



SEMINOLE PUBLIC SAFETY DEPARTMENT

3101 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021 • (954)967-8900 • www.seminolepd.com

The Seminole Public Safety Department operates in a **DRUG FREE** Environment. Any unlawful use, sale, possession, or distribution of any controlled substance may disqualify applicants for consideration regarding employment. This application must be **typed or printed in legible form or it will become inactive**. This application should be completed in accordance with the directions provided. Please be thorough, as applicants are judged on their ability to follow directions.

Please complete the application as follows:

1. Answer all questions. If they do not apply to you, place N/A by the number.
2. Fully complete section # 7 "Employment" including ***all*** requested information.
3. Notarize the last three pages or the application will become inactive.

You are informed that a thorough background investigation, including your character, general reputation, personal characteristics, and mode of living will be part of your processing. This information is solely for the purpose of evaluating your qualifications for employment within this agency. Any falsification of any information on your application may disqualify you for consideration of employment with this agency. The submission of this application carries the understanding that you are authorizing this agency to contact any and all available sources for the purpose of obtaining information as to your qualifications.

DURING THE APPLICATION PROCESS YOU MUST BE ABLE TO PROVIDE THE FOLLOWING ORIGINAL DOCUMENTS upon request (please turn in ***copies*** with the application).

1. Birth Certificate
2. High School Diploma (Accredited)
3. Passport size photo taken within six (6) months of the date of the application
4. DD Form 214 (if applicable)
5. Official College Transcripts (Sealed by Institution if applicable)
6. Florida Driver's License
7. Social Security Card
8. Any information you feel will enhance your application
9. Copy of all marriage licenses and divorce documents

FIRE Applicants ONLY need to also provide copies of:

- PAT or CPAT results
- Paramedic License
- Fire Fighter Certificate
- Emergency Vehicle Operator Course (EVOC) Certificate
- ACLS and PALS Card

Non-Sworn Police Officer Applicant also need to provide copies of:

- Passing CJBAT Result
- Passing PAT Result
- Passing EOT/SOCE Result

(Required only if you are a certified LEO from another state and wish to become a officer in FL)

Application questions may be directed to 954-967-8900 – Human Resources

APPLICATIONS SHOULD BE SUBMITTED BY:

1. **MAIL:** 3101 NORTH STATE ROAD 7
HOLLYWOOD, FL 33021
OR
2. **FAX:** (954) 963-9134



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SWORN AND NON-SWORN APPLICATION POSITIONS

Position(s) applied for:

- Police Officer (If so, Please choose one of the following): Sworn Sponsorship
- Dispatcher Firefighter/Medic Clerical/Administrative EM Coordinator
- Surveil Agent Community Service Aide Other: _____

Reservation:

- Hollywood Immokalee Big Cypress
- Brighton Tampa Lakeland
- Ft. Pierce

Last Name: _____

First Name: _____

Middle Name: _____

Maiden Name (If applicable): _____

Social Security #: _____

E-Mail Address: _____

Current Address: _____

Home Phone: _____

Personal Cell Phone: _____

1. Annual Salary or Hourly Rate expected: \$ _____ Year Hour Start Date Availability: _____

2. Are you a Member of the Seminole Tribe of Florida? Yes No

If you are not a member of the Seminole Tribe of Florida, are you a **registered** member of another federally recognized Native American Tribe? If yes, please specify Tribe: _____

Note: A Native American Tribal Document is not required to establish work eligibility, but it must be presented upon hire for classifications purposes.

3. Other languages spoken: _____

4. Please Check the appropriate box if you can speak the following Native languages: Creek Miccosukee

5. Are you 18 years of age or older? Yes No

6. Do you have a valid Florida driver's license? Yes No

If yes, list license number and date of expiration: _____ Exp. date: _____

Please indicate below how you heard about this position(s):

Employee Referral (Please provide name): _____

News Ad (Please specify paper): _____

Our Department Website or other site (Please specify site): _____

Other Source (Please provide detail): _____

PLEASE ANSWER THE FOLLOWING YES/NO QUESTIONS, IF YOU ANSWER YES PLEASE PROVIDE AN EXPLANATION:

1. Are you currently employed? Yes No
-
2. Have you ever **applied** for employment with the Seminole Tribe of Florida or one of its divisions? Yes No
If Yes, provide Division/Location: _____ Approx. Date: _____
-
3. Have you ever been **employed** by the Seminole Tribe of Florida or one of its divisions? Yes No
If Yes, Job Title/Location/Division: _____ Approx. Date: _____
If Yes, were you enrolled in the 401(k) plan for your division? Yes No
-
4. Does the Seminole Tribe of Florida or one of its divisions presently employ any of your relatives? Yes No
If Yes, Name of the Relative(s) and Division(s): _____
-
5. Are you or any of your family members or relatives, currently a business vendor of the Tribe (i.e. as an independent contractor; employee, salesperson, or business owner/partner)? Yes No
If Yes, you will be required to complete a Purchasing Vendor Disclosure Form.
-
6. Are you a U.S Citizen? Yes No
-
7. If hired, can you provide valid documentation establishing your identity and eligibility to be legally employed in the United States? **Note: A Social Security Card is not required to establish work eligibility, but it must be presented upon hire for payroll purposes.** (Proof of citizenship or immigration status is required upon employment.) Yes No
-
8. Have you been convicted of a crime or violation, other than a minor traffic infraction, including a plea of nolo contendere, no contest, or adjudication withheld? (Conviction will not necessarily disqualify an applicant from employment) Yes No
If Yes, please explain and provide dates:
-
9. Do you have any physical disabilities that would require special accommodations? (Physical Disabilities will not disqualify an applicant from employment) Yes No
If Yes, please describe:

ATTENDANCE AND PUNCTUALITY:

1. Consistent attendance and punctuality are essential requirements of every position with The Seminole Tribe of Florida. Is there anything that would interfere with your regular attendance and punctuality if you were hired? Yes No
If Yes, please describe:

EDUCATION:

Academy, Business, Trade or Other Schools: Check here if not applicable

1. Are you a high school graduate? Yes No GED Date of Diploma: _____
2. High School name: _____
 City and State: _____
3. Technical/Other: _____
 City and State: _____

POST SECONDARY EDUCATION:

1. College/University: _____
 City and State: _____
 To (mm/yy): _____ From (mm/yy): _____
 Type of Degree earned: _____
 Field of study: _____
 Date of Degree (mm/yy): _____ Total credit hours: _____

2. College/University: _____
 City and State: _____
 To (mm/yy): _____ From (mm/yy): _____
 Type of Degree earned: _____
 Field of study: _____
 Date of Degree (mm/yy): _____ Total credit hours: _____

3. College/University: _____
 City and State: _____
 To (mm/yy): _____ From (mm/yy): _____
 Type of Degree earned: _____
 Field of study: _____
 Date of Degree (mm/yy): _____ Total credit hours: _____

4. College/University: _____
 City and State: _____
 To (mm/yy): _____ From (mm/yy): _____
 Type of Degree earned: _____
 Field of study: _____
 Date of Degree (mm/yy): _____ Total credit hours: _____

POST SECONDARY EDUCATION: (Continued)

1. Academy/School Name: _____
 City and State: _____
 To (mm/yy): _____ From (mm/yy): _____
 Type of Certificate earned: _____
 Field of study: _____
 Date of Graduation (mm/yy): _____ Total class hours: _____

2. Academy/School Name: _____
 City and State: _____
 To (mm/yy): _____ From (mm/yy): _____
 Type of Certificate earned: _____
 Field of study: _____
 Date of Graduation (mm/yy): _____ Total class hours: _____

CURRENT PROFESSIONAL LICENSES OR CERTIFICATIONS:

Check here if not applicable

1. Type of License/Certification: _____
 State: _____
 Date Issued (mm/yy): _____ Expiration (mm/yy): _____
 Issuing Agency: _____

2. Type of License/Certification: _____
 State: _____
 Date Issued (mm/yy): _____ Expiration (mm/yy): _____
 Issuing Agency: _____

MILITARY INFORMATION

The Tribe has a Veterans Foundation and tracks Military Service for various events.

1. Have you ever been a member of the Armed Forces of the United States (include reserve status and National Guard)? Yes No

Branch: _____ Highest Rank: _____
 Entry date: _____ Discharge date & type: _____

2. Was any type of disciplinary action taken against you in the Service? Yes No

If yes, explain:

EMPLOYMENT HISTORY:

List your most recent employer first. If currently unemployed, leave current employer section of this application **BLANK**. Include voluntary unpaid work experience as well as military service, if any. List any gaps of unemployment on page 7. If you held more than one position with the same employer, list each position separately. You must account for all periods of time for the last ten (10) years. **You must list ALL law enforcement agencies you have EVER worked for (even if it was longer than 10 years ago). Also, list any business which you own, are a partner, or corporate officer in the work history section, even if longer than 10 years ago. If you need additional space, please include an additional photocopy of this page and provide ALL required information.**

Current Employer Name: _____
Employer Address (Include City, State, Zip): _____
Employer phone: _____
Position: _____
Supervisor's name: _____
Name when employed: _____
Detailed job duties: _____
Reason for leaving: _____

Part time Full time
Starting salary: _____
Last salary: _____
.....
Dates of employment (mm/dd/yy)
From: _____ To: _____
.....
Hours per week: _____
you supervised: _____

Employer Name: _____
Employer Address (Include City, State, Zip): _____
Employer phone: _____
Position: _____
Supervisor's name: _____
Name when employed: _____
Detailed job duties: _____
Reason for leaving: _____

Part time Full time
Starting salary: _____
Last salary: _____
.....
Dates of employment (mm/dd/yy)
From: _____ To: _____
.....
Hours per week: _____
you supervised: _____

Employer Name: _____
Employer Address (Include City, State, Zip): _____
Employer phone: _____
Position: _____
Supervisor's name: _____
Name when employed: _____
Detailed job duties: _____
Reason for leaving: _____

Part time Full time
Starting salary: _____
Last salary: _____
.....
Dates of employment (mm/dd/yy)
From: _____ To: _____
.....
Hours per week: _____
you supervised: _____

Employer Name: _____
 Employer Address (Include City, State, Zip): _____
 Employer phone: _____
 Position: _____
 Supervisor's name: _____
 Name when employed: _____
 Detailed job duties: _____
 Reason for leaving: _____

Part time Full time
 Starting salary: _____
 Last salary: _____

 Dates of employment (mm/dd/yy)
 From: _____ To: _____

 Hours per week: _____
 # you supervised: _____

Employer Name: _____
 Employer Address (Include City, State, Zip): _____
 Employer phone: _____
 Position: _____
 Supervisor's name: _____
 Name when employed: _____
 Detailed job duties: _____
 Reason for leaving: _____

Part time Full time
 Starting salary: _____
 Last salary: _____

 Dates of employment (mm/dd/yy)
 From: _____ To: _____

 Hours per week: _____
 # you supervised: _____

Employer Name: _____
 Employer Address (Include City, State, Zip): _____
 Employer phone: _____
 Position: _____
 Supervisor's name: _____
 Name when employed: _____
 Detailed job duties: _____
 Reason for leaving: _____

Part time Full time
 Starting salary: _____
 Last salary: _____

 Dates of employment (mm/dd/yy)
 From: _____ To: _____

 Hours per week: _____
 # you supervised: _____

Employer Name: _____
 Employer Address (Include City, State, Zip): _____
 Employer phone: _____
 Position: _____
 Supervisor's name: _____
 Name when employed: _____
 Detailed job duties: _____
 Reason for leaving: _____

Part time Full time
 Starting salary: _____
 Last salary: _____

 Dates of employment (mm/dd/yy)
 From: _____ To: _____

 Hours per week: _____
 # you supervised: _____

EMPLOYMENT HISTORY (Continued):

1. Please provide an account of any gaps in employment:

2. List any clerical, computer skills or other job skills you offer and include any office equipment you can operate:

3. List any professional or civic organizations that you are presently a member of and note any offices held:

Please initial to certify that you have provided at least ten (10) years of employment history. _____

REFERENCES:

PLEASE LIST FIVE INDIVIDUALS THAT YOU HAVE KNOWN FOR AT LEAST FIVE YEARS, WHO ARE NOT RELATED TO YOU AND ARE NOT LISTED UNDER THE EMPLOYMENT SECTION OF THIS APPLICATION: FILL OUT COMPLETELY-DO NOT LEAVE SECTIONS BLANK

PERSONAL REFERENCE 1:

Name: _____ Relationship & years known: _____

Mailing Address: _____

Home phone: _____ Cell phone: _____

Occupation: _____ E-mail address: _____

PERSONAL REFERENCE 2:

Name: _____ Relationship & years known: _____

Mailing Address: _____

Home phone: _____ Cell phone: _____

Occupation: _____ E-mail address: _____

PERSONAL REFERENCE 3:

Name: _____ Relationship & years known: _____

Mailing Address: _____

Home phone: _____ Cell phone: _____

Occupation: _____ E-mail address: _____

PERSONAL REFERENCE 4:

Name: _____ Relationship & years known: _____

Mailing Address: _____

Home phone: _____ Cell phone: _____

Occupation: _____ E-mail address: _____

PERSONAL REFERENCE 5:

Name: _____ Relationship & years known: _____

Mailing Address: _____

Home phone: _____ Cell phone: _____

Occupation: _____ E-mail address: _____

CRIMINAL HISTORY:

CHARGES - When applying for a position with a law enforcement agency, Florida law requires that **ALL arrests and charges be disclosed, regardless of the disposition.** These include, but are not limited to 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 which have been sealed, if any.)*

CONVICTIONS - The circumstances surrounding the conviction are considered, such as: the nature, number, severity, date of the offense, subsequent history, efforts at rehabilitation, and relation of the offense to the requirements of the position for which you are applying.

- 1. Have you EVER been arrested by ANY law enforcement agency for ANY reason? Yes No
 • This includes arrests or detentions [held for questioning] as a juvenile or for violations which were not prosecuted or where some type of pre-trial intervention was offered, and includes all arrests regardless of your plea.
- 2. Have you EVER been convicted of, or have you EVER been found to have committed any civil or criminal law violation other than minor traffic violations? Yes No
- 3. Have you EVER had a criminal charge or record sealed/expunged or purged? Yes No

IF YES, LIST ALL CRIMINAL AND CIVIL LAW VIOLATIONS. INCLUDE DISPOSITIONS (Copies of all court dispositions must be submitted with application.) Be sure to include charges from all states, regardless of the outcome or timeframe. **Attach additional pages/explanation if necessary.**

Charge: _____ Date (mm/yy): _____

Arresting Agency: _____

Disposition or outcome: _____ Date (mm/yy): _____

.....

Charge: _____ Date (mm/yy): _____

Arresting Agency: _____

Disposition or outcome: _____ Date (mm/yy): _____

.....

Charge: _____ Date (mm/yy): _____

Arresting Agency: _____

Disposition or outcome: _____ Date (mm/yy): _____

Please list all Internal Affairs Investigations that you have been involved in or are currently involved in below. If additional space is necessary please use a separate sheet of paper to describe in detail the charges, agency conducting the investigation and the outcome. Please provide agency printout.

Charge: _____ Date (mm/yy): _____

Arresting Agency: _____

Disposition or outcome: _____ Date (mm/yy): _____

.....

Charge: _____ Date (mm/yy): _____

Arresting Agency: _____

Disposition or outcome: _____ Date (mm/yy): _____

COMMUNITY POLICING:

APPLICANT RESPONSES ARE EVALUATED FOR SPELLING, GRAMMAR, AND COMPOSITION.
PLEASE BE PRECISE IN CONVEYING YOUR THOUGHTS IN YOUR RESPONSE.

[QUESTION APPLIES TO THE FOLLOWING POSITIONS: POLICE OFFICER, SPONSORSHIP, CSA, DISPATCHER, EMERGENCY MANAGEMENT COORDINATOR, CLERICAL/ADMINISTRATIVE, SURVEILLANCE AGENT/FUSION CENTER, OTHER]

1. What is your philosophy regarding community policing?

[FIRE APPLICANTS ONLY]

2. Firefighters must have the courage to face a multitude of risks in order to save lives and protect their communities. Their courage allows them to willingly risk their own lives so that others can be saved. A different type of courage is required to stay safe in potentially dangerous situations, avoiding needless risks and tragic consequences.

Please write a statement about the 16 Firefighter Life Safe Initiatives:

DRIVING HISTORY:

1. Is your driver's license currently restricted, suspended, or expired? Yes No

If yes, explain:

2. Has your driver's license ever been denied, restricted, revoked, or suspended? Yes No

If yes, explain:

3. List ALL traffic violations or charges received in the past 7 (seven) years (include warnings).

CREDIT HISTORY:

1. Do you have any sources of income other than your salary or the salary of your spouse? Yes No

Specify each with an estimated annual amount: _____

2. Please list all debts where payment is PAST DUE, regardless of amount:

CREDITOR	ADDRESS	AMOUNT	LOAN OR ACCOUNT #

3. Have you, or a company controlled by you, filed for bankruptcy? Yes No

4. Have you ever declared bankruptcy? Yes No

5. Have you had a legal judgment rendered against you for a debt? Yes No

If yes to any of these questions, please provide details:

AUTHORIZATION TO RELEASE CREDIT BUREAU REPORTS:

For and in consideration of my being considered for employment, I hereby authorize the Seminole Public Safety Department to make inquiries to a consumer reporting agency concerning my employment suitability and qualifications including any credit bureau reports. I hereby waive any privilege or right of confidentiality with respect to any claim or liability arising from the inquiry for any entity, person, or consumer reporting agency providing records to the Seminole Public Safety Department. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to the employer by writing or calling the consumer reporting agency.

Signature: _____

Date: _____

CONTROLLED SUBSTANCES:

The unlawful use of any controlled substances, as designated by Florida State Statutes, by an applicant shall be reviewed by IAU (Investigative Aide Unit) to determine if the applicant is considered to be of good moral character. This determination shall be made based on all relevant facts, including the type of controlled substance used, the date of the last use, the frequency of use, and the age of the applicant at the time of use.

After the IAU reviews all relevant facts, an applicant shall either continue in the hiring process or if they fail to meet the Seminole Public Safety Department’s standards for past drug use, they will be classified as either Permanently Disqualified (DQ), which does not allow applicant to reapply for any position or Failed Background (FB) which allows an applicant to reapply as in 12 months. **If any of the following are indicated it shall result in an automatic disqualification: Candidate should be free from illegal drug use (includes use of prescription drugs without a prescription) at the time of application, and no sale or distribution of any drug; and additionally, to be drug free with the following stipulations:**

- No use of marijuana or CBD in the prior twelve months to the submission of the application and no sale or distribution in lifetime.
- No use of any controlled substance (cocaine, methamphetamine, LSD, heroin, fentanyl, synthetic opioids, prescription narcotics without a prescription, and all other drugs on the controlled drug schedules) for the past five years prior to the date of the application submission.
- No use of steroids without a prescription for five years prior to the date of the submission of the application.
- No history of diversion or violations of the Florida Prescription Monitoring Program also known as E-FORSCE (Electronic-Florida Online Reporting of Controlled Substance Evaluation Evaluation Program)

Do you NOW, or have you EVER tried, purchased or sold any illegal drugs or controlled substances? (“Tried” includes smoking; inhaling; swallowing; placing/rubbing on gums, lips, or tongue; injecting; or ingesting by any other means as a juvenile or as an adult.) Yes No **If you answered YES, list details below.**

NAME OF DRUG OR CONTROLLED SUBSTANCE	TOTAL # TIMES USED	TOTAL # TIMES PURCHASED	TOTAL # TIMES SOLD	FIRST TIME (MM/YY)	LAST TIME (MM/YY)
Marijuana/“Pot”					
CBD					
Cocaine					
Crack					
Steroids					
Ecstasy					
Methamphetamine/ “Meth”					
LSD/“Acid”					
Heroin					
<i>Other drugs not listed above:</i>					

Are there any negating circumstances that should be taken into consideration regarding your use of controlled substances? **If yes, please explain. Attach additional pages if necessary.**

FAMILY BACKGROUND:

Please list by last names first, all members of your immediate family to include your spouse's immediate family. Immediate family is to include: children, parents, stepparents, brothers, sisters, guardians, and foster parents (even if deceased). Also include:

1. All significant others that you have a child in common with
2. Those persons you currently reside or co-habitate with at the time of application
3. Those persons you have cohabitated with in the last ten years. Attach additional sheets if the space provided is not adequate.

NAME (SURNAME)	ADDRESS	PHONE NUMBER	RELATIONSHIP
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

RESIDENCES:

List chronologically **all addresses from birth until present**, 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 addresses, indicate complete military unit designation and location by city and state. If post office box, give location of post office. ***You may make additional copies of this page.***

TIME FRAME:

From (month/year): _____ To (month/year): _____

Street Address: _____

Apartment Letter/Number: _____ City, State, Zip: _____

County: _____

TIME FRAME:

From (month/year): _____ To (month/year): _____

Street Address: _____

Apartment Letter/Number: _____ City, State, Zip: _____

County: _____

TIME FRAME:

From (month/year): _____ To (month/year): _____

Street Address: _____

Apartment Letter/Number: _____ City, State, Zip: _____

County: _____

TIME FRAME:

From (month/year): _____ To (month/year): _____

Street Address: _____

Apartment Letter/Number: _____ City, State, Zip: _____

County: _____

ADDITIONAL PERSONAL INFORMATION:

1. Have you ever been discharged for any reason from any job? Yes No

If yes, explain:

2. Have you ever been asked to resign in lieu of termination from any job? Yes No

If yes, explain:

3. Have you ever been denied employment with a law enforcement/fire agency? Yes No

If yes, explain:

4. List all law enforcement/fire agencies (state, local or federal) that you have ever applied to below. **Attach additional pages if necessary.**

YEAR	AGENCY	POSITION APPLIED FOR	CITY/STATE

APPLICANT CHECKLIST:

Along with your application, please submit copies of any of the documents listed below which apply to you. Copies should be on 8.5" by 11" paper and should be inserted in the order listed. Failure to submit all of the items listed below may disqualify your application. **Please note that the Public Safety Department will not make copies of documents nor provide notary service for the Background Investigation Waiver form.**

- Valid Florida Driver's License
- Social Security Card
- Birth Certificate issued by State Vital Records (not High School Diploma or GED)
- College degree; college transcripts if no degree (If applicable)
- Proof of legal name change
- DD214/military discharge character of service and re- enlistment code *(if applicable)*
- Completed Physician's Clearance to Test Form *(if applicable)*
- Certificate of Completion from Training Academy State of Florida Certificate of Compliance *(if applicable)*
- F.D.L.E. Examination Results *(if applicable)*
- Court Disposition Papers *(if applicable)*

AUTHORIZATION TO RELEASE CREDIT BUREAU REPORTS:

The Seminole Public Safety Department is authorized to verify any or all of the information contained on the application form. A false answer to any question (s) in this application may be grounds for non-selection or for termination after you begin work. All statements are subject to investigation, including a check of your training and experience statements. All information you give will be considered in reviewing your application. Your application may be subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes. I hereby certify that all statements made in this application are true and I agree and understand that any misstatement, misrepresentation or falsification of facts shall cause forfeiture of all rights to employment with the Seminole Public Safety Department. If accepted for employment I agree to abide by and comply with all rules, regulations, and policies and procedures of the Seminole Public Safety Department. I understand and agree that I am free to terminate my employment at any time. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the rules, regulations, policies and procedures of the Seminole Public Safety Department.

Signature: _____

Date: _____



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THIS AGENCY IS A FAIR OPPORTUNITY EMPLOYER

RELEASE AND AUTHORIZATION FORM

Applicant/Employee Name: _____ Position: _____

I hereby authorize the Seminole Tribe of Florida Human Resources Department to conduct an investigation into my personal background for the purpose of evaluating my qualification for employment, promotion, reassignment, or retention as an employee. I acknowledge and agree that the Seminole Tribe of Florida may conduct all or part of the investigation. I also acknowledge and agree that the Human Resources Department may obtain information pursuant to such investigation through personal interview with acquaintances, business associates and any other person who may have knowledge to my personal and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, credit, employment history, and public record information (e.g., record of civil judgment, criminal history, motor vehicle violations, tax liens or bankruptcy information) as well as diplomas, degrees, licenses, and transcripts may be relevant to the Seminole Tribe of Florida’s evaluation of my qualifications, and that such inquiry will be made pursuant to such investigation to release and disclose it to the Human Resources Department, who may in turn disclose said information to a Hiring Manager, or the Tribal Council.

I hereby release the Seminole Tribe of Florida, and any person providing information in connection therewith, from any and all liability that may arise in connection with the above described background investigation. In authorizing such investigation, I also voluntary agree to provide any supplemental data required to insure that any records located which may refer to a person with a name identical or similar to mine are properly determined as referring to, or not to me. I understand that I am not required to provide the supplemental data and that if I do so, it will be used only in connection with the investigation authorized herewith.

I have also been advised and understand that this information will become privileged to the Seminole Tribe of Florida and may become part of the confidential record of the Seminole Tribe of Florida to which I will not have access. I hereby release, discharge, and exonerate the Seminole Tribe of Florida, its agencies and representatives, and any other persons so furnishing information from any and all liability, or every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the Seminole Tribe of Florida.

Printed Name of Applicant/Employee

Signature of Applicant/Employee

Date



APPLICANT’S STATEMENT AND CONDITIONS OF EMPLOYMENT

(Please read carefully before signing)

It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the Seminole Tribe of Florida to employ me.

I certify that the answers I have provided on this employment application are true, correct and complete.

Moreover, I understand that any considerations for employment is contingent upon reference checking, my passing a pre-employment drug screen and background investigation process, and verification of my identity and my employment eligibility. I hereby authorize the Seminole Tribe of Florida to conduct reference checks, a pre-employment drug screen, and a background investigation. I further agree, as a condition of my application for employment, to submit to any medical examination if requested, based on the requirements of the position that I may be considered for.

I hereby understand and acknowledge that any employment relationship with the Seminole Tribe of Florida is of an “At-Will” nature, which means that I may resign at any time, and the Seminole Tribe of Florida may discharge me at any time, with or without notice, and with or without cause, for any reason or for no reason at all.

In the event of employment, I will comply with all policies and procedures of the Seminole Tribe of Florida. I also understand that the Seminole Tribe of Florida retains the right to amend, modify, add, or delete any or all policies or procedures at its sole and absolute discretion.

This application is valid for one year from the application date, unless renewed by the applicant in person or in writing.

DUE TO THE HIGH VOLUME OF APPLICATIONS RECEIVED, ONLY CANDIDATES SELECTED FOR INTERVIEWS WILL BE CONTACTED.

Printed Name of Applicant/Employee

Signature of Applicant/Employee

Date

SEMINOLE PUBLIC SAFETY DEPARTMENT

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THIS AGENCY IS A FAIR OPPORTUNITY EMPLOYER

RELEASE AND AUTHORIZATION FORM

Applicant/Employee Name: _____ Position: _____

(*To the applicant: You are being given this form to complete for the purposes of allowing us to ask other entities for information about you so that we can evaluate whether or not you are suitable for employment with the Seminole Public Safety Department. Without a release of information, other providers may not be willing to provide information that is required by us in order to make a decision on if you should be employed. Your current employer will not be contacted until you authorize us to do so, but you will not be considered for employment until that approval has been given.)

I hereby authorize Seminole Public Safety Department to conduct an investigation into my personal background for the purpose of evaluating my qualifications for employment, promotion, reassignment or retention as an employee. I acknowledge and agree that the Seminole Public Safety Department may conduct all or part of the investigation. I also acknowledge and agree that the Public Safety may obtain information pursuant to such investigation through personal interview with acquaintances, business associates, and any other persons who may have knowledge of my personal and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, credit, medical and psychological history, employment history and public record information (e.g. record of civil judgment, criminal history, motor vehicle violations, tax liens, or bankruptcy information) as well as diplomas, degrees, licenses and transcripts, certificates, and records of criminal justice agencies may be relevant to the Seminole Public Safety Department's evaluation of my qualifications, and that such inquiry will be made pursuant to such investigation to release and disclose it to the Seminole Public Safety Department.

I hereby release the Seminole Tribe of Florida, and Seminole Public Safety Department and its representatives, and any person providing information in connection therewith, from any and all liability that may arise in connection with the above described background investigation. In authorizing such investigation, I also voluntarily agree to provide any supplemental data required to insure that any records located which refer to a person with a name identical or similar to mine are properly determined as referring to, me, to the exclusion of all others. I understand that I am not required to provide supplemental data and that if I do so, it will be used only in connection with the investigation authorized herewith. I have also been advised and I understand that this information will become privileged to the Seminole Tribe of Florida and may become part of the confidential record of the Seminole Tribe of Florida to which I will not have access.

I hereby release, discharge and exonerate the Seminole Tribe of Florida, its agencies and representatives, and any other person furnishing information from any and all liability, of every nature and kind arising out of the furnishing or inspection of such documents, records and other information, or the investigation made by the Seminole Public Safety Department.

I hereby release you, as the custodian of such aforementioned 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 to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

Applicant Signature _____ Date _____

Applicant's Address _____

STATE OF _____ COUNTY OF _____ Sworn to (or affirmed) and subscribed

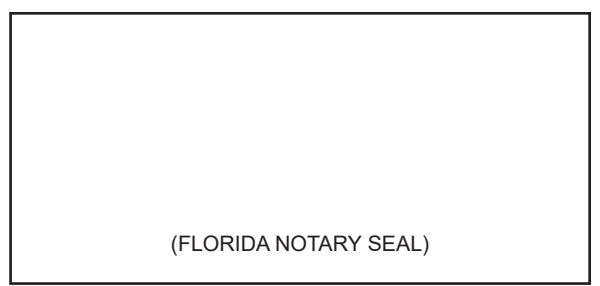
before me this _____ day of _____, 20____, by _____

Signature of Notary Public-State of Florida

Name of Notary typed, printed, or stamped

Personally Know **OR** Produced Identification

Type of identification produced:



(FLORIDA NOTARY SEAL)



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

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



CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME: _____
DATE OF BIRTH: _____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: _____

ADDRESS: _____

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. 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 copy 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 copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: 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 of 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, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), 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 _____

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence OR Online Notarization this _____ day of _____, year _____, 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 _____



Florida Department of Law Enforcement

AFFIDAVIT OF APPLICANT

Incorporated by Reference in Rule 11B-27.002(1)(f), F.A.C.



CJSTC 68

Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses

Last Four Digits of Applicant's Social Security Number: _____

Applicant's Legal Name: _____
Last First MI

Employing agency: _____

Use this form to verify your compliance with the employment requirements of Section 943.13, F.S. I fully understand that to qualify for employment as a law enforcement, correctional, or correctional probation officer, I shall comply with the following provisions of Section 943.13, F.S.:

- Be at least 18 years of age for correctional officer or 19 years of age for all others.
Be a citizen of the United States.
Be a high school graduate or equivalent.
Not have been convicted of any felony or of a misdemeanor involving perjury or false statement.
Have been fingerprinted by the employing agency.
Have passed a physical examination by a licensed medical specialist approved in Rule 11B-27.002(1)(d), F.A.C..
Be of good moral character.
Have not received a dishonorable discharge from the U.S. Military.

True False NA In addition, I attest to the following statements: Each statement shall be checked "True" "False" or "NA"

Table with 3 columns (True, False, NA) and 11 rows of statements regarding employment application, qualifications, and military service.

NOTICE: This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission.

PLEASE READ CAREFULLY BEFORE SIGNING. You must complete the remainder of this affidavit in the presence of a notary public. Upon witnessing your signing of this affidavit, a notary public shall complete the notary block by entering the same date the affidavit is signed.

12. _____ Applicant's Signature 13. _____ Date Signed

14. OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence OR Online Notarization this _____

day of _____, year _____, 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

*NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliance Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section