

I. PERSONAL:

1. Full Name: _____
Last First Middle
2. Alias(es), Nickname, Maiden Name: _____
3. Have you ever had your name changed legally? ____ Yes ____ No
4. If you responded yes to question #3, indicate as follows:
 - A. Previous Name _____
 - B. Date and Location of Change _____
 - C. Reason for change (including official document(s) concerning any change in name):

5. Date of Birth: Month _____ Day _____ Year _____
6. Place of Birth: City _____ State _____ County _____
7. Sex: _____ Weight: _____ lbs. Height: _____ ft. _____ in.
Color Hair: _____ Color Eyes: _____
8. EEO Code: __ White __ Black __ Hispanic __ Asian __ American Indian or Alaskan Native
9. Social Security Number: _____
10. Scars, Tattoos and/or distinguishing marks: _____

11. Are you a citizen of the United States? ____ Yes ____ No ____ Natural Born ____ Naturalized
12. If a naturalized citizen, check below if you are a citizen by virtue of Naturalization
Certificate issued to: _____ Self _____ Parent _____ Spouse
13. Present Home Address: _____
City _____ State _____ Zip Code _____
14. Home Telephone: (_____) _____ Cell: (_____) _____
15. Business Telephone: (_____) _____ Extension: _____
Email: _____
16. How long have you lived at your present address? _____
17. With whom do you reside? _____

18. Chronologically list all previous places of residence during the last 10 years:

From: Month _____ Year _____ To: Month _____ Year _____
Street Address: _____
City _____ County _____ State _____ Zip Code _____
Landlord's Name: _____
Landlord's Address: _____ Telephone (_____) _____
City _____ State _____ Zip Code _____

From: Month _____ Year _____ To: Month _____ Year _____
Street Address: _____
City _____ County _____ State _____ Zip Code _____
Landlord's Name: _____
Landlord's Address: _____ Telephone (_____) _____
City _____ State _____ Zip Code _____

From: Month _____ Year _____ To: Month _____ Year _____
Street Address: _____
City _____ County _____ State _____ Zip Code _____
Landlord's Name: _____
Landlord's Address: _____ Telephone (_____) _____
City _____ State _____ Zip Code _____

From: Month _____ Year _____ To: Month _____ Year _____
Street Address: _____
City _____ County _____ State _____ Zip Code _____
Landlord's Name: _____
Landlord's Address: _____ Telephone (_____) _____
City _____ State _____ Zip Code _____

From: Month _____ Year _____ To: Month _____ Year _____
Street Address: _____
City _____ County _____ State _____ Zip Code _____
Landlord's Name: _____
Landlord's Address: _____ Telephone (_____) _____
City _____ State _____ Zip Code _____

From: Month _____ Year _____ To: Month _____ Year _____
Street Address: _____
City _____ County _____ State _____ Zip Code _____
Landlord's Name: _____
Landlord's Address: _____ Telephone (_____) _____
City _____ State _____ Zip Code _____

19. Do you drink alcoholic beverages? ____ Yes ____ No; If yes, what is your estimated monthly rate of consumption? _____

20. Have you ever used, tried or experimented with marijuana? ____ Yes ____ No;
If yes, how many times and when was the last time you used, tried or experimented with marijuana? (Explain the circumstances): _____

21. Have you ever used, tried, or experimented with any other illegal drugs, opiates, barbiturates, amphetamines, hallucinogens, prescription medicines not prescribed to you, steroids, hashish, cocaine, heroin, etc.? ____ Yes ____ No;
If yes, how many times and when was the last time you used, tried, or experimented with any illegal drugs? (Explain the circumstances): _____

22. Have you ever sold, packaged, participated in the sale of, transported or delivered any amount of illegal drugs (i.e. Marijuana, cocaine, hashish, prescription medication, or heroin, etc.)? ____ Yes ____ No

A. If yes, which illegal drug and how many times? _____

B. Have you ever held, carried or transported any of the above listed drugs for someone else to allow them to avoid detection or to make money for yourself? ____ Yes ____ No If yes, explain which type and how many times? _____

23. Have you ever downloaded/viewed child pornography? ____ Yes ____ No If yes to either, provide details on a separate sheet of paper.

24. Have you ever performed any illegal sex acts (i.e. paid for sex, including oral sex or offered yourself for prostitution)? ____ Yes ____ No

25. Have you ever had sexual or inappropriate contact (improper touching or fondling) of a minor child? ____ Yes ____ No If yes, please provide details _____

26. Have you ever committed any deviant sexual acts such as bestiality or necrophilia? ____ Yes ____ No. If yes, please explain _____

27. Have you ever committed any acts of theft: Retail, workplace or otherwise? ____ Yes ____ No If yes, please explain _____

28. Any undetected crimes you have committed or were a part of, that were not reported?

Example: stalking, criminal mischief, cyber-crime, voyeurism, obtained a prescription by fraud, acted as a lookout for someone else to commit an offense. ____ Yes ____ No

If your response is yes, please provide information for all offenses that apply:

29. Have you ever driven while impaired? (drugs or alcohol) ____ Yes ____ No If yes, how many times and which type(s)? _____

When was the last time? (Approx. month and year) _____

30. Have you ever been the victim of a crime? ____ Yes ____ No If yes, of what nature?

Did you report it? ____ Yes ____ No To which agency? _____

31. Do you have any biases concerning race, gender, nationality or sexual orientation that would alter your ability to properly investigate or report an offense? ____ Yes ____ No

If yes, please advise which bias applies and provide detailed information to support your view: _____

32. Have you ever disposed of, altered or kept evidence from a crime you investigated?

____ Yes ____ No ____ N/A If yes, please provide detailed information:

33. Have you ever fled from the police? ____ Yes ____ No If yes, please provide the circumstances: _____

34. Any involvement with explosives (i.e. made a pipe bomb or similar devices) outside of your work duties? ____ Yes ____ No If yes, please provide details and whether you ever detonated the device: _____

35. Have you ever been investigated for child abuse/neglect? ____ Yes ____ No If yes, please provide details to include how many times, the report/offense number, which agency or agencies investigated the accusation(s) and the final disposition of the case(s):

36. Have you ever committed domestic battery, whether reported to law enforcement or not?

_____ Yes _____ No If yes, provide details to include the relationship of the person to you, your age at the time of the incident and if injuries were incurred by either party:

37. Have you ever committed arson? _____ Yes _____ No If yes, provide details to include whether an investigation was conducted, if you were charged, which year it occurred and your age at the time of the incident (please complete on a separate sheet of paper).

38. Have you ever made a false official statement(s)? _____ Yes _____ No If yes, please explain the circumstances and result(s): _____

39. Have you ever committed sexual harassment? _____ Yes _____ No If yes, please provide detailed information, whether it was investigated by your place of work and if so, what the final results were: _____

40. Have you ever drank alcohol or used illegal drugs while at work? _____ Yes _____ No If yes, provide details and whether you were on a break _____

41. Have you ever had sex at work or while considered on duty? _____ Yes _____ No If yes, please explain: _____

42. Have you ever called into work as sick, after consuming too much alcohol? _____ Yes _____ No If yes, how many times? _____ When was the last time? _____

43. Have you ever reported to work while still under the influence of alcohol or illegal drugs?

_____ Yes _____ No If yes, how many times? _____ When was the last time?

44. Are you now or have you ever been the member of a gang, a hate group or a subversive group? _____ Yes _____ No If yes, which gang, hate group or subversive group were

you a part of and what were you required to do as part of your initiation to get in as a member? (if applicable): _____

45. Have you ever transmitted nude photos of yourself to another (including texting, Snapchat or other forms of social media) in an effort to convince another to go on a date or engage in a sexual relationship with you? _____ Yes _____ No _____ If yes, please

provide full details: _____

46. Have you ever participated in revenge porn? _____ Yes _____ No If yes, provide details: _____

II. MARRIAGE (information in this section applies only to those applicants who are married or in a recognized civil union at the present time):

1. Spouse's Full Name: _____
Last First Middle

2. Maiden Name: _____
Last First Middle

3. Birth Date: Month _____ Day _____ Year _____

4. Date of Marriage: Month _____ Day _____ Year _____

4. Date of Marriage: Month _____ Day _____ Year _____

5. Location of Marriage: _____
(City, County, State)

6. Are you presently living with your spouse? _____ Yes _____ No If no, current
address: _____

7. List spouse's occupation and place of employment and phone number: _____

III. Family

List in order given, parents, guardians, stepparents, parents-in-law, brothers, sisters,
children, even though deceased.

Relationship _____ Name _____
Address _____ Phone () _____
Birthdate _____ Occupation _____

Relationship _____ Name _____
Address _____ Phone () _____
Birthdate _____ Occupation _____

Relationship _____ Name _____
Address _____ Phone () _____
Birthdate _____ Occupation _____

Relationship _____ Name _____
Address _____ Phone () _____
Birthdate _____ Occupation _____

Relationship _____ Name _____

Relationship _____ Name _____

Address _____ Phone () _____

Birthdate _____ Occupation _____

Relationship _____ Name _____

Address _____ Phone () _____

Birthdate _____ Occupation _____

IV. Education

1. List all elementary, junior high, and high schools attended:

Name	Location	Dates Attended		Years Completed	Graduate	
		From	To		Yes	No

2. List all colleges or universities attended (include official transcripts):

Name/Location of College/University	Dates Attended		Credit Hours		Degree Received	Year Received
	From	To	Sem.	Quar.		

3. Other schools/ training (trade, vocational, business or military):

Name of School and Location	Dates Attended		Course/Studies	Certificate	
	From	To		Yes	No

4. Were you ever expelled or suspended from ANY SCHOOL or were you ever disciplined by any school official? _____ Yes _____ No; If yes, give particulars:

V. ADDITIONAL LANGUAGES SPOKEN (OTHER THAN ENGLISH):

1. Enter language and indicate your knowledge of each by placing an "X" in the proper column.

Language	Reading			Speaking			Understanding			Writing		
	Ex	Good	Fair	Ex	Good	Fair	Ex	Good	Fair	Ex	Good	Fair

VI. SPECIAL QUALIFICATIONS AND SKILLS:

1. Indicate special skills/ licenses you possess (pilot, radio operator, machines, equipment, computer, etc.). Licenses: Show licensing authority, where first issued, and date the current license expires.)

2. Indicate special qualifications not covered in the application. For example, your most important publications (do not submit copies unless requested), your patents or inventions, public speaking and publications experience, membership in professional, or scientific societies, civic or fraternal organizations, and honors and fellowships received:

VII. MILITARY INFORMATION:

1. Have you ever served on active duty in any military organization in the U.S.? ☐ Yes ☐ No

If yes, give period of active military service and other data requested:

From: _____ To: _____
Branch of Service: _____
Serial Number: _____ Rank: _____
Type of Discharge Received: _____
Reason for Discharge: _____

From: _____ To: _____
Branch of Service: _____
Serial Number: _____ Rank: _____
Type of Discharge Received: _____
Reason for Discharge: _____

2. Are you now or were you ever a member of any branch of the United States Military Reserve or National Guard? ☐ Yes ☐ No

From: _____ To: _____
Branch of Service: _____
Unit: _____
Present or Last Rank: _____
Type of Discharge Received: _____
Mailing Address of Unit: _____

From: _____ To: _____
Branch of Service: _____
Unit: _____
Present or Last Rank: _____
Type of Discharge Received: _____
Mailing Address of Unit: _____

3. Were you ever tried, punished, reprimanded, or reduced in rank for any infraction of military rules and regulations? ____ Yes ____ No; If yes, indicate on separate sheet of paper the (1) dates; (2) charges against you, (3) type of court-martial or other disciplinary proceeding, and (4) the disposition of charges.
4. Has your discharge or separation ever been corrected or changed? Yes ____ No ____; If yes, indicate details below: Changed from _____ To: _____ Authority: _____

VIII. EMPLOYMENT

1. What is your occupation? _____
2. Were you ever discharged, terminated, fired or forced to resign because of misconduct or unsatisfactory service from any job you ever held? ____ Yes ____ No; Have you ever been disciplined or suspended? ____ Yes ____ No; If yes, explain, giving name and address of employer, approximate date and reason in each case: _____

Have you ever been the subject of an Internal Affairs investigation? ____ Yes ____ No; What was the nature and disposition of complaint? _____

- _____
3. Do you object to wearing a uniform? ____ Yes ____ No
4. Do you object to working shifts? ____ Yes ____ No
5. Have you ever received unemployment benefits? ____ Yes ____ No. If yes, how many times? _____
6. List **ALL** jobs you have held in the past 10 years. **PLACE YOUR PRESENT OR MOST RECENT JOB FIRST.** If you need more space, you may make additional copies of the Employment page. Include military service in proper time sequence and also all periods of unemployment. If you were self-employed, provide copies of tax returns. If any of the employers listed are relatives, indicate which ones (include relatives through marriage). Failure to list all employment may result in automatic disqualification.

Name of Employer _____
Relative _____ Yes _____ No; If yes, relationship _____
Address _____ City _____
State _____ Zip _____ Phone Number (_____) _____
Job Title _____ Part time _____ Full Time _____
Description of Duties _____
Dates of Employment: From _____ To _____
Supervisor _____ Co-Worker _____
Salary: Beginning _____ Ending _____
Why did you leave? _____

Name of Employer _____
Relative _____ Yes _____ No; If yes, relationship _____
Address _____ City _____
State _____ Zip _____ Phone Number (_____) _____
Job Title _____ Part time _____ Full Time _____
Description of Duties _____
Dates of Employment: From _____ To _____
Supervisor _____ Co-Worker _____
Salary: Beginning _____ Ending _____
Why did you leave? _____

Name of Employer _____
Relative _____ Yes _____ No; If yes, relationship _____
Address _____ City _____
State _____ Zip _____ Phone Number (_____) _____
Job Title _____ Part time _____ Full Time _____
Description of Duties _____
Dates of Employment: From _____ To _____
Supervisor _____ Co-Worker _____
Salary: Beginning _____ Ending _____
Why did you leave? _____

Name of Employer _____
Relative _____ Yes _____ No; If yes, relationship _____
Address _____ City _____
State _____ Zip _____ Phone Number (_____) _____
Job Title _____ Part time _____ Full Time _____
Description of Duties _____
Dates of Employment: From _____ To _____
Supervisor _____ Co-Worker _____
Salary: Beginning _____ Ending _____
Why did you leave? _____

Name of Employer _____
Relative _____ Yes _____ No; If yes, relationship _____
Address _____ City _____
State _____ Zip _____ Phone Number (_____) _____
Job Title _____ Part time _____ Full Time _____
Description of Duties _____
Dates of Employment: From _____ To _____
Supervisor _____ Co-Worker _____
Salary: Beginning _____ Ending _____
Why did you leave? _____

Name of Employer _____
Relative _____ Yes _____ No; If yes, relationship _____
Address _____ City _____
State _____ Zip _____ Phone Number (_____) _____
Job Title _____ Part time _____ Full Time _____
Description of Duties _____
Dates of Employment: From _____ To _____
Supervisor _____ Co-Worker _____
Salary: Beginning _____ Ending _____
Why did you leave? _____

7. Do you object to your present employer being contacted? _____ Yes _____ No
8. Have you ever applied for a position with any law enforcement agency? (Failure to provide accurate and complete information may result in automatic disqualification).

_____ Yes _____ No; If yes indicate on a separate sheet the following information:

1. The police department to which you made the application
 2. The date on which you applied
 3. Whether you were rejected or accepted
 - i. If rejected, the reason for rejection
 - ii. If accepted, why you refused employment
 4. Whether you are now on an eligibility list and for what position
 5. If you were ever placed on an eligibility list and were not hired, state why
 6. If employed, reason for leaving
9. Has any license or permit (excluding driver license or learner permit) issued by any city, county, state or federal agency ever been denied to you or any corporation or partnership of which you were an officer, director or partner? __Yes __No; If yes, provide details:

10. Has any license or permit been revoked, cancelled or suspended? _____ Yes _____ No If yes, please explain: _____

IX. FINANCIAL HISTORY

1. List firms which you have, have had, charge accounts. List firms from whom you have borrowed money for any purpose (to establish your credit worthiness, credit checks may be made).

Name of Firm	_____	Original Amount Owed	_____
Type of Business	_____	Current Amount Owed	_____
Street Address	_____	Monthly Payment	_____
Purpose	_____	Date Closed	_____

Name of Firm _____ Original Amount Owed _____

Type of Business _____ Current Amount Owed _____

Street Address _____ Monthly Payment _____

Purpose _____ Date Closed _____

Name of Firm _____ Original Amount Owed _____

Type of Business _____ Current Amount Owed _____

Street Address _____ Monthly Payment _____

Purpose _____ Date Closed _____

Name of Firm _____ Original Amount Owed _____

Type of Business _____ Current Amount Owed _____

Street Address _____ Monthly Payment _____

Purpose _____ Date Closed _____

Name of Firm _____ Original Amount Owed _____

Type of Business _____ Current Amount Owed _____

Street Address _____ Monthly Payment _____

Purpose _____ Date Closed _____

Name of Firm _____ Original Amount Owed _____

Type of Business _____ Current Amount Owed _____

Street Address _____ Monthly Payment _____

Purpose _____ Date Closed _____

Name of Firm _____ Original Amount Owed _____

Type of Business _____ Current Amount Owed _____

Street Address _____ Monthly Payment _____

Purpose _____ Date Closed _____

2. What is your total indebtedness at the present time? _____

3. Have you filed for bankruptcy? ____ Yes ____ No Business: ____ Yes ____ No

If yes, give details: _____

4. Have you ever had accounts placed in the hands of a collection agency? ____ Yes ____ No;

Business ____ Yes ____ No; If yes, give details: _____

5. Have you ever had your wages garnished? ____ Yes ____ No
6. Do you or your spouse have any immediate civil actions pending against you? ____ Yes ____ No If yes, please explain: _____
7. Have you ever had a judgment rendered against you? ____ Yes ____ No
8. Do you now or have you ever had any type of legal action pending against you? Domestic violence injunction, stalking, etc. ____ Yes ____ No If yes, give details: _____
9. Are you responsible for child support payments? ____ Yes ____ No; If yes, are your payments current? _____
10. If you are responsible for making child support payments or paying alimony, has legal action ever been taken against you for either failing to make payments or delaying payments? ____ Yes ____ No
11. Are you responsible for paying alimony? ____ Yes ____ No If yes, are your payments current? _____
12. Have you ever written a worthless check? ____ Yes ____ No
- 13 a. List any business you or your spouse have a financial interest in:

Business	Amount of Interest	Yearly Income	Name and Address of Partners

b. Of these businesses, do any currently have a contract with the City of Tampa?

____ Yes ____ No; If yes, give details: _____

14. List all motor vehicles owned by you or your spouse or that you operate:

Make	Year	VIN Number	Cost	Date of Purchase

X. CRIMINAL AND JUVENILE RECORD (Arrest, Detention and Litigation- show all arrests including juvenile and traffic arrests):

1. Have you ever been arrested, charged or detained by ANY law enforcement agency? Provide police and court records, if available (include any arrest in which the records were expunged):

Crime Charged: _____

Police Agency: _____ Date: _____

Disposition of Case: _____

Attach a detailed description of the incident(s) on a separate sheet.

2. Have you ever been placed on probation? ____ Yes ____ No; If yes, give details:

3. Have you ever been required to pay a fine other than traffic? ____ Yes ____ No

If yes, give details: _____

4. Have you ever been reported as a missing person or runaway? ____ Yes ____ No;

If yes, give complete details, including jurisdiction, dates and outcome: _____

5. If you have ever been fingerprinted by a law enforcement agency for any reason, give details below. Your answers will be checked with the F.B.I. and other agencies.

Agency _____ Date: _____

Purpose _____

Agency _____ Date: _____

Purpose _____

Agency _____ Date: _____

Purpose _____

Agency _____ Date: _____

Purpose _____

Agency _____ Date: _____

Purpose _____

6. Have you ever been advised of your Miranda rights? If yes, give complete details: _____

7. Have you ever been listed as a suspect in an offense or the subject/person of interest in a police investigation? ____ Yes ____ No;

If yes, give details, including police department and date: _____

8. Have you ever had a polygraph examination? ____ Yes ____ No; If yes, list:

Date	Examiner's Name	Purpose	Results

9. Has any member of your immediate family ever been arrested or convicted of a criminal offense? ____ Yes ____ No

Name	Relationship	Offense	Where Arrested	Date

XI. VEHICLE OPERATOR'S LICENSE (Driver's, Chauffeur's, etc.)

1. Can you operate a motor vehicle? ____ Yes ____ No
2. Do you now possess a valid driver's license from the State of Florida? ____ Yes ____ No
Driver's License Number _____
3. Did you ever possess a driver's license issued by any state other than Florida? ____ Yes ____ No If yes, provide the following information:

State	Driver's License Number	Date Issued	Restrictions

4. Was your license ever restricted, suspended or revoked? ____ Yes ____ No If yes, give reasons, date, and length of suspension: _____

5. Was your license ever restored? ____ Yes ____ No If yes, when? _____
6. Have you ever been refused a driver's license from any state? ____ Yes ____ No If yes, give details: _____

7. List below all traffic citations you have received in the last 10 years: (Additional spaces on the next page):

Location (Street, City, State)	Approximate Date	Nature of Violation	Penalty or Disposition

8. Have you ever been involved in a motor vehicle accident? ____ Yes ____ No If yes, give complete details for each accident, whether collision, non-collision or hit and run in the below areas:

Date: _____ Police Investigation? ____ Yes ____ No

Location: _____

Cause of Accident (ran red light, careless driving, etc.): _____

Who was charged with accident and court disposition? _____

____ Injury ____ Non-Injury

Date: _____ Police Investigation? ____ Yes ____ No

Location: _____

Cause of Accident (ran red light, careless driving, etc.): _____

Who was charged with accident and court disposition? _____

____ Injury ____ Non-Injury

Date: _____ Police Investigation? ____ Yes ____ No

Location: _____

Cause of Accident (ran red light, careless driving, etc.): _____

Who was charged with accident and court disposition? _____

____ Injury ____ Non-Injury

Date: _____ Police Investigation? ____ Yes ____ No

Location: _____

Cause of Accident (ran red light, careless driving, etc.): _____

Who was charged with accident and court disposition? _____

____ Injury ____ Non-Injury

Date: _____ Police Investigation? ____ Yes ____ No

Location: _____

Cause of Accident (ran red light, careless driving, etc.): _____

Who was charged with accident and court disposition? _____

____ Injury ____ Non-Injury

Date: _____ Police Investigation? ____ Yes ____ No

Location: _____

Cause of Accident (ran red light, careless driving, etc.): _____

Who was charged with accident and court disposition? _____

____ Injury ____ Non-Injury

- XII. CHARACTER REFERENCES:** List 8 character references. (Do **not** include relatives, former employers, or persons living outside the United States or its territories.) List only character references that have a definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors. **E-mail address is preferred-if** they have no e-mail address, then complete the mailing address. (Please make a concerted effort to obtain the E-mail addresses, as this will expedite your background processing).

Name of Character Reference	Years Known	E-mail Address or Mailing address (Street, City, State, Zip)	Phone Number	
			Cell	Home
			()	()
			()	()
			()	()
			()	()
			()	()
			()	()
			()	()
			()	()

1. List any members of the Tampa Police Department with whom you are acquainted: _____

2. List any members of other Law Enforcement Agencies with whom you are acquainted and the agency: _____



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 _____

Effective: 8/9/2001 Pursuant to
Sections 943.134(2)(a) and (4), F.S.

Original - Employing Agency

1 of 1

Commission-Approved Revisions: 12/16/10
Form Effective Date: 3/2013



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 _____

Effective: 8/9/2001 Pursuant to
Sections 943.134(2)(a) and (4), F.S.

Original - Employing Agency

1 of 1

Commission-Approved Revisions: 12/16/10
Form Effective Date: 3/2013

The following is to be executed prior to submission of this questionnaire:

I hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentation, falsifications, or omissions, my application will be rejected and I will be disqualified from applying in the future for any position in the service of the Tampa Police Department, or, if after my acceptance for employment, subsequent investigation should disclose misrepresentation, falsifications, or omissions, it will be just cause for immediate dismissal.

(Signature of Applicant)

(Date)

Sworn to and subscribed before me this ____ day of _____ 20 ____

(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 _____

NEIGHBORHOOD REFERENCES: (Do not include Relatives) List Five Neighbors.

Name _____ Number of Years Known _____
Address _____
City _____ State _____ Zip Code _____
Home Phone (_____) _____ Business Phone (_____) _____
Email _____

Name _____ Number of Years Known _____
Address _____
City _____ State _____ Zip Code _____
Home Phone (_____) _____ Business Phone (_____) _____
Email _____

Name _____ Number of Years Known _____
Address _____
City _____ State _____ Zip Code _____
Home Phone (_____) _____ Business Phone (_____) _____
Email _____

Name _____ Number of Years Known _____
Address _____
City _____ State _____ Zip Code _____
Home Phone (_____) _____ Business Phone (_____) _____
Email _____

Name _____ Number of Years Known _____
Address _____
City _____ State _____ Zip Code _____
Home Phone (_____) _____ Business Phone (_____) _____
Email _____

**CITY OF TAMPA
EMPLOYMENT INQUIRY FORM**

APPLICANT – PLEASE PRINT

Name: _____
Last First Middle

Current Address: _____

City State Zip Code Country

Social Security Number Race/Sex Date of Birth

Additional Information: _____

APPLICANT – READ CAREFULLY AND SIGN

AUTHORIZATION TO RELEASE CREDIT BUREAU REPORTS AND INFORMATION

For and in consideration of my being considered for employment, I hereby authorize the City of Tampa to conduct a credit history investigation. I hereby voluntarily waive any privilege or right of confidentiality with respect to any claim or liability arising from this inquiry for any entity, person, employer or consumer reporting agency providing records to the City of Tampa. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to the employer by writing or calling the consumer reporting agency listed below.

Signature of Applicant Date Signed

Employer Name: **CITY OF TAMPA**

Address: **306 E. JACKSON STREET, TAMPA, FLORIDA 33602**

Telephone: () Fax Number: ()

Authorized Employer Representative: _____

Last

First

COMPANY'S CERTIFICATION

The City of Tampa hereby certifies to _____ that it is requesting a consumer credit report(s) on the applicant named above and that the City of Tampa will use the report(s) on the applicant named above for employment purposes.

**CITY OF TAMPA
BACKGROUND INVESTIGATION AUTHORIZATION**

(Please Print)

Last Name: _____ First: _____ Middle: _____

Current Address: _____ Phone: (____) _____

City: _____ State: _____ Zip Code: _____ County: _____

Social Security No: _____ Race/Sex: _____ Date of Birth: _____

Driver's License No: _____ State of Issue: _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

APPLICANT READ CAREFULLY AND SIGN

AUTHORIZATION TO RELEASE CREDIT BUREAU REPORTS AND CRIMINAL HISTORY INFORMATION

For and in consideration of my being considered for employment, I hereby authorize the City of Tampa to conduct a credit history investigation. I hereby voluntarily waive any privilege or right of confidentiality with respect to any claim or liability arising from this inquiry for any entity, person, employer or consumer reporting agency providing records to the City of Tampa. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to the employer by writing or calling the consumer reporting agency listed below.

Signature of Applicant

Date Signed

Employer Name:

CITY OF TAMPA

Address:

306 E. JACKSON STREET 7N, TAMPA, FLORIDA 33602

Telephone Number:

(813) 274-7555 Fax Number: (813) 274-8365

Authorized Employer Representative: _____

Company Certification: The city of Tampa hereby certifies to _____

that it is requesting a consumer credit report(s) on the applicant named above and that the City of Tampa will use the report(s) on the applicant named above for employment purposes.

This form may not be combined or reproduced in conjunction with any other document per
section 604 of the Fair Credit Reporting Act.

**CITY OF TAMPA
PRE-EMPLOYMENT BACKGROUND CHECK**

NOTICE TO APPLICANT:

IT IS THE POLICY OF THE CITY OF TAMPA THAT NO APPLICANT CAN BE HIRED UNTIL AN ACCEPTABLE REPORT OF THEIR BACKGROUND IS RECEIVED. NOTE THAT A CRIMINAL CONVICTION DOES NOT NECESSARILY DISQUALIFY YOU FOR EMPLOYMENT. ANY INFORMATION RECEIVED AS A RESULT OF THIS INVESTIGATION WILL BE CONSIDERED WITH SPECIFIC REFERENCE TO THE TYPE OF EMPLOYMENT APPLIED FOR ON AN INDIVIDUALIZED BASIS. FALSIFICATION OR WITHHOLDING OF INFORMATION IS GROUNDS FOR REJECTION OF YOUR APPLICATION OR TERMINATION OF CITY EMPLOYMENT.

Applicant Information: (please print clearly)

Name: _____ Race _____ Sex _____

IF YOUR NAME HAS CHANGED, OR IF YOU HAVE USED AN ALIAS, PROVIDE DETAILS BELOW:

Previous Name: _____

Alias: _____

Location of Change: _____

Reason for Change: _____

WERE YOU EVER DISCHARGED, TERMINATED, FIRED OR FORCED TO RESIGN FROM A JOB? YES _____ NO _____ IF YES, EXPLAIN, GIVING NAME AND ADDRESS OF EMPLOYER, APPROXIMATE DATE, AND REASON IN EACH CASE.

PLEASE READ AND SIGN THE STATEMENT BELOW. YOUR APPLICATION CANNOT BE PROCESSED WITHOUT YOUR SIGNED AUTHORIZATION TO CONDUCT THIS BACKGROUND CHECK.

I hereby authorize the City of Tampa to obtain information related to my background, including educational records, criminal history, driving record, employment history and other areas directly related to determining my suitability for employment. I hereby direct all holders of such records and information to release same to authorized agents of the City of Tampa. I hereby release you, as the custodian of such records, from any and all liability associated with the release of said records. Should you have any questions or concerns regarding the validity of this release, you may contact me. I further consent to a polygraph examination if one is required for a position for which I am under consideration.

Full Name (Signature): _____

Full Name (Printed): _____

FINGERPRINT VERIFICATION FORM

Civil Service Board-Supplementary Application for: _____

Investigator: _____

FINGERPRINT RECORD OF:

Name: _____ Date Printed: _____

Race: _____ Sex: _____ Signed: _____
(ID Technician)

Address: _____ Title: _____

City: _____ State: _____

Zip Code: _____

Social Security Number: _____

Previous Record: _____

Date of Birth: _____

Height: _____ Ft. _____ In. (w/o Shoes)

Weight: _____

Civil Service Application Date: _____

Computer Check: _____

TPD#: _____

IDENTIFICATION RECORD
TAMPA POLICE DEPARTMENT
TAMPA, FLORIDA

Name:	Race/Sex:	TPD/J-NBR:	Date:
Alias (Nicknames):		Printed By:	Photo By:
Date of Birth:	Social Sec. #:	Computer Check:	NCIC/FCIC Check
Address:		Hazeltine Check:	
Place of Birth:		Classed By/Searched By:	Verified By:
Height:	Weight:	Fingerprint Classification:	
Eyes:	Hair:	_____	
Complexion:	Build:	Other Remarks: (References)	
Occupation/Place of Business (for Applicants):			
Charge:	Officer/Number:	Flat Impressions:	
Location of Arrest:	Time:		
Date of Offense:	Offense Number:		
Complainant (for Juvenile Offenders):			