

City of Lake City – Human Resources Department

3rd Floor – City Hall Building

205 N. Marion * Lake City, FL 32055

(386) 719-5804/5798 Office Phone (386) 758-5490 Office Fax

Equal Opportunity Employer, ADA, Veterans Preference, and Drug Free Workplace

APPLICATION FOR GENERAL EMPLOYMENT

PLEASE NOTE: *Complete all areas of the application, please print clearly. *Under Florida Law, employment applications are open for public inspection. *False statements may cause rejection of the application or if employed, termination of employment.

***Application must be completed in full and signed or it WILL NOT be processed.**

Position applied for: _____ Salary Expected \$ _____ Date: _____

Name: _____ SS#: _____
 First M.I. Last

Address: _____ City/St/Zip: _____

Phone #1: _____ Phone #2: _____

e-mail address: _____

Have you read the full job description of the position for which you are applying? ___Yes ___No

Are there any duties you are unable to perform? ___Yes ___No If yes, please explain: _____

Do you possess a valid Florida driver’s license? ___Yes ___No CDL Level: ___ You must be able to provide proof (if position is offered.)

Have you ever been employed by the City of Lake City ___Yes ___No If yes, please give dates and job title held _____

Do you have any relatives currently employed by the City of Lake City ___Yes ___No

If yes, please list names and their Department _____

EDUCATION

Depending on the position sought, you may be required to provide a copy of your high school or college transcript/degree and/or professional registration. Give years of college completed, type of degree and major/minor. Be sure to list all technical and/or trade courses or programs you have completed.

Circle highest school grade COMPLETED: 6 7 8 9 10 11 12 *GED* AA/AS * Bachelor’s Degree * Master’s Degree *
 Doctorate Degree * Other Training

Do you currently have a High School Diploma or a GED? ___Yes ___No

Name of College/Technical School	# Of Yrs. Attended	Major	Degree Obtained

Technical skills or other training acquired: _____

List certificates or trade licenses you possess: _____

Applicant Name: _____

RECORD OF EMPLOYMENT

Please give complete name and address of all employers, including military employment. Describe major duties performed. **A resume may be attached as a supplement; however, you MUST complete all information requested on the application.** Begin with your current or most recent employer and list all previous employers in chronological order. Include a **minimum of 5 years** of employment; attach additional sheet(s) as needed.

Employer: _____ Phone: _____

Address: _____

Position Held: _____ City/State/Zip _____ Supervisor: _____

Dates Employed: From _____ to _____ Rate of Pay: _____

Yearly Gross/Hourly (circle one)

Brief Description of Duties: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____

Position Held: _____ City/State/Zip _____ Supervisor: _____

Dates Employed: From _____ to _____ Rate of Pay: _____

Yearly Gross/Hourly (circle one)

Brief Description of Duties: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____

Position Held: _____ City/State/Zip _____ Supervisor: _____

Dates Employed: From _____ to _____ Rate of Pay: _____

Yearly Gross/Hourly (circle one)

Brief Description of Duties: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____

Position Held: _____ City/State/Zip _____ Supervisor: _____

Dates Employed: From _____ to _____ Rate of Pay: _____

Yearly Gross/Hourly (circle one)

Brief Description of Duties: _____

Reason for Leaving: _____

Applicant Name: _____

PERSONAL INFORMATION

Are there any days or hours you are unable to work? Yes No If yes, Please list them: _____

Are you able to travel if required? Yes No

Are you 18 years of age or older: Yes No

Type of employment desired: Full-Time Part-Time Temporary

With reference to the Immigration Control and Reform Act (IRCA), are you eligible to work in the United States?

Yes No (Verification will be required before Employment)

Have you ever been convicted of, or pled guilty, no contest or *nolo contendere* to a crime? Yes No If yes, explain fully:

Have you ever been charged with a crime and either placed on court ordered probation, had adjudication withheld, entered a pre-trial intervention program, or have any criminal charges now pending? Yes No

Have you ever been a defendant in a civil action for intentional tort(s) (e.g. assault, battery, intentional infliction of emotional distress), or an unlawful employment practice (e.g. sexual or racial harassment)? Yes No

Have you ever been ticketed due to a traffic accident? Yes No

Why are you interested in working for the City of Lake City? _____

Have you ever served in the military? Yes No

Was any formal disciplinary action taken against you while in the military? Yes No

Under Florida law, certain individuals may be eligible for "Veteran's Preference" for employment purposes. Please read and complete the VETERANS PREFERENCE CERTIFICATION SHEET then answer the following questions.

Are you claiming Veteran's Preference? Yes No

Have you attached a copy of your DD-214? Yes No

Applicant Comments: _____

I hereby certify that all the information given on this application is true and correct to the best of my knowledge and I understand that any false information given on this application shall constitute cause to withdraw the application from consideration for any position with the City of Lake City or termination of employment with the City of Lake City. Inquiry as to past employment or any on the job performance may be conducted and all past and current employers will be contacted. I release the City of Lake City and any past or current employers and other individuals contacted from any liability for release of information regarding my employment.

Applicant Signature _____

Date _____

Applications of municipalities are considered public documents according to Florida Statutes are open to public inspection upon request. Applications will remain active until position applied for is filled.

RECORD CHECK AUTHORIZATION & CERTIFICATE OF APPLICANT

Name: _____

PRINT FULL LEGAL NAME

Please Read Carefully Before Signing

I HEREBY AUTHORIZE that all the facts and information on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I HEREBY AUTHORIZE the City to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with Fair Credit Reporting Act, to conduct a record check on my background to include but not be limited to the following: criminal and driving check, employment and performance record and education records. I authorize the references, previous employers, and school or other education institution, credit bureau, lending institution, consumer reporting agency or public agency listed to give the City all the facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and I HEREBY RELEASE and save harmless the addressee, its officers, agents, servants or employees from and against any and all liability, claims, demands, damages, expenses, fees, fines, penalties, suits, proceedings, actions and costs of actions, including attorney's fees of any kind and nature arising or growing out of or in any way connected with the disclosure of requested information.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or City medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a probationary period. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either the City or myself. I understand that no supervisor or other representative of the City other than the City Manager has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I further authorize on going procurement of the above mentioned reports at any time during my employment.

I FULLY UNDERSTAND AND VOLUNTARILY AGREE WITH THE ABOVE

Signature of Applicant

Date

VETERANS' PREFERENCE CERTIFICATION

Date: _____

Name: _____

Section 295.07(1), Florida Statutes, provides for Veterans' Preference in employment appointment and retention, if qualified under one of the following categories and not exempt under Section 295.07(4), Florida Statutes. Section 295.09, Florida Statutes, also provides Veterans' Preference for reinstatement, reemployment, and promotion. If you seek Veterans' Preference, please "check" the appropriate box, and provide this form and documentation of your status along with your employment application, no later than the position advertisement closing date.

I certify that I am qualified to claim Veterans' Preference under the category checked below:

(a) A disabled veteran:

1. Who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veterans Affairs; or
2. Who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Department of Veterans Affairs and the United States Department of Defense.

(b) The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.

(c) A wartime veteran as defined in s. 1.01(14), who has served at least 1 day during a wartime period. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.

(d) The unremarried widow or widower of a veteran who died of a service-connected disability.

(e) The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense.

(f) A veteran as defined in s. 1.01(14), F.S. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.

(g) A current member of any reserve component of the United States Armed Forces or the Florida National Guard. **If so, please attach FDVA form VP2, signed by your immediate military supervisor, to document your status.**

Please submit this certification with your application, or as soon as possible, prior to the date that the position advertisement closes. **In order to receive Veterans' Preference and to complete your application, this form and documentation to prove your status must be returned to the Human Resources ("HR") office in accordance with Rule 55A-7.013, Florida Administrative Code.**

This statement is true to the best of my knowledge and belief.

By _____

Printed Name _____

FDVA Form VP-1

55A-7.013, FAC

s. 295.07, FS

If you qualify for the Veteran's Preference, the City of Lake City will give you special consideration during the employment selection process. The City of Lake City shall give preference to and shall hire a person entitled to Veteran's Preference ahead of other equally qualified applicants.

Should the position for which you are applying be filled by someone who does not qualify for Veteran's Preference and should you feel that proper consideration of the Veteran's Preference law has not been provided to you by the City of Lake City or the City of Lake City has not complied with the Veteran's Preference rules, please notify the City of Lake City, Human Resources Department, (386) 719-5804.

You also have the right to initiate an investigation by the Florida Division of Veteran's Affairs. You may do so by notifying the State of Florida, Department of Administration, Division of Veteran's Affairs, PO Box 1437, St Petersburg FL 33731, within 21 calendar days from the date you received notice that you were not selected for the position.

*****Completion of this form is strictly voluntary.*****

The information collected is for census purposes only. If you choose, you may complete this information and mail it to Human Resources, 205 N. Marion, Lake City, FL 32055 at your convenience. Thank you.

Date Completed: _____ Position for which you are applying: _____

Division/Department: _____

Federal Laws and regulations require that the City incorporate a procedure for obtaining information necessary to conduct an applicant flow and selection analysis to determine the number of persons protected under those laws and whether or not the present selection system has an adverse effect on any protected group. Therefore, your cooperation is requested in providing the following information:

Race/National Origin: (Definitions from EEOC Form 221) **(Check one only)**

_____ White (not Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ Black (not of Hispanic origin): All persons having origins in any of the black racial groups.

_____ Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

_____ Asian or Pacific Islanders: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands, This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa, and the Indian Subcontinent.

_____ American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

_____ Decline to Answer.

Sex: Male _____ Female _____

Vietnam Era Veteran? Yes _____ No _____

Special Disabled Veteran? Yes _____ No _____

Other Eligible Veteran? Yes _____ No _____

Individual with Disabilities? Yes _____ No _____

*****I do not wish to Self-Identify: _____**

Name: _____

How did you learn of the opening?

_____ Job Opportunity Posting

_____ Friend

_____ Advertisement Where? _____

_____ Other

[**Editor's note: According to 41 CFR 60-741.42, there are only two circumstances when an employer may ask a disabled applicant to self-identify on a pre-offer basis:

(1) The invitation is made when the contractor actually is undertaking affirmative action for individuals with disabilities at the pre-offer stage; or (2) The invitation is made pursuant to a Federal, state or local law requiring affirmative action for individuals with disabilities.

According to 41 CFR 60-250.42, there are only two circumstances under which an employer may ask applicants who are Special Disabled Veterans to self-identify on a pre-offer basis:

1) The invitation is made when the contractor actually is undertaking affirmative action for special disabled veterans at the pre-offer stage; or (2) The invitation is made pursuant to a Federal, state or local law requiring affirmative action for special disabled veterans.]

Individual with Disabilities

Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Special Disabled Veteran

Defined as a veteran who is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (I) rated at 30% or more, or (ii) rated at 10 or 20% in the case of a veteran who has been determined under Section 1506 to have a serious employment disability, or a person who was discharged from active duty because of a service-connected disability.

Veteran of the Vietnam Era

Defined as a veteran who (a) served on active duty in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (b) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released there from with other than a dishonorable discharge, or (c) was discharged or released from active duty for a service-connected disability if any part of his or her active duty was performed between August 5, 1964 and May 7, 1975.

Other Eligible Veteran

Defined as any veteran who served in a "war" declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.

Florida Retirement System (FRS) - Certification Form

This form is not an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with an enrollment form.

Name _____ SSN _____

Agency Name _____

Previous or Current FRS Employer _____

PLEASE COMPLETE SECTION I, II, III, OR IV

I. I have **never** been a member of a State of Florida administered retirement plan.

STOP HERE

SIGNATURE

DATE

II. I was or currently am a member of the following State of Florida administered retirement plan (also complete Section III or IV)¹

- FRS Pension Plan (incl. DROP) FRS Investment Plan State University System Optional Retirement Program (SUSORP)
 State Community College Optional Retirement Program (SCCORP) Senior Management Service Optional Annuity Program (SMSOAP)
 Other

III. I am **not retired** from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7th through 12 months after I retired or after my DROP termination date, I **must repay** all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. **My employer may also be liable for repaying any unauthorized benefits I received.**

SIGNATURE

DATE

IV. I am **retired** from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCORP, SMSOAP, or other plan was _____.

If I am initially reemployed by an FRS-covered employer on or after July 1, 2010, I will not be permitted to participate in a State of Florida administered retirement plan to earn an additional retirement benefit.

I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**,³ and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended⁴ and any unauthorized benefits received must be repaid.³ **My employer may also be liable for repaying any unauthorized benefits I received.**

I understand that as an Investment Plan, SUSORP, SCCORP, or SMSOAP retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired, I **must repay**³ any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.⁴

SIGNATURE

DATE

Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan (including DROP), or
2. You have taken any distribution (including a roll-over) from the FRS Investment Plan, or alternative retirement programs offered by state universities (SUSORP), state community colleges (SCCORP), state government for senior managers (SMSOAP), or local governments for senior managers.

¹If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2nd Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

²Positions include OPS, temporary, seasonal, substitute teachers, part-time, full-time, regularly established, etc.

³Florida law requires a return of all unauthorized Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to unauthorized SUSORP, SCCORP, or other state-administered plan distributions – contact that plan's administrator for details.

⁴There are no reemployment exemptions/exceptions for Pension Plan members whose effective date of retirement or DROP termination date is on or after July 1, 2010 or Investment Plan, SUSORP, SCCORP, or SMSOAP members who retire on or after July 1, 2010.

Name: _____

Sworn

Non-Sworn

Application for the Lake City Police Department



225 NW Main Blvd.
Lake City, FL 32055
(386) 752-4343

AN EQUAL OPPORTUNITY EMPLOYER

In compliance with the ADA, qualified individuals with disabilities who will need reasonable accommodations in order to apply or complete any required test should inform the Human Resources Director at least **48 hours before** said accommodations are needed.



LAKE CITY POLICE DEPARTMENT

Employment Application Supplement



Name: _____

Sworn

Non-Sworn

Background Checklist

Applicant Must Provide:

- Current Copy of Birth Certificate
- Current Copy of Driver's License
- Copy of High School Diploma/GED
- Copy of College Degree(s)/Certificate(s)
- CJSTC Certificate (Academy Date/State Test Date)
- Neighborhood Check
- Personal References
- Previous Employment
- Military Record (DD-214)

Applicant Must Pass:

- Credit Report Check
- Background/Criminal History Check
- Driver's License History
- Psychological Examination
- All required physical and drug related screening required by the City of Lake City



LAKE CITY POLICE DEPARTMENT

Employment Application Supplement



Name: _____

Sworn

Non-Sworn

Personal References

Reference #1

Name _____ Nickname _____

Address _____ Apt _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Occupation _____ Title _____

Business Address _____ Bus. Phone _____

Reference #2

Name _____ Nickname _____

Address _____ Apt _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Occupation _____ Title _____

Business Address _____ Bus. Phone _____

Reference #3

Name _____ Nickname _____

Address _____ Apt _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Occupation _____ Title _____

Business Address _____ Bus. Phone _____

Reference #4

Name _____ Nickname _____

Address _____ Apt _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Occupation _____ Title _____

Business Address _____ Bus. Phone _____



LAKE CITY POLICE DEPARTMENT

Employment Application Supplement



Name: _____

Sworn

Non-Sworn

Neighborhood Survey

Please list three (3) of your closest neighbors where you now reside, preferably the ones on each side of you and behind you. If for some reason this is not practical, such as you live in a rural area or don't have close neighbors, list the nearest ones and list an explanation below in the Comment Section.

Neighbor #1

Name _____ Nickname _____

Address _____ Apt _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Occupation _____ Title _____

Business Address _____ Bus. Phone _____

Neighbor #2

Name _____ Nickname _____

Address _____ Apt _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Occupation _____ Title _____

Business Address _____ Bus. Phone _____

Neighbor #3

Name _____ Nickname _____

Address _____ Apt _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Occupation _____ Title _____

Business Address _____ Bus. Phone _____

Comments:



LAKE CITY POLICE DEPARTMENT

Employment Application Supplement



Name: _____

Sworn

Non-Sworn

Additional Schools, Certifications or Comments

Please list any additional technical or law enforcement related schools or training completed. Include speciality certifications, training and experience.

Driving History

1. Can you operate a motor vehicle? YES NO
2. Do you possess a valid Operators or CDL License of any kind issued from the state of Florida? YES NO
3. Have you ever possessed a driver's license of any kind from any other state? YES NO
If **YES**, give state:
4. Have you ever had your driver's license SUSPENDED or REVOKED for any reason? YES NO
If **YES**, explain:
5. Do you have personal vehicle liability insurance? YES NO
6. List all traffic citations and crashes in the last five (5) years from any state:



LAKE CITY POLICE DEPARTMENT

Employment Application Supplement



Name: _____

Sworn

Non-Sworn

Additional Comments

Use this page for additional comments, explanations, additional educational history, etc., wherever such space does not already exist. Please indicate the application section along with each comment below.



LAKE CITY POLICE DEPARTMENT

Employment Application Supplement



Name: _____

Sworn

Non-Sworn

Criminal History

Have you ever been arrested or charged with a crime, whether as an adult or juvenile, even if the record was expunged or sealed?

YES

NO

Illegal Narcotics

1. Have you ever USED or EXPERIMENTED with any illegal narcotic, including but not limited to: marijuana, cocaine, crack, meth, heroine, speed? YES NO

2. Have you ever PURCHASED any illegal narcotic or drug (without a prescription)? YES NO

3. Have you ever ENGAGED in the SALE of any illegal narcotic or drug (without a prescription)? YES NO

If **YES** to any of the above questions, please use the above section or the Comments Page to explain, to include type and date(s) of use, purchase or sale.



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 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