

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

**SUPPLEMENTAL APPLICATION
CIVILIAN**

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.

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: _____

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: _____

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: _____

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: _____

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?	Yes/No
Details, if yes: _____	
c) How many days have you been absent from work during the past 12 months, other than planned vacations?	Number
Reason(s): _____	
d) Have you ever applied to carry a concealed weapon?	Yes/No
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 five (3) individuals who have known you well for the past five (5) years, excluding relatives and employers:

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

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

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

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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 Insurance 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 Insurance and/or the Division of Insurance Fraud.

Consent is granted for the Department of Insurance 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.

Last Name	First Name	Middle Name	Suffix
Birth Date	Social Security Number	Alias(s)	
Telephone Number: Day (_____) _____ Night (_____) _____			

Applicant's Signature

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 19____, 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 _____

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

To Whom It May Concern:

The undersigned authorizes representatives of the Department of Insurance 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 Insurance and/or the Division of Insurance Fraud.

Consent is granted for the Department of Insurance 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.

Last Name	First Name	Middle Name	Suffix
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Birth Date	Social Security Number	Alias(s)
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Telephone Number: Day (_____) _____ **Night** (_____) _____

Applicant's Signature

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 19____, 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** _____