

DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF STATE FIRE MARSHAL  
BUREAU OF FIRE AND ARSON INVESTIGATIONS  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399-0341

**SUPPLEMENTAL APPLICATION FOR:  
ALL BUREAU LAW ENFORCEMENT POSITIONS**



**Type or print legibly in ink and also provide DETAILS for all answers that require an explanation. Falsification or omission of relevant information can result in your elimination from employment consideration**

**PLEASE SUBMIT VIA U.S. MAIL - DO NOT FAX**

**PERSONAL**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_  
Other Former Names: \_\_\_\_\_  
Nicknames: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Birth Place: \_\_\_\_\_  
City State Country

Email address: \_\_\_\_\_

Citizen of the United States: Yes No Naturalization Certificate #: \_\_\_\_\_

**I. WILLINGNESS QUESTIONNAIRE**

This position with the Division of State Fire Marshal may require the performance of the duties described below. Please respond to each of the following questions:

1. Are you willing to accept this position at the base salary of \$39,559.20 + CAD of \$4,999.84 = \$44,559.04 (Plantation and West Palm Beach office positions only) or \$39,559.20 (remainder of the state)?  
Yes No
2. Are you willing to be away from home for extended periods of time?  
Yes No
3. Are you willing to work weekends and holidays, or be recalled to work between the hours of 5:00 PM and 8:00 AM, if needed?  
Yes No

4. Are you willing to work other than regularly scheduled works hours with short notice?
- Yes            No
5. Are you willing to be placed in a scheduled "on call" capacity where you will be required to respond to requests for service at times other than the regular office hours?
- Yes            No
6. Are you willing to maintain a telephone at your residence?
- Yes            No
7. Are you willing to train in the use of, carry, and if necessary, use a firearm to lawfully take a human life in the protection of yourself or others?
- Yes            No
8. Are you willing to lift heavy objects and equipment as needed during the course of an investigation, or as part of a disaster response?
- Yes            No
9. Are you willing to learn how to operate and use a computer and the bureau's computer programs?
- Yes            No
10. Are you willing to accept hazardous assignments consistent with the law enforcement function to investigate criminal activity, or in times of a disaster response?
- Yes            No
11. Are you willing to work in adverse conditions during times of disaster response, which may include having to sleep on cots in tents, not having power or adequate restroom facilities?
- Yes            No
12. Are you willing to be randomly tested for drug and alcohol use?
- Yes            No
13. Are you willing to accept initial employment to any of the Bureau's field offices?
- Yes            No
- Are you willing to regularly dress for the office, or other related duties in acceptable business attire?
- Yes            No
14. If necessary, are you willing to drive your own vehicle on this job and be paid 44.5 cents per mile?
- Yes            No
15. Are you willing to train in the use of the bureau's specialized equipment, including a bobcat front-end loader, driving a dual-wheel vehicle towing a trailer, and the arson van?
- Yes            No

**II. ADDITIONAL SCREENING CRITERIA**

16. Do you have a current Florida Certificate of Compliance issued by FDLE's Criminal Justice Standards and Training as a police officer?

Yes No

17. Do you have a current Florida Certificate of Compliance by Criminal Justice Standards and Training FSS 943.10 (2) (3) as a Florida Corrections Officer or Probation Officer?

Yes No

18. Have you completed a comparable basic recruit training program for the applicable criminal justice discipline in another state or the Federal Government **and** served as a full time sworn officer in another state or for the Federal Government for at least one year (FSS 943.13 (9))?

Yes No

20. Do you understand that successful completion of a background investigation, drug screen, and a polygraph examination are conditions of employment?

Yes No

21. Do you have **specific** fire investigation experience?

Yes No

**If Yes, Provide Details:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Are you a Certified Fire Investigator (I.A.A.I.), a Fire Investigator I, or Fire Investigator II (S.F.M.)? If "YES" circle those that apply.

Yes No

23. List your highest degree obtained:

( ) Associates Degree ( ) Bachelor's Degree ( ) Master's Degree or higher

List major field of study: \_\_\_\_\_

24. Are you bilingual Yes No Language: \_\_\_\_\_  
Read Write Speak Fluently? Yes No

25. Do you have documented experience as a full-time certified police officer or Federal Law Enforcement Agent of at least three years?

Yes No

26. Do you have Law Enforcement management or supervisory experience as a certified police officer or Federal Law Enforcement Agent?

Yes No

Provide Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Are you currently a State of Florida Law Enforcement Certified Instructor?

Yes

No

Provide Details of Area(s) of Instruction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

28. Have you ever been bonded?

Yes

No

Have you ever been refused in an attempt to be bonded?

Yes

No

Provide Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

29. Are you properly licensed and can you operate a motor vehicle?

Yes

No

30. If employed by the State Fire Marshal's Office, will you receive, or do you anticipate receiving, any income other than your agency salary and agency additives?

Yes

No

Provide Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

**GENERAL INFORMATION AND INSTRUCTIONS**

A background investigation will be required of all sworn position applicants for the Bureau of Fire and Arson Investigations. The information you provide in the State Employment Application and this supplemental application will be used to determine your eligibility and suitability for a law enforcement position with the Bureau.

Please complete this application **accurately**, without errors, omissions or misleading information. **Any misrepresentation, falsification, omission or concealment of a material fact may be considered grounds for exclusion from employment with the Bureau of Fire and Arson Investigations.**

Questions **must be answered** with a **Yes, No** or **N/A**. **All questions must be answered.** Applications that are incomplete and not typed or printed legibly in blue or black ink will not be processed. **If space is insufficient** for complete answers, **use additional sheets** of paper. Number the answers to correspond with the **page number and question number** answered.

**III. RESIDENCE**

**Current Address**

_____	(	)	Home	-	_____
Street					
_____	(	)	Work	-	_____
City					
_____	(	)	Cell	-	_____

List area(s) of the state that you are willing to be assigned: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIST ALL PLACES OF RESIDENCE SINCE THE AGE OF SIXTEEN:**

**List addresses chronologically** – beginning with most recent - including addresses while at school, in the military, **and include family owned vacation homes**. When listing college “on campus” residences, give college name, dormitory name, and complete address. If military address cannot be shown as a street address, indicate military unit designation, location of city and state (or country), and if a post office box, the physical location of the post office.

Dates	Street Address	Apt. #	City	County	State
From: To:					











33. Have you ever applied to work for any other law enforcement and/or fire service agency - whether or not you were hired? Yes      No

If yes, list **ALL** agencies applied to and approximate dates of applications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. Have you ever been dismissed, suspended, asked to resign, demoted, received a reprimand, or had any disciplinary action taken against you by any employer or supervisor? Yes      No

**\*\*Copies of reports and other documents will be required if background conducted\*\***

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

35. Have you ever been the subject, witness, or complainant relating to an administrative investigation, or had any type of complaint lodged against you? Yes      No

**\*\*Copies of reports and other documents will be required if background conducted\*\***

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

36. Have you ever applied for a concealed weapon permit? Yes      No  
Where? City: \_\_\_\_\_ State: \_\_\_\_\_

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

37. Have you had an application to carry a concealed weapon denied? Yes      No  
Where? City: \_\_\_\_\_ State: \_\_\_\_\_

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

38. Have you ever applied for ANY Federal, State, County, or City permit or license - excluding driver's, hunting, or fishing licenses? Yes  No

Type License or Permit and location (State, County, City), if Yes: \_\_\_\_\_

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**V CONFLICT OF INTEREST:**

39. List all stocks, bonds, securities, or other direct or indirect ownership interest in any business entity currently regulated by the Department of Financial Services or the State Fire Marshal's office? **(Use additional sheet(s) if necessary):**

<u>STOCK/BOND/COMPANY</u>	<u>NATURE OF BUSINESS</u>	<u>NATURE OF INTEREST</u>

40. Have you or your spouse ever held a direct or indirect interest in a business regulated by the Department of Financial Services or the State Fire Marshal's office? Yes  No

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_

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41. Have you or your spouse ever been employed by anyone regulated by the Department of Financial Services or the State Fire Marshal's office? Yes  No

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_

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42. Have you, or any member of your immediate family ever experienced any loss to real or personal property as a result of a fire or explosion? Yes  No

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_

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43. Have you or your spouse ever filed a claim for payment with an insurance company for anything other than health-related medical services or hospitalization? Yes  No

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_

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**VI. ARREST HISTORY and COURT RECORDS:**

**SEALED AND EXPUNGED RECORDS:**

Florida law (943.0585 & 943.059) requires law enforcement applicants to list any expunged or sealed record(s), whether adult, juvenile, civilian or military.

Have you ever been arrested, charged, or received a notice or summons to appear for any criminal violation? Yes  No

If you answered “yes”, give details in the following space, even if not formally charged, no court appearance, found not guilty, or the matter was settled by payment of a fine or forfeiture of collateral. Include any juvenile and/or any expunged or sealed record(s):

**\*\*Copies of reports and other documents will be required if background conducted.\*\***

**Use additional sheets, if necessary.**

Date	Agency	Charge(s)	Court/Location	Disposition

44. Have you ever been placed on probation? Yes  No

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

45. Have you ever been required to appear before a juvenile court for an act that would have been a crime if committed as an adult? Yes  No

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

46. Have you ever been charged or convicted of a crime involving domestic violence?

Yes No

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_

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47. Including the performance of your duties as a law enforcement officer, have you ever sold, transported, delivered, used, or possessed ANY illegal drugs?

Yes No

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_

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48. Have you ever been penalized by a governmental regulatory agency in conjunction with a license or permit?

Yes No

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_

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49. Have you ever, as a juvenile or adult, committed a crime – whether a felony or misdemeanor - that was either never detected or you were never caught or arrested

Yes No

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_

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50. Have you ever been charged, arrested or convicted of perjury or making a false statement, regardless of whether or not adjudication of guilt was withheld or a suspended sentence was issued?

Yes No

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_

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51. Have you ever been a plaintiff, defendant, or witness in ANY court action, whether or not as a result of your employment?

Yes                      No

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VII. MILITARY SERVICE HISTORY:**

52. Are you registered for Selective Service?                      Yes                      No                      N/A  
 If yes, Selective Service #: \_\_\_\_\_

53. Have you ever served in an active duty status in any branch of the Armed Forces of the United States?

Yes                      No

Dates	Branch	Highest Rank	Serial Number
From: To:			
From: To:			

Use additional sheet if necessary

54. Are you now or have you ever been a member of a reserve unit or the National Guard?

Yes                      No

Dates: \_\_\_\_\_ Branch: \_\_\_\_\_  
 Location of Unit: \_\_\_\_\_

Dates: \_\_\_\_\_ Branch: \_\_\_\_\_  
 Location of Unit: \_\_\_\_\_

55. Have you ever had any type of counseling or disciplinary action taken against you while in the military?

Yes                      No

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VIII. DRIVING HISTORY:**

56. Do you have a valid Florida Drivers' License?		Yes No
<b>License Number</b>	<b>Expiration Date</b>	<b>Restrictions</b>

57. List all other states or countries where you have been granted a license to operate a motor vehicle:		
<b>State &amp; City</b>	<b>Your Name on License</b>	<b>Type &amp; Date Issued</b>

58. Have you ever been denied issuance of a driver's license or have you ever had a driver's license suspended or revoked? Yes      No

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

59. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? Yes      No

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

60. Have you ever been involved in a motor vehicle crash, as either a driver or passenger, whether in a private vehicle or a work vehicle? Yes      No

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

61. List all traffic citations or tickets, excluding parking violations, that you have ever received, regardless of state:				
<b>Date</b>	<b>Location</b>	<b>Agency</b>	<b>Violation</b>	<b>Disposition</b>

Use additional sheet if necessary

**IX. REFERENCES:**

List four (4) individuals who have known you well for at least five (5) years, excluding relatives, co-workers and supervisors:

Name:	Occupation:
<b>Current Address</b>	<b>Telephone Numbers</b>
Street	<u>Home</u>
Apt. No.	(        )        -
	<u>Cell</u>
	(        )        -
City	<u>Work</u>
State/Zip	(        )        -

Name:	Occupation:
<b>Current Address</b>	<b>Telephone Numbers</b>
Street	<u>Home</u>
Apt. No.	(        )        -
	<u>Cell</u>
	(        )        -
City	<u>Work</u>
State/Zip	(        )        -

Name:	Occupation:
<b>Current Address</b>	<b>Telephone Numbers</b>
Street	<u>Home</u>
Apt. No.	(        )        -
	<u>Cell</u>
	(        )        -
City	<u>Work</u>
State/Zip	(        )        -

Name:	Occupation:
<b>Current Address</b>	<b>Telephone Numbers</b>
Street	<u>Home</u>
Apt. No.	(        )        -
	<u>Cell</u>
	(        )        -
City	<u>Work</u>
State/Zip	(        )        -

**X. FINANCIAL STATUS**

List all outstanding debts, including credit cards, charge accounts, mortgages, contracts, loans, etc.:

<b>Creditor/Company</b>	<b>City/State</b>	<b>Amount</b>	<b>Account Number</b>

Use additional sheet if necessary

62. List all current debts (including child support) that are now 30 days past due:

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Use additional sheet if necessary

63. Have you ever had any debts turned over to a collection agency?      Yes      No

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_

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64. Have you ever had any goods you've purchased repossessed?      Yes      No

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_

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64. Have you ever had your wages garnished? Yes          No

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

65. Have you, your spouse, or any company controlled by either of you been subjected to a tax lien, other lien, or had any judgment rendered against you for a debt?

Yes          No

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

66. Have you, your spouse, or any company controlled by either of you ever filed for bankruptcy?

Yes          No

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XI      EDUCATION, TRAINING, and SKILLS: (Attach a copy of your college transcripts, diploma(s), training certificates, licenses or any other verification documentation)**

67. List all training courses, registrations, licenses, certifications, and or special skills, etc. that you have obtained and attach a copy of the training certificate, license, registration, etc. that verifies the claim: (use additional sheet if necessary)

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

68. Have you ever been suspended, expelled or had any kind of disciplinary action taken against you during any course, college, university, technical school or training center?

Yes          No

If Yes, provide details (Use additional sheet(s) if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

69. Have you ever participated in a criminal justice intern program? Yes          No







## SUPPORTING DOCUMENTATION

If selected to continue in the assessment process, a full background investigation will be conducted. You will be required to provide supporting documentation regarding your age, citizenship, education, licenses, certifications, military service, job evaluations, letters of recommendation and any other documentation deemed necessary to verify any information you have provided during the application process.

Please review this page and provide the requested documentation.

### **An incomplete application may result in your application not being processed.**

The following documents are **required** and must be **attached to this application**. If any of the documents are not available, an explanation must be provided

1. Copy of high school diploma or equivalency.
2. Copy of college diploma, if applicable.
3. If applicable, a copy of D214 military discharge documents.
4. Copy of birth certificate.
5. Two copies of social security card
6. Two copies of driver's license.
7. Copy of Florida Police Standards Certificate.
8. Copy of applicable Training certificates, licenses, and registrations earned or received.
9. One recent photograph (within past 6 months) no smaller than 3 ½ x 5 ½ and no larger than 5x7. This photograph should be in business attire. No uniforms.
10. If you encounter any situation in your personal or professional life which requires the updating of the information you have provided in either the state or supplemental application (change of address, job, etc.) you are required to provide the updated information, in written form, to the Bureau Personnel Manager.

**\*\*FAILURE TO FOLLOW DIRECTIONS WILL BE REGARDED AS AN ACT OF OMISSION THAT COULD JEOPARDIZE YOUR EMPLOYMENT OPPORTUNITIES WITH THIS AGENCY.\*\***