a driver's license or have you ever had a driver's license suspended or revoked? YES NO . If yes, provide complete details including why license was revoked. Use additional space on blank page if needed.

STATE	DATE	REASON/CHARGE	OUTCOME

4. List all vehicles you currently own or operate. Use additional space on blank page if needed.

YEAR	MAKE	MODEL	COLOR	TAG NUMBER	OWN Y/N

5. Do you presently have automobile liability insurance in accordance with Florida State Statutes?

YES NO If no, give details. _____

6. Please provide proof of insurance for vehicles listed above. Use additional page if needed.

NAME OF COMPANY	POLICY NUMBER	NAME OF AGENT	ADDRESS	PHONE NUMBER

7. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? YES NO If yes, give details.

DATE	REASON/CHARGE	OUTCOME

8. Have you had any traffic accidents within the last 7 years? YES NO If yes, give details:

WERE YOU CHARGED?	DATE OF ACCIDENT	EXPLAIN
YES <input type="checkbox"/> NO <input type="checkbox"/>		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

9. Were the traffic accidents job related? YES NO If yes, list year occurred and explain:

10. Did job related traffic accidents result in discipline? YES NO If yes, please explain:

11. Have you ever received a ticket or been convicted of a traffic violation (exclude parking tickets)?

YES NO If yes, explain: _____

ARREST HISTORY/COURT DATA

If you answer "Yes" to any of the following questions, please explain in the space provided. An affirmative response may not be disqualifying.

1. Have you ever been arrested or given notice or summons to appear for any criminal violation even as a juvenile? (include any arrest in which the records were sealed or expunged). YES _____ NO _____

CRIME:	DATE:
POLICE AGENCY:	
SENTENCE:	

2. Have you ever been investigated, arrested or convicted of domestic violence? YES _____ NO _____

CRIME:	DATE:
POLICE AGENCY:	
SENTENCE:	

- 2a. Have you ever been served with a restraining order or a no contact order? YES _____ NO _____
(If yes, please attach explanation).

3. Have you ever committed a crime for which you were not arrested or convicted? YES _____ NO _____

- 3a. Have you ever plead guilty or nolo contendere to a crime other than traffic violations? YES _____ NO _____

CRIME:	DATE:
POLICE AGENCY:	
SENTENCE:	

4. Have you ever been detained, stopped, questioned or held for interview by any law enforcement agency for any reason, including minor traffic violations? YES _____ NO _____

If yes, please explain:

5. To your knowledge, have you ever been the subject of, or a suspect in, a criminal investigation?

If yes, please explain:

6. To your knowledge, has any member of your immediate family ever been arrested for anything other than traffic violations? YES _____ NO _____ If yes, indicate below.

Name	Relationship	Offense	Where Arrested	Date

7. Have you ever been fingerprinted for any reason (arrest, job application, military etc.?) YES _____ NO _____

Name of Organization	Date	Purpose of Fingerprinting

8. Have you ever been placed on probation? YES _____ NO _____

If yes, please explain:

MISCELLANEOUS

1. Are you now or have you ever been issued a license to engage in a business or profession? YES ____ NO ____
If yes, please explain:

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2. Was your business or occupational license ever cancelled, suspended or revoked? YES ____ NO ____
If yes, please explain:

--

3. Do you have any sources of income other than your salary or the salary of your spouse? YES ____ NO ____
If yes, please explain:

--

4. Are you able to perform the duties set forth in the job description, job posting, and/or job information provided, with or without a reasonable accommodation? YES ____ NO ____
If no, please explain:

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5. Have you ever used marijuana? YES ____ NO ____
If yes, please complete the following:

Circumstances:	
Number of times used	
First time used:	
Last time used:	

6. Have you ever purchased, possessed, supplied or sold marijuana? YES ____ NO ____
If yes, please complete the following:

Circumstances:	
Number of times used, purchased, possessed, supplied and/or sold:	
First time used, purchased, possessed, supplied and/or sold:	
Last time used, purchased, possessed, supplied and/or sold:	

7. Do you now, or have you ever used, purchased, possessed, supplied, and/or sold any other narcotic or controlled substance such as, but not limited to, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature? (exclude lawfully prescribed drugs)
If yes, please explain: YES ____ NO ____

Drug:	
Circumstance:	
Number of times used, purchased, possessed, supplied and/or sold:	
Frist time used, purchased, possessed, supplied, and/or sold:	
Last time used, purchased, possessed, supplied and/or sold:	

MILITARY HISTORY

1. Have you ever served in the Armed Forces of the United States of America? Yes _____ No _____

2. Are you now or have you ever been a member of a reserve unit or the National Guard? Yes _____ No _____

2a. If yes to #2, you must furnish an original letter of good standing signed by your Commanding Officer, state the branch of service, name and location of your unit and whether you attend drills, meetings or camps.

3. Have you ever served in the Armed Forces of a foreign country? Yes _____ No _____

IF YOU ANSWERED "NO" TO ALL THE ABOVE, GO ON TO THE NEXT PAGE. IF YOU ANSWERED "YES", PLEASE CONTINUE. USE BLANK PAGE INCLUDED IN THIS DOCUMENT TO ADD ADDITIONAL INFORMATION OR DETAIL.

4. If you served in the Armed Forces, you must provide copies of all DD214's.

Branch of Service:		Highest Rank:	
Duty Dates:		Rank:	
FROM:	TO:	FROM:	TO:

5. Indicate type of discharge: _____

6. Was any type of disciplinary action taken against you in the service? Including, but not limited to, letter of reprimand, forfeiture of pay or demotion: Yes _____ No _____

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

7. **VETERANS PREFERENCE:**

Do you claim Veterans' Preference (in accordance with Chapter 55 A-7, Florida Administrative Code, and Chapter 295, Florida Statutes)? *Preference eligibility no longer expires upon appointment of the eligible person to a position with the State or any political subdivision in the State. Persons who were previously ineligible for Preference because they held, or are currently holding a job with a public employer are now eligible to use their Veterans' Preference again with all employers covered by law. Persons who were previously ineligible for preference because they did not serve during an eligible wartime period may now be eligible for Veterans' Preference if they served during Operation Enduring Freedom (beginning October 7, 2001-present) or Operation Iraqi Freedom (beginning March 19, 2003-present).

1. Based on active duty during a wartime period? Yes _____
2. As a Veteran with a compensation service-connected disability? Yes _____
(Documentation of disability must be dated within the past 12 months.)
3. As the un-remarried spouse of a Veteran who was killed in action or who died of a service-connected disability? Yes _____
4. As the spouse of a Veteran who cannot qualify for employment because of a total and permanent service-connected disability or as the spouse of a person missing in action, captured or forcibly detained by a foreign power? Yes _____
5. Based on any Veteran who has served in a qualifying campaign or expedition for which a campaign badge has been authorized, or, any Armed Forces Expeditionary Medal is qualifying for Veterans' Preference? The Global War on Terrorism Expeditionary Medal qualifies for Veterans' Preference consideration. Active duty for training is not covered for Veterans' Preference purposes. Yes _____

*** It is the applicant's responsibility to submit current and complete documentation with this application.**

Documentation includes: Department of Defense document, commonly known as Form DD-214 military discharge paper, or equivalent certification from Veterans' Affairs, listing military status, dates of service and discharge type (DOCUMENTATION MUST INDICATE ENTRY DATE AND DISCHARGE DATE). All documents must clearly indicate that they are copies of originals. A Veterans' Preference statement of documentation/eligibility is available upon request. If applicants claiming Veterans' Preference for vacant position(s) are not selected for the position(s), they may file a complaint with the Florida Department Veteran's Affairs, 11351 Ulmerton Rd., Suite 311-K, Largo, FL 33778, within 21 days after receiving notice of hiring decision. When the applicant has not received notice of hiring decision within two calendar months of the receipt of application by the employer, the applicant shall contact the employer to determine if the position has been filled by a non-preferred applicant. After having determined that the position has been filled, the preferred applicant may file a complaint within three calendar months of the date the application was received by the employer.

NEIGHBORHOOD REFERENCES

LIST THREE NEIGHBORS YOU HAVE HAD WITHIN THE LAST 3 YEARS

NAME	STREET ADDRESS, CITY, STATE, ZIP CODE	TELEPHONE NUMBER (area code included)	DATE WHEN THIS PERSON WAS A NEIGHBOR

REFERENCES

Do not include relatives, former employers or supervisors, or persons living outside the United States or its territories.

1.

NAME	ADDRESS/CITY/STATE/ZIP	PHONE	OCCUPATION

How Long Known: _____

2.

NAME	ADDRESS/CITY/STATE/ZIP	PHONE	OCCUPATION

How Long Known: _____

3.

NAME	ADDRESS/CITY/STATE/ZIP	PHONE	OCCUPATION

How Long Known: _____

4.

NAME	ADDRESS/CITY/STATE/ZIP	PHONE	OCCUPATION

How Long Known: _____

5.

NAME	ADDRESS/CITY/STATE/ZIP	PHONE	OCCUPATION

How Long Known: _____

SMOKEFREE WORKPLACE

The Jupiter Inlet Colony Police Department does not employ individuals who now use, or have used tobacco products within the past 12 months.

Do you now or have you ever smoked or used tobacco or tobacco related products including but not limited to cigarettes, cigars, pipes or smokeless tobacco referred to as chewing tobacco and snuff?

Yes _____ No _____

GOOD MORAL CHARACTER

The Criminal Justice Standards and Training Commission defines failure to maintain good moral character as any act or acts which would constitute a felony offense whether criminally prosecuted or not; any act or acts which would constitute a serious misdemeanor whether criminally prosecuted or not;

The following non-criminal acts:

Excessive use of force, under color of authority;

Sexual harassment involving physical contact or misuse of position;

Misuse of official position as defined in Section 112.313 (6), Florida Statutes;

Engaging in sex while on duty;

Unprofessional relations with an inmate, detainee, probation, parolee or community controllee as follows: having written or oral communication that is intended to facilitate conduct which is prohibited by the Commission; engaging in physical contact with is prohibited by law or rule;

False statements which are material to an investigation involving a *sustained* commission moral character violation.

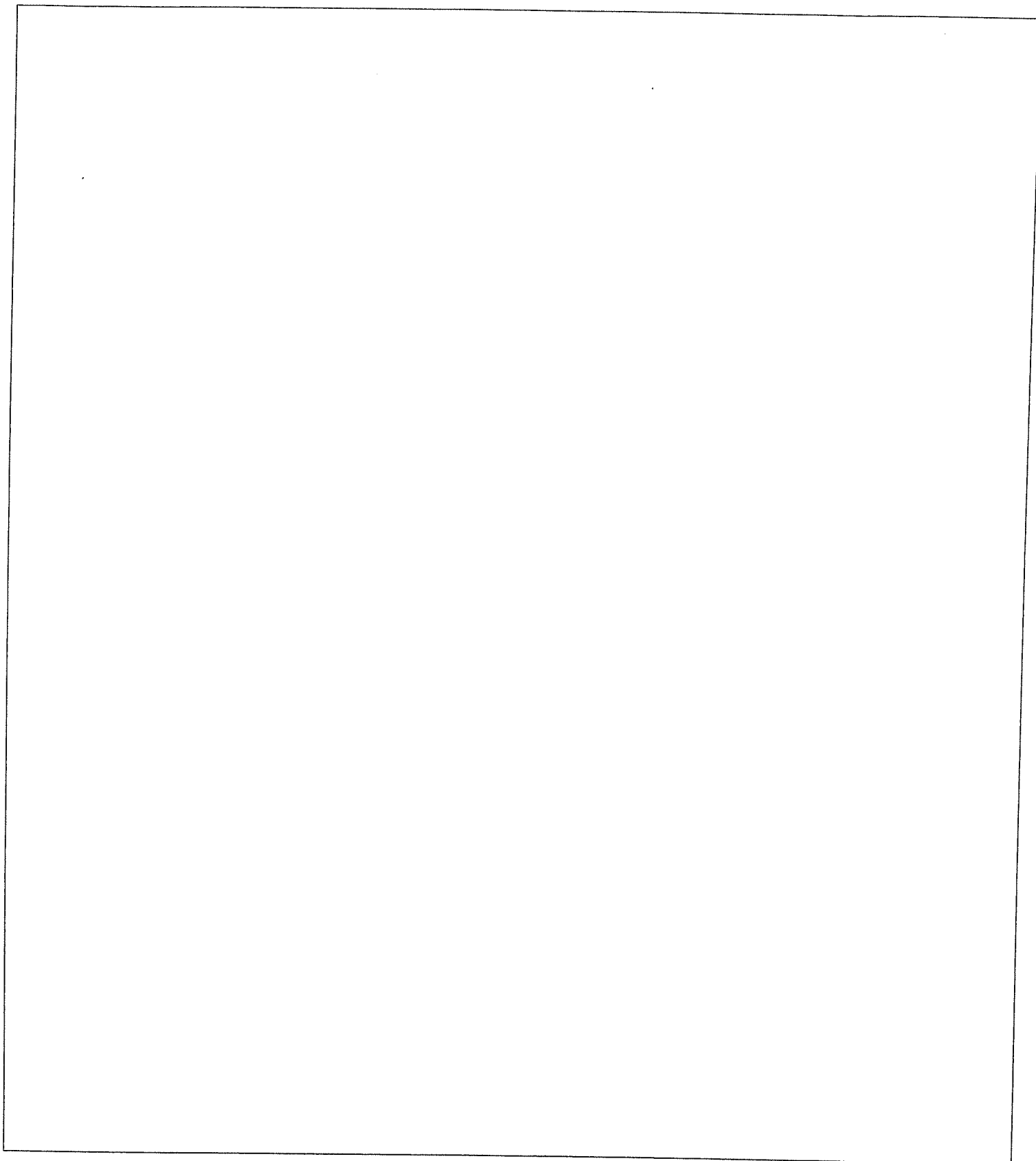
Conduct which violates the standards of Commission test administration (cheating on the Commission state officer examination certification);

Any other conduct which subverts or attempts to subvert the Commission, Criminal Justice Training school, or employing agency examination process;

The unlawful use of controlled substances.

Additional information: Refer to Rule 11B-27.0011(4) (a-d), F.A.C.

Please use the following space to clarify our answers to any questions in this application. Please include page and question number.

A large, empty rectangular box with a thin black border, intended for the applicant to provide clarifications to their answers. The box occupies most of the page's vertical space.

APPLICANT'S CERTIFICATION

I understand my appointment or employment will be contingent upon the results of a complete background investigation. I am aware any omissions, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Jupiter Inlet Colony Police Department. I agree to the conditions and certify all statements made by me on this application are true, correct and complete, to the best of my knowledge. If requested, I further fully understand and consent to a polygraph and/or CVSA (certified voice stress analysis) examination concerning the veracity of my responses to the information requested on the application or which is discovered as a result of the background investigation, or any medical or psychological, or drug test. I also understand I will be fingerprinted.

I understand the Jupiter Inlet Colony Police Department has no funds available to reimburse any expenses I may incur in seeking this position. I recognize the time required to process and select applicants is lengthy and time consuming. No promises or commitments are expected as to a time when a hiring decision and/or actual hiring will take place.

I understand this application is the property of the Jupiter Inlet Colony Police Department. Once submitted for pre-employment processing, it will not be returned to me.

I am also aware any and all documents or information (including this application) submitted to the Jupiter Inlet Colony Police Department will be subject to Public Records Law with the exception of certain personal information which is exempted under Florida Statute(s), Chapter 119.

I further understand and agree my employment/appointment will be contingent upon the results of a complete drug test and I may be required to take drug tests during the term of my employment/appointment with the Jupiter Inlet Colony Police Department.

I understand the Jupiter Inlet Colony Police Department offers employment/appointment to those persons most qualified for a position.

I understand the use of alcohol by employees or appointees is prohibited during work or duty time, whether paid or unpaid, in any work area within the Jupiter Inlet Colony Police Department, including Jupiter Inlet Colony Police Department's vehicles.

I understand the use or possession of illegal drugs by employees or appointees is prohibited at any time, whether on or off duty.

I understand that employees or appointees are required to notify their immediate supervisors prior to or at the start of their work shift when they are either taking prescription medicine, or other medication which may impair their normal faculties.

I understand my continued employment/appointment may be contingent upon the results of medical or psychological examinations which I may be required to take during the term of my employment/appointment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the essential duties of my position or assignment with the Jupiter Inlet Colony Police Department.

I understand and agree any employment/appointment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, the Jupiter Inlet Colony Police Department has the absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

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

By signing your name and date below, you are acknowledging and agreeing to comply with all of the above statements.

Applicant Name/Signature

Date



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