

# PORT RICHEY POLICE DEPARTMENT

## SUPPORT STAFF EMPLOYMENT APPLICATION FORM

The Port Richey Police Department is an Equal Employment Opportunity Employer. We consider applicants for all position without regard to race, color, national origin, sex, age, handicap, marital status, religion or any other legally protected status.

**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 Florida Police Standards approved G.E.D.
3. A copy of military discharge(s).

DATE: \_\_\_\_\_

POSITION APPLYING FOR: FULLTIME/PART TIME DISPATCHER

### 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 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 training program.

### PERSONAL HISTORY

1. Full Name: \_\_\_\_\_  
Last Name First Middle

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	Circumstances	Dates Use From	Dates Used To

3. Date and Place of Birth:

Date of Birth \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country (it not in the United States) \_\_\_\_\_

4. Are you a United States citizen?  Yes  No If naturalized, please provide: \_\_\_\_\_  
 Date \_\_\_\_\_ Place \_\_\_\_\_

Cou. \_\_\_\_\_ Naturalization No. \_\_\_\_\_

5. \_\_\_\_\_  
 6. Marital Status:  Married  Divorced  Separated  Widowed  Never Married

7. Do you have or have you ever applied for a passport?  Yes  No Passport No. \_\_\_\_\_

8. Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Education / Training**

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

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

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

Major \_\_\_\_\_ Minor \_\_\_\_\_

3. Other Schools (Trade, Vocational, Business or Military):

Name/Address	Dates Attended		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree Or Certificate
	Mo/ Yr. From	To				

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

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5. Indicate any foreign languages you can Speak: \_\_\_\_\_

Read: \_\_\_\_\_

Write: \_\_\_\_\_

6. Indicate any type of law enforcement education/training:

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7. Did you receive a certificate for this training? Yes No Certificate Number: \_\_\_\_\_

8. Describe any special abilities, interests, and hobbies including the degree of proficiency:

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9. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

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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, intoxilyzer, speed detection equipment, firearms, computers):

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11. Have you ever and are you able to use a computer with Windows 95, in a proficient manner? Yes No

12. Have you had any typing or office training? Yes No If yes, provide details: \_\_\_\_\_

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## 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 for a period, set forth dates of unemployment.

Name, Phone # & Address of Employer	Dates Worked		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	Mo./Yr From	To				

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.

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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 name of agency and date of application or service.

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5. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? Yes No If yes, please provide name and address of business, corporation or organization and describe your relationship or position.

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**Residences**

1. Actual places of residence for past 10 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 service 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.

From	To	Apt. No.	Street Address	City, State	County

**Arrest History/Court Data**

1. Have you ever been arrested, **charged** or received a notice or summons to appear for any criminal violation? Yes No
2. Have you ever received a **ticket or been charged** with a traffic violation (exclude parking tickets)? Yes No
3. To your knowledge, has any **member** of your family ever been arrested for other than traffic violations? Yes No.  
If yes to question #1, #2 or #3, **list all** such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to **any charge** for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (**Include** your juvenile record and records of your arrest(s) which have been sealed, if any.)

Date	Place & Department	Charge	Court & Place	Disposition

Relative's Name	Place & Department	Charge	Court & Place	Disposition

Provide details for each response to question #1, #2, or #3: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4. Have you or your spouse ever been a plaintiff or defendant in a court action? Yes No
- 5. 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
- 6. Have you ever been fingerprinted for any reason (arrest, Job application, military, etc.)? if yes to questions #4, #5 or #6, please provide details.

\_\_\_\_\_  
\_\_\_\_\_

**Driving History**

- 1. Are you a licensed Florida automobile operator or chauffeur? Yes No License No. \_\_\_\_\_  
Date of Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_ Class \_\_\_\_\_
- 2. Do you hold or have you ever held an operator or chauffeur license in another state? Yes No If yes provide state(s), name used and approximate dates license(s) was/were held.  
\_\_\_\_\_  
\_\_\_\_\_
- 3. 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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Military History**

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

5. 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Have you ever served in the Armed Forces of a foreign country?  Yes  No If yes, please specify countries and dates.

\_\_\_\_\_

7. Are you designated as disabled because of any military service?  Yes  No

8. **VETERANS' PREFERENCE:** Check the appropriate block if you are claiming veterans' preference.  
**Documentation substantiating your claim must be furnished at the time of application.**

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense, or

2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or

3. A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or

4. The un-remarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed using veterans' preference since October 1, 1987?  Yes  No

If "yes", please give name of employer: \_\_\_\_\_

**NOTE:** Under Florida law, preference in appointment shall be given first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 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 Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, Florida 33731.

## Personal References & Acquaintances

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		Address	
Occupation		Business Address	
Years Acquainted	Home Phone #	Business Phone #	

Complete Name		Address	
Occupation		Business Address	
Years Acquainted	Home Phone #	Business Phone #	

Complete Name		Address	
Occupation		Business Address	
Years Acquainted	Home Phone #	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		Address	
Occupation		Business Address	
Years Acquainted	Home Phone #	Business Phone #	

Complete Name		Address	
Occupation		Business Address	
Years Acquainted	Home Phone #	Business Phone #	

Complete Name		Address	
Occupation		Business Address	
Years Acquainted	Home Phone #	Business Phone #	



**Organizational Membership**

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

Name	City & State	Former	Present (list position held & describe activities)

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 described 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.

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**Business Interest**

1. Do you own any part of any type of business?, If yes please explain. \_\_\_\_\_

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2. If you answered yes to question one ,does this business conduct any type of transactions with the city of Port Richey? Yes No , If yes please explain,

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**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 Port Richey Police Department. 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 Police Department 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 Port Richey Police Department 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.

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 Port Richey Police Department.

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 Chief of Police 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 Port Richey Police Department, and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Port Richey Police Department.

I agree to conform to the rules, regulations and orders of the Port Richey Police Department, and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Chief of Police, at his/her discretion, at any time, and without any prior notice to me.

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Signature of the applicant as usually written

Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

**Confidential Employee History**

**THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL  
AND WILL NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION.**

1. Applicant's Current Address:

Street Name	Apt.#	City	State	Zip Code
Home Phone number		County		

2. Spouse's Name and Address (if different):

Street Name	Apt.#	City	State	Zip Code
Home Phone number		County		

3. Children's Names and Ages

Name	Age	Address (if different)

4. Former Spouse(s) Name and Address:

Street Name	Apt.#	City	State	Zip Code
Home Phone number		County		

5. Are you now able to participate In defensive tactics, firearms or physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the lob description or task analysis related to the position for which you applied? Yes No

6. If Your answer to question 5 is no, would you be able to perform these tasks with an accommodation? Yes No

7. If a test or examination is required for this position, would you be able to take this test or examination with an accommodation? Yes No

8. Explain what accommodation(s) you would need to perform these tasks or take the test or examination.

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9. Do you now, or have you possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature?

Yes  No If yes, please complete the following:

a. Drug: \_\_\_\_\_

b. Circumstances: \_\_\_\_\_

c. Number of times possessed/supplied/sold: \_\_\_\_\_  
Circle which ones apply

d. First time possessed/supplied/sold: \_\_\_\_\_  
Circle which ones apply

e. Last time possessed/supplied/sold: \_\_\_\_\_  
Circle which ones apply

10. Do you currently use any narcotic or controlled substance, such as those listed in paragraph 9 or have you used such a narcotic or controlled substance within the last year?  Yes  No

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address City State Zip

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone # Business Phone #

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address City State Zip

( ) \_\_\_\_\_  
Business Phone #

# PORT RICHEY POLICE DEPARTMENT

## SCREENING AND SELECTION PROCEDURES

THE PORT RICHEY POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER.

The great public trust placed in law enforcement personnel requires that employees of the Port Richey Police Department be highly qualified and thoroughly screened to assure that only those persons with unimpeccable backgrounds are selected. If you can meet our high standards and are the best qualified applicant, you can look forward to joining one of the most progressive law enforcement agencies in Florida. Good luck!

You are now beginning a very complicated process that will take a minimum of four weeks to complete and your ability to provide COMPLETE, ACCURATE and TRUTHFUL information will have a great bearing on how quickly your application can be processed. Read this information carefully. We hope that it will help you to better understand the screening and selection process. Repeated calls to check on the progress of your application will only serve to slow the process. You will be instructed when to call, or will be notified if there is a change in the status of your application.

DISQUALIFICATION: You may be disqualified and your application permanently closed at anytime during the screening and selection process due to untruthful or disqualifying written or spoken statements made by you, information obtained during the background investigation or drug screen test results. You will be notified of such action. Applicants who make false statements during the application process will not be considered for employment in the future.

THE APPLICATION: Read all questions carefully and give complete and honest answers to all applicable questions. Type or use black ink to print your answers. Mark questions that are not applicable "N/A".

All addresses MUST include the ZIP CODE and all phone numbers MUST include the AREA CODE. Failure to provide these details may result in your application being delayed or disqualified.

Your application must be signed and witnessed as indicated on the form. If you return your application to the Port Richey Police Department, we will notarize your application at no charge.

Your completed application must be accompanied by the following documents:

2" x 2" photograph	(Recent)
Birth Certificate	(Original or certified copy)
Proof of United States citizenship, immigration documents or visa	(Original)
Social Security Card	(Original)
High School Diploma or GED	(Original)
Valid Driver License (if applicable)	(Original)
DD-214 if you have served in the Armed Forces	(Original)
Law enforcement or corrections certification (If applicable)	(Original or copy)
Documents changing your legal name (marriage certificate, divorce decree)	(Copy)

Your completed application and all required documentation must be received by the Port Richey Police Department before the posted deadline date. Your application will be reviewed by an investigator to determine if you meet our mandatory qualifications and that your application is complete. Applicants submitting acceptable applications will be scheduled to take a basic adult education test. If you receive a qualifying score then you will be scheduled for an interview by the Port Richey Police Department's interview board. If you pass your interview phase a background check will then be conducted. If your background check is to our department standards then you will have an interview with the Chief of Police. If you pass the interview with the Police Chief then you will be sent for a physical examination and a drug screening. Then the Chief of Police will hire applicant's that he feels will be the best qualified for the Port Richey Police Department. Applications will only be issued when positions are available for this department. They will be held on an inactive status for one year from the date the application was received, at which time the application will expire. This process is subject to change and if the position that you applied for doesn't require certain processes then those processes will be deleted accordingly. **APPLICATION DEADLINE:** \_\_\_\_\_

# PORT RICHEY POLICE DEPARTMENT

## PRE-APPLICATION REQUIREMENTS

THE PORT RICHEY POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER

### CLASSIFICATION SYSTEM AND QUALIFICATIONS

Class A Positions: Patrol Officers and Auxiliary Patrol Officers  
 Class B Positions: Administrative Assistant/Secretary/Records  
 Class C Positions: Dispatcher  
 Class D Positions: Volunteer

Class				
A	B	C	D	Mandatory Qualifications
	X	X	X	AT LEAST 18 YEARS OF AGE UNLESS EXEMPTED BY LAW
X				AT LEAST 19 YEARS OF AGE
X	X	X		CITIZEN OF THE UNITED STATES
X	X	X		HONORABLE DISCHARGE IF EX-MILITARY
X	X	X		NO ADULT ARREST RECORD
X	X	X		HIGH SCHOOL GRADUATE OR G.E.D.
X	X*	X*	X*	VALID FLORIDA DRIVER'S LICENSE (*If Position Requires)
	X	X		PASS WRITTEN ADULT EDUCATION TEST
X				PASS POLYGRAPH EXAMINATION
X	X	X	X	PASS BACKGROUND INVESTIGATION
X	X	X		PASS DRUG SCREEN
X	X	X	X	PASS ORAL INTERVIEW
X	X	X		PASS PHYSICAL EXAMINATION (State Standards)
X				PASS VISION REQUIREMENTS (Minimum uncorrected 20/70 corrected to 20/30; or uncorrected 20/30 or better; and 140 degree vision field with normal color)
X				PASS PSYCHOLOGICAL EXAMINATION

# PORT RICHEY POLICE DEPARTMENT

## EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

The Port Richey Police Department is an equal opportunity employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, handicap, martial status, religion, or any other legally protected status.

You are requested to provide the following information in order that the Port Richey Police Department may comply with federal regulations concerning employment practices. This information will in no way affect your selection and will not be made part of your personnel records. If you wish to remain anonymous, you do not have to identify yourself.

Please place this form in an envelope and return it with your application.

Name: \_\_\_\_\_  
Last First Middle

Sex: Male Female      Date of Birth: \_\_\_\_\_  
Month / Day / Year

Position applied for: \_\_\_\_\_ Application Date: \_\_\_\_\_

Ethnic Group	
Alaskan Native	American Indian
Asian	Black (Non- Hispanic)
Hispanic	Pacific Islander
White (Non-Hispanic)	Other(Please specify)

Referred by	
Newspaper Classified	Other Publications
Television Announcement	Radio Announcement
State Employment Agency	Friend or Relative
Other(Please Specify)	

# PORT RICHEY POLICE DEPARTMENT

## PERSONNEL TRACKING FORM

Position Applied for: \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street Apt. #

\_\_\_\_\_ City State Zip Code

Home Telephone Number (\_\_\_\_) \_\_\_\_\_ Business Telephone Number (\_\_\_\_) \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month / Day / Year City / State

Branch of Service \_\_\_\_\_ Serial Number \_\_\_\_\_  
If Applicable

Have you previously applied for a position with this agency? \_\_\_\_\_

If so Approximately when? \_\_\_\_\_



**AUTHORITY FOR RELEASE  
OF INFORMATION  
(Background Investigation Waiver)**



**CJSTC  
58**

Incorporated by Reference in Rule 11B-27.0022(2)(b), F.A.C.

To: Concerned Person or Authorized  
Representative of Any Organization,  
Institution or Repository of Records

APPLICANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER (Optional): \_\_\_\_\_

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: \_\_\_\_\_

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. 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 photocopy 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 photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760. Pursuant to Sections 943.13 (4), (5), and (7), 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 \_\_\_\_\_

**AFFIDAVIT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My Commission expires on \_\_\_\_\_, 20\_\_\_\_. Personally Known \_\_\_\_\_ - or -

Produced Identification \_\_\_\_\_ Notary Public: \_\_\_\_\_

Type of identification produced: \_\_\_\_\_