

DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF INVESTIGATIVE AND FORENSIC SERVICES
EMPLOYMENT SECTION
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:

4. Maiden Name:

5. Other Former Names :

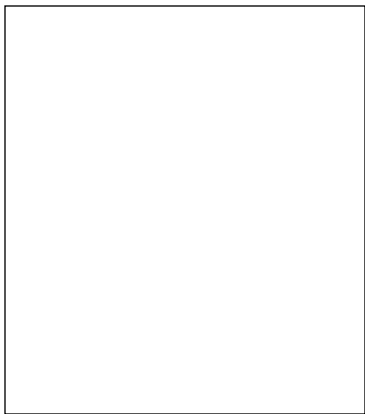
6. Nicknames:

7. Social Security Number *:

8. E-Mail Address:

9. Place of Birth:
City State Country

10. Citizen of the United States: Yes No Naturalization Certificate #:



Click to Insert Required Photo Above

GENERAL INFORMATION AND INSTRUCTIONS

A background investigation will be required of all sworn position applicants, crime intelligence analyst applicants, and any administrative staff would handle confidential information for the Division of Investigative and Forensic Services. 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, crime intelligence analyst, or administrative staff 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 Investigative and Forensic Services.**

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.**

II. RESIDENCES

1. Current Address		2. Telephone Numbers	
Street/Apt No.	<input type="text"/>	Home	<input type="text"/>
City/State/Zip	<input type="text"/>	Work	<input type="text"/>

3. List all places of residence for the past 5 years:

List chronologically all addresses, including residences while at school, in the military and family owned vacation homes. For college on campus residences, give college name, dormitory name and complete address. If military address cannot be shown as a street address, indicate military unit designation, location by city and state, and if post office box, the location of the post office.

Dates (mos-yrs)	Street Address	Apt. #	City	County	State

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:			
Supervisor's Name:		Supervisor's Title:	
Your Job Title:		Supervisor's Phone:	
From:		To:	
Annual Salary Starting:		Annual Salary Ending:	
Your Name, if different from application:			
Duties and Responsibilities:			
Reason(s) for Leaving:			

Name of Employer:	<input type="text"/>		
Address:	<input type="text"/>		
Supervisor's Name:	<input type="text"/>	Supervisor's Title:	<input type="text"/>
Your Job Title:	<input type="text"/>	Supervisor's Phone:	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>
Annual Salary Starting:	<input type="text"/>	Annual Salary Ending:	<input type="text"/>
Your Name, if different from application:	<input type="text"/>		
Duties and Responsibilities:	 		
Reason(s) for Leaving:	 		

Name of Employer:	<input type="text"/>		
Address:	<input type="text"/>		
Supervisor's Name:	<input type="text"/>	Supervisor's Title:	<input type="text"/>
Your Job Title:	<input type="text"/>	Supervisor's Phone:	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>
Annual Salary Starting:	<input type="text"/>	Annual Salary Ending:	<input type="text"/>
Your Name, if different from application:	<input type="text"/>		
Duties and Responsibilities:	 		
Reason(s) for Leaving:	 		

Name of Employer:	<input type="text"/>		
Address:	<input type="text"/>		
Supervisor's Name:	<input type="text"/>	Supervisor's Title:	<input type="text"/>
Your Job Title:	<input type="text"/>	Supervisor's Phone:	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>
Annual Salary Starting:	<input type="text"/>	Annual Salary Ending:	<input type="text"/>
Your Name, if different from application:	<input type="text"/>		
Duties and Responsibilities:	 		
Reason(s) for Leaving:	 		

Name of Employer:	<input type="text"/>		
Address:	<input type="text"/>		
Supervisor's Name:	<input type="text"/>	Supervisor's Title:	<input type="text"/>
Your Job Title:	<input type="text"/>	Supervisor's Phone:	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>
Annual Salary Starting:	<input type="text"/>	Annual Salary Ending:	<input type="text"/>
Your Name, if different from application:	<input type="text"/>		
Duties and Responsibilities:	 		
Reason(s) for Leaving:	 		

3. 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

b) How many days have you been absent from work during the past twelve months, other than planned vacations?

Reason(s):

c) Have you ever applied to carry a concealed weapon? Yes No

Details, if yes

4. Have you ever been employed by anyone licensed to sell Insurance? Yes No

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 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

2. Have you ever been placed on court probation?

Yes

No

If yes, give details:

3. Have you ever sold, transported, delivered, used or possessed any illegal drugs?

Yes

No

If yes, give details:

4. 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?

Yes

No

If yes, give details:

V. MILITARY HISTORY

1. Are you registered for Selective Service? Yes No

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? Yes No

If yes, give details:

VI. 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

3. Have you ever been involved in a motor vehicle accident?

Yes

No

If yes, give details:

4. 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

VII. REFERENCES

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

Name: Occupation:

Current Address		Telephone Numbers	
Street Apt. No.	<input type="text"/>	Home	<input type="text"/>
City State/Zip	<input type="text"/>	Work	<input type="text"/>

Name: Occupation:

Current Address	Telephone Numbers
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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	

VII. EDUCATION

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

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2. Have you ever participated in a criminal justice intern program?

Yes

No

If yes,
Agency Name:

--

Immediate
Supervisor:

--

Dates:

--

Address:

--

Phone:

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VIII. HONORS, AWARDS AND LEADERSHIP POSITIONS

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

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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 Investigative and Forensic Services. 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 may result in your application not being processed.

**DIVISION OF INVESTIGATIVE AND FORENSIC SERVICES
RELEASE AND WAIVER
(APPLICANT)**

To Whom It May Concern:

The undersigned authorizes representatives of the Department of Financial Services and/or the Division of Investigative and Forensic Services 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 Investigative and Forensic Services.

Consent is granted for the Department of Financial Services and/or the Division of Investigative and Forensic Services 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.

First Name	<input type="text"/>	Last Name	<input type="text"/>	Middle Name	<input type="text"/>	Suffix	<input type="text"/>
Birth Date	<input type="text"/>	Social Security Number	<input type="text"/>	Alias(s)	<input type="text"/>		
Telephone Number: Day	<input type="text"/>			Telephone Number: Night	<input type="text"/>		

Applicant's Signature _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me on this _____ day of _____, 20____, 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 Provided _____

**DIVISION OF INVESTIGATIVE AND FORENSIC SERVICES
RELEASE AND WAIVER
JOINT ACCOUNT HOLDER**

To Whom It May Concern:

The undersigned authorizes representatives of the Department of Financial Services and/or the Division of Investigative and Forensic Services bearing this release, or a copy of it to obtain information in your file 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 Investigative and Forensic Services.

Consent is granted for the Department of Financial Services and/or the Division of Investigative and Forensic Services 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.~~-----

First Name	<input type="text"/>	Last Name	<input type="text"/>	Middle Name	<input type="text"/>	Suffix	<input type="text"/>
Birth Date	<input type="text"/>	Social Security Number	<input type="text"/>	Alias(s)	<input type="text"/>		
Telephone Number: Day	<input type="text"/>			Telephone Number: Night	<input type="text"/>		

Joint Account Holder's Signature _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me on this _____ day of _____, 20____, 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 Provided _____