

COLUMBIA COUNTY SHERIFF'S OFFICE

SHERIFF MARK HUNTER



NON-SWORN APPLICATION

REVISION: 5.24.23



Sheriff Mark Hunter



COLUMBIA COUNTY SHERIFF'S OFFICE

4917 US Hwy. 90 East Lake City, Florida 32055-6288

www.columbiasheriff.org

Dear Applicant:

Thank you for your interest in the Columbia County Sheriff's Office. As an applicant, it is your responsibility to complete this application in its entirety and ensure that it is properly signed and notarized before you return it. Faxed copies of your application will not be accepted. If there is a question that does not apply to you, place an N/A in the space provided.

In addition to the application, **YOU MUST** provide the documentation listed below before your paperwork is processed through Human Resources. This list is to be returned with your application.

- **Completed and notarized application** _____
- **Copy of birth certificate** _____
- **Documents indicating any name change from birth name** _____
- **Copy of current driver's license** _____
- **Copy of Social Security card** _____
- **Copy of high school diploma or GED** _____
- **Copy of college degree with transcript (if applicable)** _____
- **Copy of Military Discharge - DD214 (if applicable)** _____
- **Current photograph (4 X 6 from waist up) must be in business attire** _____
- **I have read and understand page two and three of this attachment** _____ **(Initials)**

Failure to provide the information listed above will result in your application being incomplete. If your application is incomplete it will not be considered or processed for an interview. It is your responsibility to check off each item on the above list and initial each page of this document to ensure your packet is complete.

I appreciate your interest in the Columbia County Sheriff's Office and if you have any questions on this process, please contact our, Human Resources Director at 386-758-2130.

Sincerely,

Mark Hunter, Sheriff
Columbia County

Initials: _____

As a part of our interview process the Sheriff's Office will conduct a background investigation which may include accessing social media sites. In order to assist us in this process, please provide us a list of sites you subscribe to along with your user name:

1. _____
2. _____
3. _____
4. _____
5. _____

The following excerpt is from the current Personnel Appearance Policy regarding Visible Tattoo's. If you have any questions regarding this policy information, please contact the Human Resources Director.

Tattoos: The Chief Deputy or designee shall retain the right to evaluate the appropriateness of all visible tattoos as defined by this General Order.

- (1) Visible tattoos will be evaluated by the Chief Deputy or his designee. If the tattoos are not deemed to be obscene, racist, sexist or vulgar, then the member will be granted permission to wear short sleeve uniform shirts. Any members who have any tattoos that are deemed to be obscene, racist, sexist or vulgar will be required to cover it/them. This may be accomplished with either a commercially available tattoo cover up sleeve that matches their skin tone, or a long sleeve "dry fit" type undershirt that matches the color of the uniform of the day. Members will be responsible for purchasing the tattoo cover up or undershirts at their own expense.
- (2) Current members who were hired with existing tattoos are not required to remove or cover those tattoos unless deemed to be in violation of this General Order. Current members with tattoos that are visible while in uniform may not add on to an existing tattoo or add an additional tattoo without the prior approval of the Chief Deputy.
- (3) Examples of prohibited tattoos include, but are not limited to, the following:

 - (a) Tattoos that depict nudity or sexual acts;
 - (b) Tattoos that display obscene, racist, sexist, or vulgar words or illustration;
 - (c) Tattoos that promote, support, or identify gangs, gang activity, or gang affiliation; and,
 - (d) Any tattoo on the head, face, neck, scalp, or hand.
- (4) The Sheriff or his/her designee will make the final decision on any questionable tattoos or body ornamentation.

STATEMENT OF PURPOSE FOR COLLECTION OF SOCIAL SECURITY NUMBER

Social security numbers were originally intended solely for the administration of the Social Security System, but have become widely used for a variety of other purposes, including identity verification. Unfortunately, they have been used as a tool to perpetuate fraud and identity theft.

The Columbia County Sheriff's Office collects social security numbers for various purposes. All social security numbers collected by the Sheriff's Office are confidential and exempt from Florida's public records act. Pursuant to section 119.071(5)(a), Florida Statutes, a public agency in Florida may request a social security number from an individual only when it is specifically authorized by law to do so, or when the collection is imperative for the performance of that agency's duties and responsibilities as prescribed by law. These numbers may be disclosed to another law enforcement agency or governmental entity if disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities.

The Sheriff's Office collects social security numbers under certain circumstances, including, but not limited to, the following:

1. Employment applications.
2. Arrested individuals.
3. Individuals who are Booked into the jail.
4. Individuals required by law to register with the Sheriff's Office and required to provide social security numbers as identification.
5. Citizen contacts during a consensual field interview.
6. Traffic stops and the deputy needs to verify the identity of the driver and any other individuals present in the vehicle.
7. Traffic citations are issued.

Social security numbers will be used for identity verification and even though providing the social security number is optional, its use is imperative for the Sheriff's Office to fulfill its lawful duties and responsibilities as prescribed by law.

I acknowledge that the Columbia County Sheriff's Office has provided me with a copy of this written statement.

Printed Name

Signature

Date: _____

COLUMBIA COUNTY SHERIFF'S OFFICE NON-SWORN LAW ENFORCEMENT EMPLOYMENT APPLICATION FORM

The Columbia County Sheriff's Office is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status. [CFA 8.03]

- NOTICE:** The following additional documents must be attached to this application:
1. A certified copy of birth certificate
 2. A certified copy of high school diploma or; G.E.D.
 3. A copy of military discharge(s).

DATE: _____

POSITION APPLYING FOR: _____

INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

I understand that the submission of this application for sponsorship to a law enforcement or corrections academy does not constitute an application for employment or appointment with the sponsor-law enforcement agency. Moreover, I understand this law enforcement agency is under no obligation to sponsor me as a candidate for any law enforcement or corrections training program.

PERSONAL INFORMATION

1. Full Name: _____

Last
First
Middle
Abbv.
2. Other: 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))

Name	Circumstance	Date From: Mo./Yr.	Dates To: Mo./Yr.

BACKGROUND INFORMATION

THIS INFORMATION IS REQUIRED TO CONDUCT BACKGROUND INVESTIGATION ONLY!

1. Date and Place of Birth:

Date of Birth	City	County	State	Country <small>(If not the United States)</small>

2. Are you a United States citizen? Yes No

If naturalized, please provide: _____

Date	Place
_____	_____
Court	Naturalization No.

3. Marital Status: Married Divorced Separated Widowed Never Married

4. Do you have or have you ever applied for a passport? Yes No Passport No.: _____

EDUCATION / TRAINING

1.

High School Name / Address	Dates Attended Mo. / Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	To			

2.

* College / University Name / Address	Dates Attended Mo. / Yr.		Credit Hours Earned		Did You Graduate?	Type of Diploma
	From	To	Qtr.	Sem.		

*Attach diploma or official transcript from last institution of higher education attended.

Major: _____ Minor: _____

3.

Military, Trade, Vocational, Business or Other School Name / Address	Dates Attended Mo. / Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Diploma / Certificate
	From	To				

4. Describe in any awards, honors, citations, position held in school organizations, and any other special recognition you received while attending school:

5. Indicate any foreign languages you can:

	Fluent	Good	Fair
Speak:			
Read:			
Write:			

6. Indicate any law enforcement education / training and any type of special licenses such as pilot, radio operator, ect.:

7. Did you receive a license / certificate for this training? Yes No

License / Certificate Number: _____

8. Describe any word processing or computer skills and list all software used:

9. State approximate number of words per minute (WPM): Typing: _____ Shorthand: _____

10. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms, computers)

11. May we contact your present employer? Yes No

12. On what date are you available for work? _____

13. Are you available to work: Full Time Part Time Shift Work Nights or Weekends?

RESIDENCES

1. Actual places of residence for past three (3) years – list chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residences in military services cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Dates Mo / Yr		Apt. No.	Street Address	City	County	State
From	To					

EMPLOYMENT HISTORY

1. List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed, set forth dates of unemployment.

Name & Address of Employer	Dates Worked Mo. / Yr.		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	From	To				
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-Time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-Time		
Address						
City, State, Zip						
Area Code & Phone No.						

Name					
Address					
City, State, Zip					
Area Code & Phone No.			<input type="checkbox"/> Full <input type="checkbox"/> Part-Time		
Name					
Address					
City, State, Zip					
Area Code & Phone No.			<input type="checkbox"/> Full <input type="checkbox"/> Part-Time		

2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? Yes No
3. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No

If yes to question #2 or #3, please provide details.

4. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? Yes No

If yes, please provide agency name and date of application or service:

5. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as current or former employer? Yes No

6. Does this business do business with the Sheriff's Office or County? Yes No

If yes to question #5 or #6, please provide name and address of business, corporation or organization and describe your relationship or position.

ARREST HISTORY / COURT DATA

- 1. Have you ever been convicted of a felony? Yes No
- 2. 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
- 3. Have you ever been fingerprinted for any reason (arrest, job application, military, ect.)?
 Yes No

If yes to questions #1, #2, or #3, please provide details:

- 4. Have you or your spouse ever been a plaintiff or defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) Yes No

If you answered yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition.

DRIVING HISTORY

- 1. Are you a licensed Florida automobile operator or chauffeur? Yes No
License Number: _____ Expiration Date: _____ Restrictions: _____

- 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 license(s) was / were held:

- 3. Have you received a ticket or been charged with a traffic violation in the past five (5) years?
 Yes No

4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No

If yes, please provide complete details including why license was revoked:

5. Have you ever had automobile insurance refused, withdrawn, or revoked? Yes No
If yes, please provide complete details:

MILITARY HISTORY

1. Are you registered for Selective Service? Yes No

If yes, your Selective Service Number: _____

Classification: _____ Date of Classification: _____

Address of Local Board: _____

2. Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Service: _____ Highest Rank: _____

Serial #: _____ Duty Dates: From: _____ To: _____ From: _____ To: _____
From: _____ To: _____ From: _____ To: _____

3. Date and type of discharge: _____
4. Are you now or have you ever been a member of a reserve unit or the National Guard? Yes No
5. If yes, state the branch of service, name and location of your unit and whether you attend drills, meeting or camps:

6. Was any type of disciplinary action taken against you in the service? Yes No

If yes, please provide: Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

7. Have you ever served in the Armed Forces in a foreign country? Yes No

If yes, please provide countries and dates:

8. **VETERAN’S PREFERENCE:** Check the appropriate block if you are claiming veteran’s preference.

Documentation substantiating you claim must be furnished at the time of application.

- 1. A disabled veteran who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veteran’s Affairs, or who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Veterans Affairs and the United States Department of Defense.
- 2. The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability, and who, because of this disability, cannot qualify for employment, or the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.
- 3. A wartime veteran as defined in section 1.01(14), Florida Statutes, who has served at least one (1) day during a war time period. Active duty for training may not be allowed for eligibility under this paragraph.
- 4. The unremarried widow or widower of a veteran who died of a service-connected disability.
- 5. The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense.
- 6. A veteran as defined in section 1.01(14), Florida Statutes. Active duty for training may not be allowed for eligibility under this paragraph.
- 7. A current member of any reserve component of the United States Armed Forces of the Florida National Guard.

NOTE: Under Florida law, if a numerically based selection process is used, points shall be added to the earned ratings of persons included in #1-7 above, as set forth in section 295.07, Florida Statutes. If a numerically based selection process is not used, preference in appointment shall be given first to those persons included in #1 and #2 above, and second to those persons included in #3 through #7 above. If an applicant claiming veterans’ preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Florida Department of Veterans’ Affairs, 11351 Ulmerton Road, Suite 311-K, Largo, FL 33778-1630.

ORGANIZATION MEMBERSHIP

1. List all clubs, societies of which you are or have been a member:

Name	City & State	Former	Present (List position held & describe activity)

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which 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? Yes No

3. Have you ever made a financial or other material contribution to any organization of the type describe in question #2 above? Yes No

If yes to question #2 or #3, answer questions #4 and #5 also.

4. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? Yes No

 5. Did you intend to promote any unlawful aims of the organization? Yes No
- If yes to question #2, #3, #4, or #5, explain including name of organization and location:

PERSONAL REFERENCES & ACQUAINTANCES
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1. **Personal References:** Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete Name: _____ _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Last First Middle) </div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width: 30%; text-align: center;">Years Acq.</td> <td style="text-align: center;">Occupation</td> </tr> </table>	Years Acq.	Occupation	Home Address: _____ City, State & Zip: _____ Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____
Years Acq.	Occupation		
Complete Name: _____ _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Last First Middle) </div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width: 30%; text-align: center;">Years Acq.</td> <td style="text-align: center;">Occupation</td> </tr> </table>	Years Acq.	Occupation	Home Address: _____ City, State & Zip: _____ Home Phone: _____ Business Address: _____ City, State & Zip _____ Business Phone _____
Years Acq.	Occupation		

Complete Name:			Home Address: _____
(Last First Middle)			City, State & Zip: _____
Years Acq.	Occupation		Home Phone: _____
			Business Address: _____
			City, State & Zip: _____
			Business Phone: _____

2. **Social Acquaintances:** Give three (3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

Complete Name:			Home Address: _____
(Last First Middle)			City, State & Zip: _____
Years Acq.	Occupation		Home Phone: _____
			Business Address: _____
			City, State & Zip: _____
			Business Phone: _____

Complete Name:			Home Address: _____
(Last First Middle)			City, State & Zip: _____
Years Acq.	Occupation		Home Phone: _____
			Business Address: _____
			City, State & Zip: _____
			Business Phone: _____

Complete Name:			Home Address: _____
(Last First Middle)			City, State & Zip: _____
Years Acq.	Occupation		Home Phone: _____
			Business Address: _____
			City, State & Zip: _____
			Business Phone: _____

EMPLOYEE HISTORY

**THE INFORMATION CONTAINED HEREIN MAY BE CONFIDENTIAL
AND NOT AVAILABLE FOR PUBLIC INSPECTION.**

1. Applicant's Current Address:

Address

City County State Zip

Telephone Number E-Mail

2. Applicant's Social Security Number: _____

3. Spouse's Name and Address (If different):

Name

Address

City County State Zip

4. Children's Name(s) and Ages:

Name	Date of Birth	Address (If different then applicants)

5. Former Spouse(s) Name and Address:

Name

Address

City County State Zip

6. Please provide name and address of next of kin or other person to be contacted in case of emergency:

Name			
Address	City	State	Zip
Home Phone		Business Phone	

7. Please provide name and address of your personal or family physician to be contacted in case of an emergency:

Name			
Address	City	State	Zip
Home Phone		Business Phone	

DRUG HISTORY

The information contained herein MAY BE a confidential medical record under the Americans with Disabilities Act if the applicant is a rehabilitated drug or alcohol abuser or under section **119.071(4)(b)1, Florida Statutes, if the disclosure of the medical information would identify the applicant.**

1. Do you currently use any narcotic or controlled substance, such as cannabinoids, PCP, hallucinogen; methaqualone, hashish, LSD, amphetamines, heroin, steroid, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature, or have you used such a narcotic or controlled substance within the last year? Yes No

2. Have you ever illegally experimented with or used any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature? Yes No If yes, please complete the following:
 - a. Drug: _____
 - b. How taken: _____
 - c. Last time illegally experimented with or used: _____

3. Do you now or have you ever illegally obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature? Yes No
If yes, please complete the following:
 - a. Drug: _____
 - b. Circumstances: _____
 - c. Number of times illegally obtained / possessed / supplied / sold: _____
 - d. First time illegally obtained / possessed / supplied / sold: _____
 - e. Last time illegally obtained / possessed / supplied / sold: _____

4. Do you now or have you within the last year, abused, or illegally obtained, possessed or sold any prescription drug? Yes No

If yes, please complete the following:

- a. Drug: _____
- b. Circumstances: _____
- c. Number of times illegally obtained / possessed / supplied / sold: _____
- d. First time illegally obtained / possessed / supplied / sold: _____
- e. Last time illegally obtained / possessed / supplied / sold: _____

5. Do you claim to be a rehabilitated alcohol, narcotics or drug user of any of the controlled substances as set forth above? Yes No If yes, provide details:

I understand that the “Applicants Certification” applies in all respects to the responses provided in this “Confidential Employee History” and “Drug History.”

Signature of the applicant as usually written

Date

Witnessed By:

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 disqualification as an applicant or my dismissal from the Sheriff's Office. 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, or any 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 Sheriff's Office and that it and the information received in response to the background examination are public records.

I also understand that I may be required to furnish the Sheriff's Office with a copy of my 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 will be contingent upon the results of a complete drug test and that I may be required to take drug tests during the term of my employment or appointment with the Sheriff's Office.

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued 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 the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the Sheriff's Office.

I further authorize the Sheriff's Office or agent of the Sheriff's Office, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law.

I further agree to execute any authorization as may be required by the Health Insurance Portability Accountability Act of 1996 (HIPAA) for health care providers to release the necessary medical information to process my application for employment.

I understand and agree that any employment or 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, that the Sheriff has the absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

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 Sheriff's Office and I release all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office.

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

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability? Yes No

If yes, please provide your version or explain fully any such incident.

Signature of the applicant as usually written

Date

Witnessed By:



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