



CRIMINAL INVESTIGATIONS DIVISION

DEPARTMENT OF FINANCIAL SERVICES



SUPPLEMENTAL APPLICATION

RETURN ALL MATERIALS TO:

CID Hiring
CIDhiring@MyFloridaCFO.com

Job Line (850) 413-4063

Position #: _____ Location: _____ Sworn Law Enforcement Position Civilian Position

I. PERSONAL

Last Name: _____

First Name: _____

Middle Name: _____

Former Names: _____

Nicknames: _____

Driver License #: _____

Social Security #: _____

Email Address: _____

Phone: _____

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 Criminal Investigations Division. 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 employment 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 Criminal Investigations Division.**

Questions must be answered with a Yes, No, or None answer, and all questions must be answered. **Applications that are incomplete 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 Criminal Investigations Division 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. 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.

- 3. 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, Criminal Investigations Division.

- 4. _____
Applicant Signature _____
Date

III. WILLINGNESS QUESTIONNAIRE

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

- 5. Are you willing to adhere to the agency Personal Appearance Policy? Yes No
Standard Operating Procedure 1.1.6 Personal Appearance

- 6. If employed by the Criminal Investigations Division, will you receive, or do you anticipate receiving, any income other than your Division salary? Yes No
Standard Operating Procedure 1.2.2 Secondary Employment

If yes, provide details:

The following questions are to be answered by those applying for sworn law enforcement positions only:

- 7. Are you willing to move within 50 miles of your assigned field office? Yes No

- 8. Are you willing to be randomly tested for drug and alcohol use? Yes No

- 9. Are you currently certified as a law enforcement officer in the state of Florida, or have you completed Florida's Equivalency of Training? Yes No

IV. EMPLOYMENT HISTORY

10. List all employment during the last ten (10) 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 ten (10) 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. Including military service.

Name of Employer: _____

Address: _____

Job Title: _____ Supervisor's Phone: _____

Supervisor's Name: _____ Supervisor's Title: _____

Dates Employed: From _____ To _____

Annual Salary Starting: _____ Annual Salary Ending: _____

Your name, if different from application: _____

Duties and Responsibilities:

Reason(s) for Leaving:

11. 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 employer? Yes No

If yes, provide details:

12. Provide the dates, a brief explanation, and a summary of activities for any gaps in your employment history:

Start Date	End Date	Explanation	Activities

13. List all criminal justice agencies and/or fire service agencies that you have ever been employed by or applied for whether or not you were hired.

Start Date	End Date	Agency	Result (ex. hired, not selected, withdrew)

14. Have you ever had a formal complaint filed against you or been the subject of an internal investigation?

Yes No

If yes, provide **DATES** and details:

15. Have you ever been reprimanded, demoted, asked to resign, terminated, or left a job under unfavorable circumstances?

Yes No

If yes, provide **DATES** and details:

V. CONFLICTS OF INTEREST

16. 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

17. Have you or your spouse ever been employed, or 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 **DATES** and details:

VI. ARREST HISTORY / COURT RECORDS

SEALED AND EXPUNGED RECORDS:

Florida law (943.0585 and 943.059) criminal justice agency applicants to list any expunged or sealed record(s), whether adult, juvenile, civilian or military.

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

If yes, provide details below, even if not formally charged, not required to appear in court, found not guilty, or the matter was settled by payment of a fine or forfeiture of collateral.

Include juvenile and/or any expunged or sealed records.

Date	Law Enforcement Agency	Charge	Court/Location	Disposition

19. 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 **DATES** and details:

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

Yes No

If yes, provide **DATES** and details:

21. 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	Name of Parties Involved	Nature of Action (ex. divorce, bankruptcy)	Court/Location	Disposition

VII. LICENSING

22. List all other states or countries where you have been granted a license to operate a motor vehicle:

State/Country	Name on License	Type	Issued	Expires

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

Date	Law Enforcement Agency	Violation	County/Location	Disposition

24. Have you ever been denied issuance of a driver license, or have you ever had a driver license suspended or revoked? Yes No

If yes, provide **DATES** and details:

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

If yes, provide **DATES** and details:

26. Have you ever applied for any county, state, or federal license, excluding driver licenses and hunting or fishing licenses? Yes No

If yes, provide **DATES** and details:

27. Have you ever been penalized by a government regulatory agency in conjunction with a license or permit? Yes No

If yes, provide **DATES** and details:

VIII. FINANCIAL HISTORY

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

Yes No

If yes, provide **DATES** and details:

29. Have you had ever had your wages garnished?

Yes No

If yes, provide **DATES** and details:

IX. PERSONAL DECLARATIONS AND ASSOCIATIONS

30. Do you now, or have you ever illegally used, experimented with, or possessed any narcotic or dangerous drug such as, but not limited to, marijuana, hashish, cocaine, crack, LSD, amphetamines, heroine, GHB, ecstasy, "RAVE" club drug, or drugs of a similar nature?

Yes No

If yes, provide details for EACH drug used:

First Used	Last Used	Drug	How Taken	Circumstances	Total # of Times Used

31. Have you ever illegally manufactured, supplied, or sold any controlled substances, including prescription drugs without a

Yes No

prescription? If yes, provide **DATES** and details:

32. 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, answer questions 33 to 36 below:

33. Have you ever made a financial or other material contribution to any organization of the type described in question 32 above?

Yes No

34. If yes, at the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?

Yes No

35. Did you intend to promote any unlawful aims of the organization?

Yes No

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

Organization	Involvement

37. 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 details:

38. List all email addresses, messaging services, and social media usernames you currently use or have used in the past (Facebook, X, YouTube, Instagram, etc.):

X. EDUCATION / TRAINING

39. High School

Start Date	End Date	School Name	Location	Diploma/GED

40. Undergraduate/Graduate

Start Date	End Date	School Name	Location	Degree Received/ Field of Study

41. Trainings/Certifications

Start Date	End Date	School Name	Location	Training/ Certification Received

42. 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 **DATES** and details:

XI. RESIDENCES

43. Current Address:

Start Date	End Date	Street Address	Apt #	City	County	State

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

Start Date	End Date	Street Address	Apt #	City	County	State

XII. REFERENCES

45. List three (3) individuals who have known you well for the past five (5) years, **excluding relatives and supervisors**:

Reference 1

Name: _____ Email: _____
 Phone: _____ Alternate Phone: _____
 Address: _____
 Occupation: _____

Reference 2

Name: _____ Email: _____
 Phone: _____ Alternate Phone: _____
 Address: _____
 Occupation: _____

Reference 3

Name: _____ Email: _____
 Phone: _____ Alternate Phone: _____
 Address: _____
 Occupation: _____

XIII. 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, Criminal Investigations Division. 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.

Applicant Signature

Date

Printed Legal Name