



Florida Department of Financial Services
Division of Investigative & Forensic Services
Employment Section
200 E Gaines Street
Tallahassee, FL 32399-0324



SUPPLEMENTAL APPLICATION

Position # or Location:



Sworn Law Enforcement
Position



Civilian Position

I. PERSONAL

1. Last Name:

2. First Name:

3. Middle Name:

4. Other Former Names:

5. Nicknames:

6. Drivers' License Number:

7. Social Security Number:

8. Email Address:

9. Place of Birth:

State

Country

Citizen of the United States?



Yes



No

Naturalization Certificate #:

GENERAL INFORMATION AND INSTRUCTIONS

A background investigation will be required for all position applicants for the Division of Investigative & Forensic Services. The information you provide in the State of Florida Employment Application and this Supplemental Application will be used to determine your eligibility and suitability for a law enforcement, crime intelligence analyst or administrative staff position with the Division.

Please complete this application accurately and neatly, without errors, omissions, or misleading information. **Any misrepresentations, falsifications, omissions, or concealment of a material fact may be considered grounds for exclusion from employment with the Division of Investigative & Forensic Services.**

Questions must be answered with a Yes, No or None answer, and all questions must be answered. Applications that are incomplete and/or are not typed or printed legibly in ink will not be processed for consideration. If space is insufficient for complete answers, use additional sheets, the same size as the application, and number the answer to correspond with the questions.

Applicant Notification of Social Security Number Collection and Usage*: In compliance with Florida Statute 119.071(5)(a)6, this document serves to notify you of the purpose for the collection and usage of your Social Security Number. The Division of Investigative & Forensic Services may use your Social Security Number to conduct an employment background check in accordance with Chapter 110, F.S. and 11B-27.0022 F.A.C.

II. WILLINGNESS QUESTIONNAIRE

This position with the Division of Investigative & Forensic Services 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 stated in the position announcement? ☐ Yes ☐ No
2. Are you capable and willing to perform the job duties and responsibilities as they are outlined in the position announcement? ☐ Yes ☐ No
3. Are you willing to perform special assignments as needed? ☐ Yes ☐ No
4. Are you willing to regularly dress for the office, or other related duties, in acceptable business attire? ☐ Yes ☐ No
5. Are you willing to attend required training which may involve extended overnight travel? ☐ Yes ☐ No
6. Are you willing to place licensure deemed to be a conflict of interest in inactive status as a condition of employment? (i.e. Class D Security, Private Investigator, Insurance, etc.) ☐ Yes ☐ No

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| The following questions are to be answered by those applying for sworn law enforcement positions only: |
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1. Are you willing to work flexible hours, including nights and weekends? ☐ Yes ☐ No
2. If applicable to your position, 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 during normal office hours? ☐ Yes ☐ No
3. Are you willing to travel and remain outside of your assigned duty station for extended periods of time? ☐ Yes ☐ No
4. Are you willing to work under the direction of a Field Training Officer (FTO) throughout your training period? ☐ Yes ☐ No
5. Are you willing to wear a long-sleeved shirt while on duty if you possess tattoos on the upper and lower arm in accordance with agency policy? ☐ Yes ☐ No
6. Are you willing to accept hazardous assignments consistent with the law enforcement function to investigate activity or in times of a disaster response? ☐ Yes ☐ No
7. 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
8. 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
9. Are you willing to be randomly tested for drug and alcohol use? ☐ Yes ☐ No
10. If applicable to your position, 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, operating a vehicle while towing a trailer, driving the surveillance van, and driving the arson van. ☐ Yes ☐ No
11. Are you currently certified as a law enforcement officer in the State of Florida? ☐ Yes ☐ No
12. Is your law enforcement certification active? ☐ Yes ☐ No
13. Do you understand that the successful completion of a background investigation, drug screening, psychological evaluation, medical evaluation are conditions of employment? ☐ Yes ☐ No

14. If employed by the Division of Investigative & Forensic Services, will you receive, or do you anticipate receiving, any income other than your agency salary and agency additives? ☐ Yes ☐ No

If yes, provide details:

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III. RESIDENCES

| 1. Current Address | 2. Telephone Numbers |
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|--------------------|----------------------|

| | | | |
|-----------------|----------------------|------------|----------------------|
| Street/Apt No: | <input type="text"/> | Home/Cell: | <input type="text"/> |
| City/State/Zip: | <input type="text"/> | Work: | <input type="text"/> |

3. List chronologically all places of residence for the past 10 years:

| Dates (mos/yrs) | Street Address | Apt # | City | County | State |
|--------------------|----------------|-------|------|--------|-------|
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4. List all email, instant messaging, and social media accounts you have used or are presently using:

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IV. EMPLOYMENT HISTORY

1. List all employment during the past five (5) years not already listed on the State of Florida Employment Application. Begin with the most recent. If you only had one employer during the last five (5) years, also list the next most recent job. List all employment with any criminal justice agencies you have ever held, no matter how long ago. Include military service and volunteer work.

Name of Employer 1:

Address:

Supervisor's Name:

Supervisor's Title:

Your Job Title:

Supervisor's Phone No:

Date Employed From:

To:

Annual Salary Starting:

Annual Salary Ending:

Your name, if different from application:

Duties and responsibilities:

Reason(s) for Leaving:

Name of Employer 2:

Address:

Supervisor's Name:

Supervisor's Title:

Your Job Title:

Supervisor's Phone No:

Date Employed From:

To:

Annual Salary Starting:

Annual Salary Ending:

Your name, if different from application:

Duties and responsibilities:

Reason(s) for Leaving:

Name of Employer 3:

Address:

Supervisor's Name:

Supervisor's Title:

Your Job Title:

Supervisor's Phone No:

Date Employed From:

To:

Annual Salary Starting:

Annual Salary Ending:

Your name, if different from application:

Duties and responsibilities:

Reason(s) for Leaving:

Name of Employer 4:

Address:

Supervisor's Name:

Supervisor's Title:

Your Job Title:

Supervisor's Phone No:

Date Employed From:

To:

Annual Salary Starting:

Annual Salary Ending:

Your name, if different from application:

Duties and responsibilities:

Reason(s) for Leaving:

Name of Employer 5:

Address:

Supervisor's Name:

Supervisor's Title:

Your Job Title:

Supervisor's Phone No:

Date Employed From:

To:

Annual Salary Starting:

Annual Salary Ending:

Your name, if different from application:

Duties and responsibilities:

Reason(s) for Leaving:

2. Have you ever applied to or been employed by a criminal justice agency and/or fire service agency – whether or not you were hired? ☐ Yes ☐ No

If yes, list agencies and approximate dates:

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3. Provide the dates (month and year), a brief explanation and a summary of activities for any gaps in your employment history:

| Dates: | Explanation: | Activities: |
|--------|--------------|-------------|
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4. 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

If yes, provide details:

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5. Have you ever quit a job after being told you would be fired or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? ☐ Yes ☐ No

If yes, provide details:

6. Have you ever left a job for other reasons under unfavorable circumstances? ☐ Yes ☐ No

If yes, provide details:

7. Have you ever had a formal complaint filed against you or been the subject of an internal investigation? ☐ Yes ☐ No

If yes, provide details:

8. How many days have you been absent from work during the past twelve months, other than planned vacations?

9. Have you ever been denied an application to carry a concealed weapon?

☐ Yes ☐ No

If yes, provide details:

10. Have you ever applied for any county, state, or federal license, excluding drivers' licenses, hunting, or fishing licenses? ☐ Yes ☐ No

If yes, provide license type(s):

V. CONFLICT OF INTEREST

1. List all stocks, bonds, securities, or other direct or indirect ownership interest in any business entity currently regulated by the Florida Department of Financial Services:

| Company | Nature of Business | Nature of Interest |
|---------|--------------------|--------------------|
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2. Have you or your spouse ever held a direct or indirect interest in a business licensed to sell insurance or is regulated by the Florida Department of Financial Services? ☐ Yes ☐ No

If yes, provide details:

3. Have you or your spouse ever been employed by anyone regulated by the Florida Department of Financial Services? ☐ Yes ☐ No

If yes, provide details:

4. Do you have any household members and/or relatives that work in the insurance industry or hold a license to interact with the insurance industry? ☐ Yes ☐ No

If yes, provide details:

5. Do you own a business or are you a partner or corporate officer in any business or organization not listed above as a current or former employee? ☐ Yes ☐ No

If yes, provide details:

VI. ARREST HISTORY / 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.

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

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

| Date | Police Agency | Charge | Court/Location | Disposition |
|------|---------------|--------|----------------|-------------|
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2. Have you ever been placed on court probation? ☐ Yes ☐ No

If yes, provide details:

3. 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:

4. Have you ever been charged or convicted of a misdemeanor crime of domestic battery? ☐ Yes ☐ No

If yes, provide details:

5. Excluding duties which may have been performed while acting in a law enforcement capacity, have you ever sold, transported, delivered, used, or possessed ANY illegal drugs? ☐ Yes ☐ No

If yes, provide details:

6. 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:

7. 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:

8. 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:

| Date | Place | Name of Parties Involved | Nature of Action (including divorce proceedings) | Final Disposition |
|------|-------|--------------------------|---|-------------------|
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9. Have you ever been penalized by a government regulatory agency in conjunction with a ☐ Yes ☐ No license or permit?

If yes, provide details:

10. Have you ever been detained by any law enforcement officer for investigative purposes ☐ Yes ☐ No or to your knowledge have you ever been the subject or a suspect in any criminal investigation?

If yes, provide details:

VII. DRIVING HISTORY

1. Do you have a valid Florida Drivers' License? If yes, list below. ☐ Yes ☐ No

| License Number | Expiration Date | Restrictions |
|----------------|-----------------|--------------|
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2. List all other states or countries where you have been granted a license to operate a motor vehicle:

| City/State or Country | Name | Type | Date |
|-----------------------|------|------|------|
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3. Have you ever been denied issuance of a drivers' license or have you ever had a drivers' license suspended or revoked? ☐ Yes ☐ No

If yes, provide details:

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

If yes, provide details:

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

If yes, provide details:

6. List all traffic citations or tickets, excluding parking violations, which you have received in the past seven (7) years regardless of state:

| Date | Location | Agency | Violation | Disposition |
|------|----------|--------|-----------|-------------|
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VIII. FINANCIAL STATUS

1. Have you, your spouse, or a company controlled by you ever filed for bankruptcy? ☐ Yes ☐ No

If yes, provide details:

2. Have you, your spouse or a company controlled by you ever been declared bankrupt? ☐ Yes ☐ No

If yes, provide details:

3. Have you, your spouse, or a company controlled by you had legal judgement rendered against you for debt? ☐ Yes ☐ No

If yes, provide details:

4. Have you ever been rejected when attempting to obtain insurance?

☐ Yes ☐ No

If yes, provide details:

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5. List all outstanding debts, including credit cards, charge amounts, mortgages, contracts, loans, etc.

| Creditor / Company | City / State | Amount |
|--------------------|--------------|--------|
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6. List all outstanding debts which are currently 30-days past due:

| Creditor / Company | City / State | Amount |
|--------------------|--------------|--------|
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7. Have you ever had any debts turned over to a collection agency?

☐ Yes ☐ No

If yes, provide details:

8. Have you ever had any goods you purchased repossessed?

☐ Yes ☐ No

If yes, provide details:

9. Have you ever had your wages garnished?

☐ Yes ☐ No

If yes, provide details:

10. Have you, your spouse, or a company controlled by you ever been subject to a tax lien or other lien or had a judgement rendered against you for a debt?

☐ Yes ☐ No

If yes, provide details:

IX. PERSONAL DECLARATIONS AND ASSOCIATIONS

1. Do you now, or have you ever used, experimented with, or possessed any narcotic or dangerous drug such as, but not limited to, marijuana, hashish, cocaine, crack, LSD, amphetamines, heroin, GHB, Ecstasy or "RAVE club" or drugs of a similar nature? If yes, complete information below for EACH drug used. ☐ Yes ☐ No

| Drug | How Taken | Circumstances | First Used | Last Used | Total Number of Times Used |
|------|-----------|---------------|------------|-----------|----------------------------|
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2. Do you now, or have you ever abused or illegally obtained any prescription drug? ☐ Yes ☐ No

If yes, provide details:

3. Have you ever sold, transported, delivered, or used any illegal drugs? ☐ Yes ☐ No

If yes, provide details:

4. Have you ever been a member, officer or employee of an organization, association, or group which: 1) advocates the overthrow of our government, 2) advocates or approves of committing acts of force or violence to deny others their constitutional rights, or 3) wants to change our form of government by unconstitutional means? ☐ Yes ☐ No

****If yes, please answer questions 5-8 below****

5. Have you ever made a financial or other material contribution to any organization of the type described in #4 above? ☐ Yes ☐ No ☐ N/A
6. If yes, at the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? ☐ Yes ☐ No ☐ N/A
7. Did you intend to promote any unlawful aims of the organization(s)? ☐ Yes ☐ No ☐ N/A

8. List each organization and provide an explanation of your involvement and activities in each one.

| Organization | Involvement / Activities |
|--------------|--------------------------|
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9. An investigation will be conducted of all information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or have been closely associated (including relatives and roommates) which might tend to reflect unfavorably on your reputation, morals, character, ability, or loyalty? ☐ Yes ☐ No

If yes, provide your version of the incident(s):

X. EDUCATION

1. List all training courses, registrations, licenses, certifications, special skills, etc., not already listed on the State of Florida Employment Application:

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2. 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 school? ☐ Yes ☐ No

If yes, provide details:

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XI. REFERENCES

List three (3) individuals who have known you well for the past five (5) years, excluding relatives, co-workers, and supervisors:

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|---------------------|--|-----------------|--|
| Name: | | Occupation: | |
| Address: | | City/State/Zip: | |
| Home Telephone: | | Work Telephone: | |
| Cellular Telephone: | | Email Address: | |

2.

| | | | |
|---------------------|--|-----------------|--|
| Name: | | Occupation: | |
| Address: | | City/State/Zip: | |
| Home Telephone: | | Work Telephone: | |
| Cellular Telephone: | | Email Address: | |

3.

| | | | |
|---------------------|--|-----------------|--|
| Name: | | Occupation: | |
| Address: | | City/State/Zip: | |
| Home Telephone: | | Work Telephone: | |
| Cellular Telephone: | | Email Address: | |

XII. AUTHORIZATION

I , understand that any position offered will be contingent upon the results of a complete background investigation. I am also aware that withholding information or making false statements on this supplemental application will be the basis for exclusion from employment with the Florida Department of Financial Services, Division of Investigative & Forensic Services. I agree to these conditions and certify that all statements on this supplemental application are true.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous or current employment, education, or any other information they might have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing such information to you.

I agree to conform to the rules and regulations of the department and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the department at any time, at the department's sole option, and without any prior notice to me.

Signature of Applicant as usually written
DO NOT USE NICKNAMES

Date

Printed Legal Name

XIII. CONDITIONS OF EMPLOYMENT NOTICE

Please place your initials next to each item to acknowledge that you are aware, understand and agree that, if employed:

1. You may be required to attend training which may involve extended overnight travel.
2. You will be on probation for one year beginning with the date of employment with the Department of Financial Services. You will be required to abide by the law, applicable rules, policies, and procedures, including those of the employing agency, and the rules of the State Personnel System.

**The following questions are for law enforcement applicants only.
Civilian applicants should answer N/A.**

3. Sworn members shall reside within the allowed distance from his or her assigned office. The allowed distance is within a 50-mile radius. The Director may grant a waiver to this mileage requirement when it is in the best interest of the Division.
4. The agency authorizes both OC Spray, Taser, and an Expandable Baton as a non-lethal weapon. You must show proof of training and exposure for the OC Spray and show proof of training for the Expandable Baton. If you cannot show these proofs, upon hire you will be trained in their use and receive exposure to the OC Spray.

I, , acknowledge that I have read the above statements and agree to each of the conditions in the event that I am hired by the Florida Department of Financial Services, Division of Investigative & Forensic Services.

Applicant Signature

Date

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 will be required for the background investigation and must be provided upon request:

1. Copy of high school diploma or equivalency.
2. Copy of college diploma, if applicable.
3. Sealed and Certified college transcripts, if applicable.
4. A copy of D214 Military Discharge documents, if applicable.
5. Copy of birth certificate.
6. Two (2) copies of social security card.
7. Two (2) copies of drivers' license.
8. Copy of Florida Police Standards Certificate.
9. Copy of applicable training certificates, licenses, and registrations earned or received.
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 of Florida Employment Application or this supplemental application (change of address, job, etc.), you are required to provide the updated information, in written form, to the Division of Investigative & Forensic Services.

Please click [here](#) to email this application to DIFS Hiring:

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