

BREVARD COUNTY JAIL COMPLEX



BACKGROUND PACKAGE FOR CONTRACT EMPLOYEES AND VOLUNTEERS

Instructions:

1. Read the instructions on the application carefully. All questions must be answered truthfully and to the best of your knowledge.
2. Complete the background package in full, leaving no gaps of employment. Provide a complete work history (complete addresses and phone numbers for all employment unless they are out of business. If out of business, state " out of business ").
3. If you answer yes to any question or need to provide additional details list the question number and an explanation on a separate sheet of paper.
4. Please list 5 neighborhood references; **you do** not need to know your neighbors. We only need the address. Please supply complete addresses for all schools, and supply the dates attended (Example: 1996-2000). Please supply complete addresses for all personal references.
5. Please supply complete addresses for all schools, and supply the dates attended (Example: 1996-2000). Please supply complete addresses for all personal references.
6. Please list all residence addresses for the last **10 years**. If you are renting, provide landlord's name and address (if you are still living at home with your parents, just write "parents" in landlord space).
7. If you do not know a notary, we have notaries in the Jail Background/Reporting Unit. Bring the completed background package (in person) to the jail (Mon-Fri 8am to 5pm and we will notarize the background package for-you. (DO NOT SIGN PAPERWORK UNTIL IT IS NOTARIZED).
8. Mail or you can deliver the completed background package to:

ATTN: Inspectional Services
Brevard County Jail Complex
860 Camp Road Cocoa, FL 32927

9. Any questions please contact: **Deputy Charles Banks** (321) 633-0243

BREVARD COUNTY SHERIFF'S OFFICE
APPLICANT BACKGROUND INFORMATION

Position Applied For: _____

Date Completed: _____

PERSONAL

1. Full Name: _____
LAST FIRST MIDDLE

Maiden name or any other name(s) by which you are or have been known:
 (List name, date of name change, reason for name change and where name change was registered)

2. Date of Birth: _____
MONTH DAY YEAR

3. Place of Birth: _____
CITY STATE COUNTY COUNTRY

4. Are you a citizen of the United States? Yes No

5. Social Security Number: _____ - _____ - _____

6. Present Home Address: _____

7. How long have you resided at this address? _____

8. Home Phone: (_____) _____ Work Phone: (_____) _____
 Cell Phone: (_____) _____ Pager: (_____) _____

9. Driver's License Number: _____
 State Issued: _____ Expiration Date: _____

10. Have you ever applied with any other law enforcement agency? (CITY, STATE OR FEDERAL) Yes No
If yes, list agency, position(s), date applied and status or outcome _____

11. Are you currently or have you ever been law enforcement or corrections certified? Yes No
If yes, list certification, issuing state and date of certification _____

12. Do You Drink Alcoholic Beverages? Yes No
If yes, describe your average weekly or monthly consumption _____

13. Have you ever illegally used, tried or experimented with any narcotic drug, barbiturates, amphetamines, marijuana or any hallucinogenic drugs? Yes No *If Yes, Provide Details on Separate Sheet*

**BREVARD COUNTY SHERIFF'S OFFICE
APPLICANT BACKGROUND INFORMATION**

RESIDENCE HISTORY

14. List Chronologically, **ALL** Residence Addresses For The Last Ten Years. Continue On A Separate Sheet if Necessary.

Address: _____
STREET ADDRESS CITY STATE ZIP

Own Rent Landlord's Name: _____

Phone #: (____) _____ Dates Lived At Address: From: _____ To: _____

Landlord's Mailing Address: _____
STREET ADDRESS CITY STATE ZIP

Address: _____
STREET ADDRESS CITY STATE ZIP

Own Rent Landlord's Name: _____

Phone #: (____) _____ Dates Lived At Address: From: _____ To: _____

Landlord's Mailing Address: _____
STREET ADDRESS CITY STATE ZIP

Address: _____
STREET ADDRESS CITY STATE ZIP

Own Rent Landlord's Name: _____

Phone #: (____) _____ Dates Lived At Address: From: _____ To: _____

Landlord's Mailing Address: _____
STREET ADDRESS CITY STATE ZIP

Address: _____
STREET ADDRESS CITY STATE ZIP

Own Rent Landlord's Name: _____

Phone #: (____) _____ Dates Lived At Address: From: _____ To: _____

Landlord's Mailing Address: _____
STREET ADDRESS CITY STATE ZIP

Address: _____
STREET ADDRESS CITY STATE ZIP

Own Rent Landlord's Name: _____

Phone #: (____) _____ Dates Lived At Address: From: _____ To: _____

Landlord's Mailing Address: _____
STREET ADDRESS CITY STATE ZIP

BREVARD COUNTY SHERIFF'S OFFICE
APPLICANT BACKGROUND INFORMATION

15. List **ALL** Cities, Counties, States or Countries you have ever lived, worked, or attended school during your lifetime.
(Use Additional Sheet If Necessary)

City	County	State (Or Country)

FAMILY HISTORY

16. List **ALL** members of your immediate family, including spouse, ex-spouse(s), parents, step-parents, children, mother/father of child/children (if not married to), step-children, brothers, sisters, step-brothers and step-sisters.
(Use Additional Sheet If Necessary)

Full Name	Address <small>(If Deceased, State So Here)</small>	Relationship	Occupation

If you answer **YES** to any of the following questions, list the question number and a detailed explanation on a separate sheet.
(Include Dates and Location)

17. **Yes** **No** Have you ever been ordered by a court to pay child support and/or alimony? If Yes, Please Provide Details.
18. **Yes** **No** Have you ever been delinquent in child support and/or alimony? If Yes, Please Provide Details.

**BREVARD COUNTY SHERIFF'S OFFICE
 APPLICANT BACKGROUND INFORMATION**

EDUCATIONAL BACKGROUND

19. If you answer **YES** to any of the following questions, list the question number and give a detailed explanation on a separate sheet.

Yes No

20. While in high school or college were you ever subject to disciplinary action? (i.e. suspended or expelled)
21. While in school did you receive any awards or honors?
22. List below **ALL** educational institutes you have attended, beginning with high school.

School Name	Complete Address (List Street Name, City, State and Zip)	Dates Attended (List Month and Year)	Diploma/ Degree

ORGANIZATIONS/MEMBERSHIPS

23. List below **ALL** organizations you are or have been a member of.

Organizations/Memberships	Complete Address (List Street Name, City, State and Zip)	Dates From and To (List Month and Year)

**BREVARD COUNTY SHERIFF'S OFFICE
APPLICANT BACKGROUND INFORMATION**

PERSONAL REFERENCES

24. List six (6) Personal References. These references must be people you have known at least three (3) years. Do not list relatives. If possible do not list neighbors.

Name: _____	Phone: _____
_____	_____
STREET ADDRESS	CITY
_____	STATE
_____	ZIP
Occupation: _____	Years Known: _____
_____	_____
BUSINESS ADDRESS	CITY
_____	STATE
_____	ZIP

Name: _____	Phone: _____
_____	_____
STREET ADDRESS	CITY
_____	STATE
_____	ZIP
Occupation: _____	Years Known: _____
_____	_____
BUSINESS ADDRESS	CITY
_____	STATE
_____	ZIP

Name: _____	Phone: _____
_____	_____
STREET ADDRESS	CITY
_____	STATE
_____	ZIP
Occupation: _____	Years Known: _____
_____	_____
BUSINESS ADDRESS	CITY
_____	STATE
_____	ZIP

Name: _____	Phone: _____
_____	_____
STREET ADDRESS	CITY
_____	STATE
_____	ZIP
Occupation: _____	Years Known: _____
_____	_____
BUSINESS ADDRESS	CITY
_____	STATE
_____	ZIP

Name: _____	Phone: _____
_____	_____
STREET ADDRESS	CITY
_____	STATE
_____	ZIP
Occupation: _____	Years Known: _____
_____	_____
BUSINESS ADDRESS	CITY
_____	STATE
_____	ZIP

**BREVARD COUNTY SHERIFF'S OFFICE
APPLICANT BACKGROUND INFORMATION**

PERSONAL REFERENCES (Continued)

Name: _____ Phone: _____

STREET ADDRESS CITY STATE ZIP

Occupation: _____ Years Known: _____

BUSINESS ADDRESS CITY STATE ZIP

NEIGHBORHOOD REFERENCES

25. List the names and addresses of five (5) neighbors that live on your street or in your apartment complex.
 You do not have to personally know the persons listed.

Name (If Known)	Address (Required)	Telephone (If Known)

PERSONS RESIDING IN HOUSEHOLD

26. List **ALL** persons that live in your household and their occupation. (If under 18, please state age)

Name	Age (If Under 18 Years of Age)	Occupation

**BREVARD COUNTY SHERIFF'S OFFICE
APPLICANT BACKGROUND INFORMATION**

EMPLOYMENT HISTORY

27. List **ALL** previous employment beginning with your current or most recent employment. Include **EVERY** job you have held in your lifetime. You must include all information requested for all periods of employment. Include all periods of unemployment of thirty (30) days or longer. Attach a separate sheet of paper if necessary to include **ALL** employment.

EMPLOYER	From: _____	To: _____
	MONTH & YEAR	MONTH & YEAR
STREET ADDRESS OR POST OFFICE BOX	CITY	STATE
	ZIP	
JOB TITLE	()	AREA CODE & PHONE NUMBER
DESCRIPTION OF DUTIES		
DESCRIPTION OF DUTIES CONTINUED		
NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING	

EMPLOYER	From: _____	To: _____
	MONTH & YEAR	MONTH & YEAR
STREET ADDRESS OR POST OFFICE BOX	CITY	STATE
	ZIP	
JOB TITLE	()	AREA CODE & PHONE NUMBER
DESCRIPTION OF DUTIES		
DESCRIPTION OF DUTIES CONTINUED		
NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING	

EMPLOYER	From: _____	To: _____
	MONTH & YEAR	MONTH & YEAR
STREET ADDRESS OR POST OFFICE BOX	CITY	STATE
	ZIP	
JOB TITLE	()	AREA CODE & PHONE NUMBER
DESCRIPTION OF DUTIES		
DESCRIPTION OF DUTIES CONTINUED		
NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING	

**BREVARD COUNTY SHERIFF'S OFFICE
APPLICANT BACKGROUND INFORMATION**

EMPLOYMENT HISTORY (Continued)

EMPLOYER	From: _____	To: _____	MONTH & YEAR	MONTH & YEAR
STREET ADDRESS OR POST OFFICE BOX	CITY	STATE	ZIP	
JOB TITLE	()	AREA CODE & PHONE NUMBER		
DESCRIPTION OF DUTIES				
DESCRIPTION OF DUTIES CONTINUED				
NAME AND TITLE OF SUPERVISOR			REASON FOR LEAVING	

EMPLOYER	From: _____	To: _____	MONTH & YEAR	MONTH & YEAR
STREET ADDRESS OR POST OFFICE BOX	CITY	STATE	ZIP	
JOB TITLE	()	AREA CODE & PHONE NUMBER		
DESCRIPTION OF DUTIES				
DESCRIPTION OF DUTIES CONTINUED				
NAME AND TITLE OF SUPERVISOR			REASON FOR LEAVING	

EMPLOYER	From: _____	To: _____	MONTH & YEAR	MONTH & YEAR
STREET ADDRESS OR POST OFFICE BOX	CITY	STATE	ZIP	
JOB TITLE	()	AREA CODE & PHONE NUMBER		
DESCRIPTION OF DUTIES				
DESCRIPTION OF DUTIES CONTINUED				
NAME AND TITLE OF SUPERVISOR			REASON FOR LEAVING	

EMPLOYER	From: _____	To: _____	MONTH & YEAR	MONTH & YEAR
STREET ADDRESS OR POST OFFICE BOX	CITY	STATE	ZIP	
JOB TITLE	()	AREA CODE & PHONE NUMBER		
DESCRIPTION OF DUTIES				
DESCRIPTION OF DUTIES CONTINUED				
NAME AND TITLE OF SUPERVISOR			REASON FOR LEAVING	

**BREVARD COUNTY SHERIFF'S OFFICE
APPLICANT BACKGROUND INFORMATION**

EMPLOYMENT HISTORY (Continued)

If you answer **YES** to any of the following questions, list the question number and a detailed explanation on a separate sheet of paper.

- | | Yes | No | |
|-----|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 28. | <input type="checkbox"/> | <input type="checkbox"/> | Do you object to your present employer being contacted? (If Yes, contact with your current employer will be delayed until an employment offer has been made.) |
| 29. | <input type="checkbox"/> | <input type="checkbox"/> | Were you ever discharged, terminated, fired or forced to resign? |
| 30. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been suspended by an employer? |
| 31. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been sued by an employer? |
| 32. | <input type="checkbox"/> | <input type="checkbox"/> | Has an employer ever taken disciplinary action against you? |
| 33. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken anything without authorization/permission from an employer? (This includes, but is not limited to, theft of time or money.) |
| 34. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have objections to shift work or working weekends or holidays? |

CRIMINAL HISTORY

If you answer **YES** to any of the following questions, list the question number and a detailed explanation on a separate sheet. (Include dates, location, offense and penalty or final disposition.)

- | | Yes | No | |
|-----|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 35. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any criminal wants, warrants or court process of any other type pending? |
| 36. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been arrested or convicted of a crime by any court of law or police agency? |
| 37. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a criminal sentence plea bargained, had your rights restored or pardoned? |
| 38. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had criminal prosecution deferred? |
| 39. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever served community service in lieu of criminal conviction? |
| 40. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken a polygraph examination? |
| 41. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever made a false insurance claim? |
| 42. | <input type="checkbox"/> | <input type="checkbox"/> | Are you currently involved in any civil litigation or lawsuit of any kind? |
| 43. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any records sealed or expunged? |
| 44. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been detained by a law enforcement officer for investigative purposes or to your knowledge, have you ever been the subject or a suspect in any criminal investigation? |
| 45. | <input type="checkbox"/> | <input type="checkbox"/> | Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which has adopted the policy of advocating or approving the commission of acts of force, intimidation, violence or other illegal acts to deny persons their rights under the Constitution of the United States of America? If Yes , list name of organizations, dates, extent of involvement on separate sheet of paper. |
| 46. | <input type="checkbox"/> | <input type="checkbox"/> | Do you currently bear any intentionally inflicted scar, insignia, tattoo or other permanent bodily marking depicting symbols or words which are commonly associated with any subversive or paramilitary organization? If Yes , please explain on separate sheet of paper. |
| 47. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever sexually abused another person? |
| 48. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever physically abused another person? |
| 49. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever committed perjury or made a false report to a law enforcement agency? |
| 50. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever aided, abetted, solicited or been an accomplice (before or after the fact) to a criminal offense? |

**BREVARD COUNTY SHERIFF'S OFFICE
APPLICANT BACKGROUND INFORMATION**

- | | Yes | No | |
|-----|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------|
| 51. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever engaged in the unlawful use of illegal drugs or alcohol use on the job? |
| 52. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever committed or been involved in any undetected crime of any type? |
| 53. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in the sale, delivery, manufacture or trafficking of any illegal or controlled substance? |

CIVIL HISTORY

If you answer **YES** to any of the following questions, list the question number and a detailed explanation on a separate sheet. (Include dates, location and penalties.)

- | | Yes | No | |
|-----|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 54. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any type of civil process or litigation pending at this time? |
| 55. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been served civil process of any type, either directly or by service through another person, family member or attorney? |
| 56. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in civil litigation or court process of any type, either as a plaintiff, respondent or witness? (Example: Divorce, Repossession, Lien, Debt of Any Type, Contract Dispute, Eviction, Contempt of Court) |
| 57. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever settled a civil matter in which you were involved? |
| 58. | <input type="checkbox"/> | <input type="checkbox"/> | Has a legal judgment ever been issued against you? (i.e.: Divorce, Child Support, Alimony or Any Other Type) |
| 59. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any property repossessed? |
| 60. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had your wages garnished? |
| 61. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in an eviction? |
| 62. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever owned your own business or been self-employed? |
| 63. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever obtained a city or county occupational license? |
| 64. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever registered with any State Department of Revenue for the payment of sales tax? |
| 65. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever incorporated, been involved in a partnership, or filed for a fictitious name? |
| 66. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a lien or judgment filed against you or your business? |

DRIVING HISTORY

If you answer **YES** to any of the following questions, list the question number and a detailed explanation on a separate sheet. (Include dates, locations and penalties.)

- | | Yes | No | |
|-----|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------|
| 67. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been refused a driver's license by any state? |
| 68. | <input type="checkbox"/> | <input type="checkbox"/> | Has your driver's license ever been suspended or revoked? |
| 69. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever received a traffic citation? |
| 70. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any traffic citations which you failed to pay? |
| 71. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had automobile insurance withdrawn or revoked, or have you ever been refused automobile insurance? |
| 72. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever reported your driver's license lost or stolen? |
| 73. | <input type="checkbox"/> | <input type="checkbox"/> | Were you ever issued a duplicate license? |
| 74. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in a traffic accident? |
| 75. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been issued a driver's license in another state? If yes, please list state(s) _____ |

**BREVARD COUNTY SHERIFF'S OFFICE
APPLICANT BACKGROUND INFORMATION**

MILITARY HISTORY

In this Background Application, the term "Armed Forces" is defined as any Military, Paramilitary, or Coast Guard organization of any nation, including ROTC, Reserve or National Guard component of any such organization.

If you answer **YES** to any of the following questions, list the question number and a detailed explanation on a separate sheet.

- | | Yes | No | |
|-----|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| 76. | <input type="checkbox"/> | <input type="checkbox"/> | Are you registered with the selective service system? If so, list the date and location registered: _____
_____ |
| | | | Classification Number: _____ |
| 77. | <input type="checkbox"/> | <input type="checkbox"/> | Have you received information from the Selective Service System indicating that you may be inducted into the armed forces in the near future? |
| 78. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever served in the Armed Forces of the United States? (Continue on separate sheet if more than one branch served.) |
| | | | Branch Served: _____ |
| | | | Dates Served: _____ |
| | | | Highest Rank Achieved: _____ |
| | | | Service Number: _____ |
| 79. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever served in the Armed Forces in another country? |
| 80. | <input type="checkbox"/> | <input type="checkbox"/> | Were you ever employed by the government of any foreign nation? |
| 81. | <input type="checkbox"/> | <input type="checkbox"/> | Were you ever tried, punished, reprimanded or reduced in rank for the infraction of any rule or regulation while in the Armed Forces? |
| 82. | <input type="checkbox"/> | <input type="checkbox"/> | Has your separation or discharge ever been changed? |
| 83. | <input type="checkbox"/> | <input type="checkbox"/> | While in the Armed Forces, did you ever receive any medals, awards or decorations? |
| 84. | <input type="checkbox"/> | <input type="checkbox"/> | Are you on active duty at this time? |
| 85. | <input type="checkbox"/> | <input type="checkbox"/> | Have you received other than an honorable discharge? (If so, provide type of discharge and written explanation.) |

PERSONAL INQUIRY WAIVER

**AUTHORIZATION FOR THE RELEASE OF INFORMATION
TO THE BREVARD COUNTY SHERIFF'S OFFICE**

I RESPECTFULLY REQUEST AND AUTHORIZE YOU TO FURNISH TO THE BREVARD COUNTY SHERIFF'S OFFICE ANY AND ALL INFORMATION YOU MAY HAVE CONCERNING ME, MY WORK RECORD, SCHOOL RECORD, CRIMINAL RECORD/HISTORY, REPUTATION, FINANCIAL AND/OR CREDIT STATUS. PLEASE INCLUDE ANY DOCUMENTATION REQUESTED AS EVIDENCE OF SUCH INFORMATION. THE INFORMATION IS TO BE USED TO ASSIST THE BREVARD COUNTY SHERIFF'S OFFICE IN DETERMINING MY QUALIFICATIONS AND FITNESS FOR EMPLOYMENT WITH THE BREVARD COUNTY SHERIFF'S OFFICE, AND/OR TO DETERMINE MY FITNESS AND ABILITY TO ENTER THE JAIL FACILITY(IES) AND/OR OFFICES OF THE BREVARD COUNTY SHERIFF'S OFFICE.

I HEREBY EXPRESSLY RELEASE YOU, YOUR ORGANIZATION, AGENTS AND EMPLOYEES FROM ANY LIABILITY OR DAMAGE WHICH MAY RESULT FROM THE FURNISHING OF THE INFORMATION REQUESTED ABOVE.

APPLICANT SIGNATURE _____

PRINTED FULL NAME _____

TODAY'S DATE: _____

Florida Statute 768.095~Employer immunity from liability, disclosure of information regarding former or current employees.--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 or 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.

STATE OF FLORIDA, COUNTY OF BREVARD

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____,

MONTH

_____, BY _____, WHO IS PERSONALLY KNOWN TO

YEAR

PRINTED NAME OF APPLICANT

ME OR HAS PRODUCED _____ AS IDENTIFICATION.

NOTARY PUBLIC – STATE OF FLORIDA

SIGNATURE

Printed Name: _____

Commission Number: _____

My Commission Expires: _____

AFFIRMATION

I HEREBY AFFIRM THAT THIS BACKGROUND PACKAGE CONTAINS NO MISREPRESENTATIONS, FALSIFICATIONS, OMISSIONS OR CONCEALMENT OF MATERIAL FACT AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT THE STATEMENTS MADE BY ME ON THIS APPLICATION ARE SUBJECT TO INVESTIGATION, AND THAT SHOULD ANY INVESTIGATION DISCLOSE ANY MISREPRESENTATION, FALSIFICATION, OMISSION OR CONCEALMENT OF MATERIAL FACT, THAT I MAY BE DISCONTINUED FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND/OR PERMISSION TO VOLUNTARY ENTER THE BREVARD COUNTY JAIL AND/OR OFFICES OF THE BREVARD COUNTY SHERIFF'S OFFICE OR, IF ALREADY EMPLOYED OR PERMITTED TO ENTER SAID FACILITIES, MAY BE SUBJECT TO SEPARATION ACTION AND/OR REVOKING OF SAID PERMISSION TO ENTER.

FURTHER, I UNDERSTAND THAT EXCEPT FOR EXEMPTED INFORMATION AS PROVIDED FOR IN *FLORIDA STATUTE 119*, THIS BACKGROUND PACKAGE IS PUBLIC RECORD.

SIGNATURE OF APPLICANT: _____

PRINTED FULL NAME: _____

TODAY'S DATE: _____

STATE OF FLORIDA, COUNTY OF BREVARD

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ DAY OF

_____, _____ BY _____
MONTH YEAR PRINTED NAME OF APPLICANT

WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED _____

AS IDENTIFICATION.

NOTARY PUBLIC – STATE OF FLORIDA

SIGNATURE

Printed Name: _____

Commission Number: _____

My Commission Expires: _____