

**STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF INSURANCE FRAUD  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399-0324**

**CIVILIAN SUPPLEMENTAL APPLICATION**

**Position Number or Location:** \_\_\_\_\_

Type or print legibly in ink

**I. PERSONAL**

1. Last Name: \_\_\_\_\_
2. First Name: \_\_\_\_\_
3. Middle Name: \_\_\_\_\_ Photograph
4. Maiden Name: \_\_\_\_\_
5. Other Former Names: \_\_\_\_\_
6. Nicknames: \_\_\_\_\_
7. Social Security Number \*: \_\_\_\_\_
8. Place of Birth: \_\_\_\_\_  
City State Country
9. Citizen of the United States: \_\_\_\_ Yes \_\_\_\_ No Naturalization Certificate #: \_\_\_\_\_

|  |  |  |  |
|--|--|--|--|
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**GENERAL INFORMATION AND INSTRUCTIONS**

A background investigation will be required of all sworn position applicants and crime intelligence analyst applicants of the Division of Insurance Fraud. The information you provide in the State Employment Application and this supplemental application will be used to determine your eligibility and suitability for a law enforcement or crime intelligence analyst position with the Division.

Please complete this application accurately and neatly, without errors, omissions or misleading information. **Any misrepresentation, falsification, omission or concealment of a material fact may be considered grounds for exclusion from employment with the Division of Insurance Fraud.**

Questions must be answered with a **Yes, No** or **None** answer, and all questions must be answered. Applications that are incomplete and/or are not typed or printed legibly in ink will not be processed for consideration. If space is insufficient for complete answers, use additional sheets, the same size as the application, and number the answers to correspond with the questions.

**\*Note: Your social security number has been requested for identification purposes and to facilitate a background investigation.**



**III. EMPLOYMENT HISTORY**

1. May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. List all employment during the past five (5) years **not already listed on the State of Florida Employment Application.** Begin with the most recent. If you only had one employer during the last five (5) years, also list the next most recent job. List all employment with any criminal justice agencies you have ever held, no matter how long ago. Include military service and volunteer work.

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Phone (\_\_\_\_\_) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Annual Salary \_\_\_\_\_ / \_\_\_\_\_  
Starting Ending

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your name, if different from application: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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Reason(s) for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Phone (\_\_\_\_\_) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Annual Salary \_\_\_\_\_ / \_\_\_\_\_  
Starting Ending

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your name, if different from application: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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Reason(s) for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Phone (\_\_\_\_\_) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Annual Salary \_\_\_\_\_ / \_\_\_\_\_  
Starting Ending

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your name, if different from application: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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Reason(s) for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Phone (\_\_\_\_\_) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Annual Salary \_\_\_\_\_ / \_\_\_\_\_  
Starting Ending

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your name, if different from application: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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Reason(s) for Leaving: \_\_\_\_\_

4. Provide the dates (month and year), a brief explanation and a summary of activities for any gaps in your employment history in the last five (5) years:

| Dates | Explanation | Activities |
|-------|-------------|------------|
|       |             |            |
|       |             |            |
|       |             |            |
|       |             |            |

|   |               |
|---|---------------|
| a) Have you ever been dismissed, suspended, asked to resign, demoted, received a reprimand, or had any disciplinary action taken against you by any employer or supervisor? | <b>Yes/No</b> |
| Details, if yes: _____  |               |
|   |               |
| c) How many days have you been absent from work during the past 12 months, other than planned vacations?  | <b>Number</b> |
| Reason(s): _____  |               |
| d) Have you ever applied to carry a concealed weapon?   | <b>Yes/No</b> |
| Details, if yes: _____  |               |
|   |               |
|   |               |

1. Have you ever been employed by anyone licensed to sell insurance? If yes, give details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV. ARREST HISTORY/COURT RECORD**

|   |        |
|---|--------|
| 1. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violation? | Yes/No |
|   |        |

If you answered “yes” to the question above, give details in the following space, even if not formally charged, no court appearance, not found guilty, or the matter was settled by payment of a fine or forfeiture of collateral. Include your juvenile and/or any expunged or sealed record(s):

| Dates | Police Agency | Charge | Court/Place | Disposition |
|-------|---------------|--------|-------------|-------------|
|       |               |        |             |             |
|       |               |        |             |             |
|       |               |        |             |             |
|       |               |        |             |             |
|       |               |        |             |             |

3. Have you ever been placed on court probation? \_\_\_\_ If yes, give details: \_\_\_\_\_  
 \_\_\_\_\_

6. Have you ever sold, transported, delivered, used or possessed any illegal drugs? \_\_\_\_ If yes, explain in detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Have you ever committed a crime, such as theft, possession of illegal drugs, firearms offenses, fraud, passing worthless checks, etc., even if you were not caught or arrested? \_\_\_\_\_ If yes, give details: \_\_\_\_\_  
 \_\_\_\_\_

**V. MILITARY HISTORY**

1. Are you registered for Selective Service? \_\_\_\_ If yes, Selective Service #: \_\_\_\_\_  
 \_\_\_\_\_

2. Have you ever served on active duty in the Armed Forces of the United States? \_\_\_\_\_

| Dates | Branch | Highest Rank | Serial Number |
|-------|--------|--------------|---------------|
|       |        |              |               |
|       |        |              |               |
|       |        |              |               |

3. Are you now or have you ever been a member of a reserve unit or the National Guard? \_\_\_\_\_ Dates: \_\_\_\_\_ Branch: \_\_\_\_\_  
Location: \_\_\_\_\_

4. Have you ever had any type of disciplinary action taken against you in the service? \_\_\_\_\_  
If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII. DRIVING HISTORY**

| 1. Do you have a valid Florida Drivers' License? |                 |              | Yes/No |
|--|-----------------|--------------|--------|
| License Number                                   | Expiration Date | Restrictions |        |
|  |                 |              |        |
|  |                 |              |        |

| 2. List all other states where you have been granted a license to operate a motor vehicle: |      |             |
|--|------|-------------|
| State & City   | Name | Type & Date |
|  |      |             |
|  |      |             |

5. Have you ever been involved in a motor vehicle accident? \_\_\_\_\_ If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. List all traffic citations or tickets, excluding parking violations, which you have received within the past seven (7) years, regardless of state:

| Date | Location | Agency | Violation | Disposition |
|------|----------|--------|-----------|-------------|
|      |          |        |           |             |
|      |          |        |           |             |
|      |          |        |           |             |
|      |          |        |           |             |
|      |          |        |           |             |

### VIII. REFERENCES

List three (3) individuals who have known you well for the past five (5) years, excluding relatives and employers:

|                        |           |                          |           |
|------------------------|-----------|--------------------------|-----------|
| Name:                  |           | Occupation:              |           |
| <b>Current Address</b> |           | <b>Telephone Numbers</b> |           |
| Street                 | Apt. No.  | (      )                 | Home<br>- |
| City                   | State/Zip | (      )                 | Work<br>- |

|                        |           |                          |           |
|------------------------|-----------|--------------------------|-----------|
| Name:                  |           | Occupation:              |           |
| <b>Current Address</b> |           | <b>Telephone Numbers</b> |           |
| Street                 | Apt. No.  | (      )                 | Home<br>- |
| City                   | State/Zip | (      )                 | Work<br>- |

|                        |           |                          |           |
|------------------------|-----------|--------------------------|-----------|
| Name:                  |           | Occupation:              |           |
| <b>Current Address</b> |           | <b>Telephone Numbers</b> |           |
| Street                 | Apt. No.  | (       )                | Home<br>- |
| City                   | State/Zip | (       )                | Work<br>- |

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**EDUCATION**

1. List all training courses, registrations, licenses, certifications, special skills, etc., **not already listed** on the State of Florida Employment Application:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Have you ever participated in a criminal justice intern program?\_\_\_\_\_ If yes:

Agency Name:\_\_\_\_\_

Immediate Supervisor:\_\_\_\_\_ Dates:\_\_\_\_\_

Address:\_\_\_\_\_ Phone:\_\_\_\_\_

**IX. HONORS, AWARDS, AND LEADERSHIP POSITIONS**

List any honors and awards you have received, and all leadership positions you have held:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUPPORTING DOCUMENTATION**

**During the background investigation process, you will be required to provide supporting documentation regarding your age, citizenship, education, licenses, certifications, military service, job evaluations, letters of recommendation and any other documentation deemed necessary to verify any information you have provided during the application process.**

I, \_\_\_\_\_, understand that any position offered will be contingent upon the results of a complete background investigation. I am also aware that withholding information or making false statements on this supplemental application will be the basis for exclusion from employment with the Division of Insurance Fraud. I agree to these conditions and certify that all statements on this supplemental application are true.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Enclosures: Release and Waiver Form for Applicant  
Release and Waiver Form for Joint Account Holder(s)

***PLEASE NOTE: The Release and Waiver form for the applicant and the Release and Waiver form for Joint Account Holder(s) if applicable, must be completed and attached to this Supplemental Application at the time application package is submitted.***

**An incomplete application and/or Release and Waiver Form(s) may result in your application not being processed.**

**DIVISION OF INSURANCE FRAUD  
RELEASE AND WAIVER  
(APPLICANT)**

To Whom It May Concern:

The undersigned authorizes representatives of the Department of Financial Services and/or the Division of Insurance Fraud bearing this release, or a copy of it to obtain information in your files pertaining to my employment, credit, educational and medical records including, but not limited to, academic achievement, attendance, athletic, personal history, performance reports, background investigations, polygraph examination results and all internal affairs investigations and disciplinary records, medical records or medical information in the files of my current or former employer(s) or any current or former physician(s), or both, which pertain to my employment.

You are directed to release upon proper identification of bearer any and all information requested. This release is executed with full knowledge and understanding the information is for the official use of the Department of Financial Services and/or the Division of Insurance Fraud.

Consent is granted for the Department of Financial Services and/or the Division of Insurance Fraud to furnish the information described above to their parties in the course of fulfilling its official duties.

I hereby release you, the custodian of such records, and any school, college, university or other educational institution, hospitals, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishments including collectively, from any and all liability for damage 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. Should there be any question as to the validity of this release, you may contact me as indicated below.

I understand that upon request I have the right to receive a copy of this authorization. It is further understood that joint account holders must authorize release of information for which I am a joint account holder by signing a Joint Account Holder Release and Waiver for credit checks only.

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|                  |                   |                    |               |
|------------------|-------------------|--------------------|---------------|
| <b>Last Name</b> | <b>First Name</b> | <b>Middle Name</b> | <b>Suffix</b> |
|------------------|-------------------|--------------------|---------------|

|                   |                               |                 |
|-------------------|-------------------------------|-----------------|
| <b>Birth Date</b> | <b>Social Security Number</b> | <b>Alias(s)</b> |
|-------------------|-------------------------------|-----------------|

**Telephone Number: Day** (\_\_\_\_) \_\_\_\_\_ **Night** (\_\_\_\_) \_\_\_\_\_

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**Applicant's Signature**

**STATE OF FLORIDA**  
**COUNTY OF** \_\_\_\_\_

**The foregoing instrument was acknowledged before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_, **by** \_\_\_\_\_.

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**Signature of Notary Public – State of Florida**

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**Print, Type, or Stamp Commissioned Name of Notary Public**  
**Personally known** \_\_\_\_\_ **OR Produced identification** \_\_\_\_\_ **Type of Identification Produced** \_\_\_\_\_

**DIVISION OF INSURANCE FRAUD  
RELEASE AND WAIVER  
JOINT ACCOUNT HOLDER  
(APPLICANT)**

To Whom It May Concern:

The undersigned authorizes representatives of the Department of Financial Services and/or the Division of Insurance Fraud bearing this release, or a copy of it to obtain information in your files pertaining to my joint credit history with\_\_\_\_\_.

(Applicant)

You are directed to release upon proper identification of bearer any and all information related to my joint credit history with the above named applicant. This release is executed with full knowledge and understanding the information is for the official use of the Department of Financial Services and/or the Division of Insurance Fraud.

Consent is granted for the Department of Financial Services and/or the Division of Insurance Fraud to furnish the information described above to their parties in the course of fulfilling its official duties.

I hereby release you, the custodian of such records, from any and all liability for damage of whatever kind, which may at any time result to me because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

I understand that upon request, I have a right to receive a copy of this authorization.

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**Last Name** **First Name** **Middle Name** **Suffix**

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**Birth Date** **Social Security Number** **Alias(s)**

**Telephone Number: Day** (\_\_\_\_\_) \_\_\_\_\_ **Night** (\_\_\_\_\_) \_\_\_\_\_

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**Applicant's Signature**

**STATE OF FLORIDA**  
**COUNTY OF** \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by\_\_\_\_\_.

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**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** \_\_\_\_\_