



MIAMI-DADE CORRECTIONS AND REHABILITATION DEPARTMENT

APPLICANT PERSONAL HISTORY QUESTIONNAIRE (PHQ)

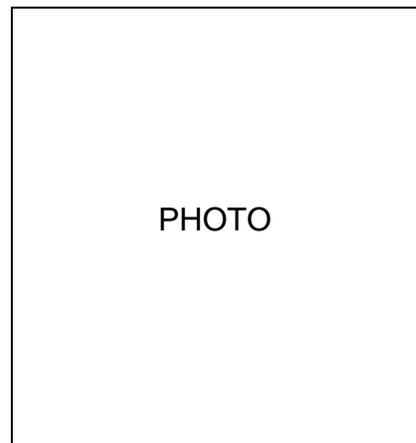


APPLICATION FOR POSITION OF: \_\_\_\_\_

LAST NAME	FIRST NAME	MIDDLE NAME
STREET ADDRESS		APARTMENT NO.
CITY	STATE	ZIP CODE
( )	( )	( )
RESIDENCE TELEPHONE	WORK TELEPHONE	
( )	( )	
CELLULAR TELEPHONE	ALTERNATE TELEPHONE	
EMAIL ADDRESS		

FOR PERSONNEL MANAGEMENT BUREAU USE ONLY

COT	LAT	CIVILIAN
INTERVIEW DATE: _____		
INVESTIGATOR: _____		



**PHQ INSTRUCTIONS**

To be eligible for employment, you must successfully pass a background investigation; the PHQ is an investigative tool used by Miami-Dade Corrections and Rehabilitation Department (MDCR) to begin this process. You must complete the PHQ package in its entirety by typing or writing legibly in black or blue ink. In addition, you must comply with the following instructions:

1. Be absolutely truthful when completing each section of the PHQ since the statements made herein are subject to verification. Any omission, misrepresentation or falsification may be grounds to disqualify you from further consideration in the application process with MDCR. If a question/section in the package does not apply to you, notate "NOT APPLICABLE" or "N/A" in the respective area. Any unanswered question/section or incomplete response may result in your disqualification;
2. If additional space is needed to complete a response(s) for any question/section, use page 15 and notate the page number and question/section number with the corresponding answer;
4. Initial each page of the application on the bottom right hand corner;
5. Submit the PHQ and all required documents within 30 days from the date of your online application to MDCR, Personnel Management Bureau, 2525 NW 62<sup>nd</sup> Street, Suite 2000, Miami, FL.

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**SOCIAL SECURITY NUMBER COLLECTION CONSENT**

In accordance with Florida Statute 119.071 "General exemptions from inspection or copying of public records," a public agency in Florida may only request a Social Security Number (SSN) from an individual when it is specifically authorized by law to do so or imperative for the performance of that agency's duties and responsibilities. The decision to provide your SSN is your option; however, in that your SSN is essential in the processing of your application, background, medical and drug screenings with a contracted medical vendor, your refusal to provide the SSN will result in your application being delayed or you being disqualified for employment.

Additionally, MDCR may release your SSN to a law enforcement or governmental agency to perform its duties and responsibilities.

My signature below acknowledges that I have been informed and understand the purposes of disclosing my SSN. I hereby authorize MDCR to use my SSN for the purposes stated above.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE



MIAMI-DADE CORRECTIONS AND REHABILITATION DEPARTMENT

PERSONNEL MANAGEMENT BUREAU
2525 NW 62nd STREET, SUITE 2000
MIAMI, FL 33147



CONFIDENTIAL RELEASE AND WAIVER

It is my understanding that the Miami-Dade Corrections and Rehabilitation Department (MDCR) will conduct a thorough investigation of my entire work and personal history. I hereby authorize any official representative of MDCR bearing a copy of this release to obtain information in your files pertaining to my employment and personal histories to include but not limited to: academics, achievements, attendance, extracurricular activities, personal characteristics, background investigation(s), polygraph examination result(s), criminal history, employment record(s), performance report(s), internal affairs investigation(s), disciplinary record(s), reason(s) for termination, reason(s) for discharge from military service, credit record(s), and medical records in the file of my current or former employer(s) and any current or former physician(s) that pertain to my employment.

I authorize MDCR to make or obtain photocopies of the documents in my records. This release is executed with full knowledge and understanding that the information is for official use by MDCR. Consent is granted for MDCR to furnish the information described above in the course of fulfilling its official responsibilities.

I hereby release you, as an agent of the United States government or other agency, firm, company or corporation holding records considered confidential to me, any school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency and any person receiving such information, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of the compliance with this authorization and request to release information, or any attempt to comply with it.

I understand that this release is effective for a period of one year from the date below. If you should have any questions as to the validity of this release, you may contact me as indicated below.

PRINT FULL NAME: \_\_\_\_\_
SOCIAL SECURITY #: \_\_\_\_\_
CURRENT ADDRESS: \_\_\_\_\_
TELEPHONE #: DAY ( ) \_\_\_\_\_ - \_\_\_\_\_
EVENING ( ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE DATE

Sworn and subscribed before me this
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public State of Florida at Large

My Commission Expires \_\_\_\_\_, 20 \_\_\_\_

**1. GENERAL INFORMATION**

ALIAS(ES), NICKNAME(S), MAIDEN NAME OR OTHER NAME CHANGE(S)					SEX M ___ F ___		SOCIAL SECURITY # ____ - ____ - ____		
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HEIGHT	WEIGHT	MARITAL STATUS	EYE COLOR	HAIR COLOR	DATE OF BIRTH (MM/DD/YEAR)	PLACE OF BIRTH (CITY, STATE, COUNTRY)	SCARS/TATTOOS/DISTINGUISHING MARKS/BODY PIERCING		
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**RACE/ETHNICITY**

WHITE (Non-Hispanic)
  BLACK (Non-Hispanic)
  HISPANIC  
 ASIAN OR PACIFIC ISLANDER
  AMERICAN INDIAN or ALASKAN NATIVE
  OTHER \_\_\_\_\_

**ARE YOU A U.S. CITIZEN? YES \_\_\_ NO \_\_\_**

IF YES, WERE YOU BORN IN THE U.S. OR ITS TERRITORIES? YES \_\_\_ NO \_\_\_ ARE YOU A NATURALIZED CITIZEN? YES \_\_\_ NO \_\_\_

IF NATURALIZED, CERTIFICATION # \_\_\_\_\_ DATE \_\_\_\_\_ LOCATION \_\_\_\_\_

IF NO, ARE YOU A LEGAL RESIDENT/ALIEN? YES \_\_\_ NO \_\_\_

IF LEGAL RESIDENT/ALIEN NO.: \_\_\_\_\_

**2. EDUCATION**

*ELEMENTARY, JUNIOR/MIDDLE AND SENIOR HIGH SCHOOLS ATTENDED:*

NAME	ADDRESS	DATES ATTENDED		YEARS COMPLETED	GRADUATED	
		FROM	TO		YES	NO

*COLLEGES OR UNIVERSITIES ATTENDED:*

NAME	ADDRESS	DATES ATTENDED		CREDIT HOURS	DEGREE REC'D	YEAR REC'D
		FROM	TO			

*TRADE, TECHNICAL, VOCATIONAL, BUSINESS, OR MILITARY SCHOOLS ATTENDED:*

NAME	ADDRESS	DATES ATTENDED		COURSES STUDIED	GRADUATED	
		FROM	TO		YES	NO

**3. FOREIGN LANGUAGE**

IDENTIFY YOUR APTITUDE WITH FOREIGN LANGUAGE(S) BY SPECIFYING EACH LANGUAGE AND YOUR SKILL LEVEL AS EXCELLENT, GOOD OR FAIR:

LANGUAGE	READ	SPEAK	UNDERSTAND	WRITE

**4. DRIVER'S LICENSE**

LIST ANY DRIVER'S LICENSE(S) YOU HAVE HELD OR PRESENTLY HOLD:

LICENSE TYPE (OPERATOR'S, CDL, ETC.)	DRIVER LICENSE NUMBER	RESTRICTION(S) (If Any)	STATE ISSUED	ISSUE DATE	EXPIRATION DATE

HAVE YOU EVER BEEN DENIED ISSUANCE OF A DRIVER'S LICENSE? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, PROVIDE DETAIL(S) BELOW:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. AUTOMOBILE INSURANCE**

DO YOU HAVE AUTOMOBILE INSURANCE? YES \_\_\_\_ NO \_\_\_\_

TYPE OF POLICY COVERAGE?

NAME AND ADDRESS OF YOUR CURRENT AUTOMOBILE INSURANCE COMPANY:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN REFUSED AUTOMOBILE INSURANCE? YES \_\_\_\_ NO \_\_\_\_ IF YES, PROVIDE DETAILED INFORMATION BELOW:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER HAD AUTOMOBILE INSURANCE REVOKED OR CANCELLED? YES \_\_\_\_ NO \_\_\_\_ IF YES, PROVIDE DETAILED INFORMATION BELOW:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 6. EMPLOYMENT HISTORY

BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB, LIST YOUR EMPLOYMENT HISTORY FOR THE PAST TEN (10) YEARS, INCLUDING ALL PART-TIME, TEMPORARY OR SEASONAL JOBS. ALSO, INCLUDE ALL PERIODS OF UNEMPLOYMENT OR SELF-EMPLOYMENT, IF APPLICABLE:

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	PHONE NO.
BEGINNING SALARY	DUTIES PERFORMED		SUPERVISOR NAME
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	PHONE NO.
BEGINNING SALARY	DUTIES PERFORMED		SUPERVISOR NAME
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	PHONE NO.
BEGINNING SALARY	DUTIES PERFORMED		SUPERVISOR NAME
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	PHONE NO.
BEGINNING SALARY	DUTIES PERFORMED		SUPERVISOR NAME
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

**6. EMPLOYMENT HISTORY (CONTINUED)**

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	PHONE NO.
BEGINNING SALARY	DUTIES PERFORMED		SUPERVISOR NAME
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	PHONE NO.
BEGINNING SALARY	DUTIES PERFORMED		SUPERVISOR NAME
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	PHONE NO.
BEGINNING SALARY	DUTIES PERFORMED		SUPERVISOR NAME
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	PHONE NO.
BEGINNING SALARY	DUTIES PERFORMED		SUPERVISOR NAME
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	PHONE NO.
BEGINNING SALARY	DUTIES PERFORMED		SUPERVISOR NAME
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

**6. EMPLOYMENT HISTORY (CONTINUED)**

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	PHONE NO.
BEGINNING SALARY	DUTIES PERFORMED		SUPERVISOR NAME
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	PHONE NO.
BEGINNING SALARY	DUTIES PERFORMED		SUPERVISOR NAME
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

HAVE YOU EVER BEEN TERMINATED, LAID-OFF, ASKED TO RESIGN, OR IN INACTIVE STATUS FOR CAUSE (SUSPENDED, RELIEVED FROM DUTY, OR SUBJECTED TO DISCIPLINARY ACTION) WHILE IN ANY POSITION OTHER THAN WITH THE MILITARY?  
 YES \_\_\_ NO \_\_\_

IF YES, PROVIDE DETAILED INFORMATION INCLUDING NAME(S) AND ADDRESS(ES) OF EMPLOYER(S), DATE(S) OF ACTION, REASON(S) AND OUTCOME(S):

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HAVE YOU EVER RESIGNED IN LIEU OF TERMINATION? YES \_\_\_ NO \_\_\_

IF YES, PROVIDE DETAILED INFORMATION INCLUDING NAME(S) AND ADDRESS(ES) OF EMPLOYER(S), DATE(S) OF ACTION, REASON(S) AND OUTCOME(S):

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**7. MILITARY SERVICE**

HAVE YOU SERVED IN THE ARMED FORCES?  
 YES\_\_\_ NO\_\_\_ IF YES, COMPLETE THE FOLLOWING:

ACTIVE DUTY DATE (MM/DD/YEAR)	BRANCH OF SERVICE	RANK	OCCUPATIONAL SPECIALTY	DISCHARGE DATE (MM/DD/YEAR)	TYPE OF DISCHARGE	REASON FOR DISCHARGE

ARE YOU/HAVE YOU BEEN A MEMBER OF THE U.S. RESERVE FORCES, NATIONAL GUARD OR STATE GUARD ORGANIZATION?  
 YES\_\_\_ NO\_\_\_ IF YES, COMPLETE THE FOLLOWING:

RESERVE DATE (MM/DD/YEAR)	BRANCH/ ORGANIZATION	RANK	OCCUPATIONAL SPECIALTY	DISCHARGE DATE (MM/DD/YEAR)	TYPE OF DISCHARGE	REASON FOR DISCHARGE

STATUS:  
 ACTIVE\_\_\_ STANDBY\_\_\_ INACTIVE\_\_\_ DISCHARGED\_\_\_

RESERVE OBLIGATION(S):

**WHILE IN THE MILITARY, WERE YOU EVER:**

REDUCED IN RANK? YES \_\_\_ NO \_\_\_

ARRESTED FOR ANY OFFENSE? YES \_\_\_ NO \_\_\_

COURT MARTIALED, TRIED ON CHARGES, OR SUBJECT OF A SUMMARY COURT, DECK COURT, CAPTAIN'S MAST, COMPANY PUNISHMENT, OR ANY OTHER TYPE OF DISCIPLINARY ACTION/ARTICLE 15/NON-JUDICIAL PUNISHMENT? YES \_\_\_ NO \_\_\_

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS, PROVIDE A DETAILED EXPLANATION(S) BELOW:

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**8. RESIDENCE**

LIST ALL ADDRESSES WHERE YOU RESIDED WITHIN THE PAST SEVEN (7) YEARS, BEGINNING WITH YOUR CURRENT ADDRESS:

FROM (MM/DD/YEAR)	TO (MM/DD/YEAR)	STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY
/ /	/ /					
/ /	/ /					
/ /	/ /					
/ /	/ /					
/ /	/ /					

**9. FAMILY**

IDENTIFY LIVING AND DECEASED FAMILY MEMBERS, AND ANY INDIVIDUALS WITH WHOM YOU ARE RESIDING, RESIDED WITH, OR A CLOSE RELATIONSHIP EXISTS/EXISTED:

RELATIONSHIP	NAME	CURRENT ADDRESS, IF LIVING	PHONE
MOTHER (MAIDEN)			
STEP-MOTHER			
FATHER			
STEP-FATHER			
GRAND-PARENT(S)			
GUARDIAN(S)			
SPOUSE(S)			
CHILD(REN)			
SIBLING(S):			
OTHER(S):			

**10. CHARACTER REFERENCES**

CHARACTER REFERENCES ARE INDIVIDUALS OTHER THAN YOUR RELATIVES OR FORMER SUPERVISORS/EMPLOYERS WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING.

LIST FIVE (5) CHARACTER REFERENCES WHO LIVE IN THE UNITED STATES OR ITS TERRITORIES, THEIR NAMES, ADDRESSES AND DAYTIME TELEPHONE NUMBERS:

NAME	STREET ADDRESS	CITY AND STATE	PHONE NUMBER(S)

**11. NEIGHBORS**

LIST THE NAMES, ADDRESSES AND DAYTIME TELEPHONE NUMBERS OF THREE NEIGHBORS WHO LIVE TO THE LEFT, RIGHT, AND IN FRONT OF YOUR RESIDENCE:

NAME	STREET ADDRESS	CITY AND STATE	PHONE NUMBER(S)

**12. FINANCIAL HISTORY**

- HAS A JUDGMENT EVER BEEN ISSUED AGAINST YOU? YES \_\_\_ NO \_\_\_
- HAVE YOU EVER DECLARED BANKRUPTCY? YES \_\_\_ NO \_\_\_
- HAVE YOU EVER BEEN REFUSED A SURETY BOND OR TURNED DOWN FOR EMPLOYMENT THAT REQUIRED A SURETY BOND? YES \_\_\_ NO \_\_\_
- HAVE YOU EVER HAD ANYTHING REPOSSESSED? YES \_\_\_ NO \_\_\_
- HAVE YOU EVER BEEN INVOLVED IN ANY CIVIL ACTION(S)? YES \_\_\_ NO \_\_\_

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS, PROVIDE DETAILS BELOW:

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**13. NARCOTICS**

HAVE YOU EVER USED ANY ILLEGAL DRUGS (MARIJUANA/COCAINE/STEROIDS/ETC.) OR NON-PRESCRIBED MEDICATION? YES \_\_\_ NO \_\_\_  
IF YES, LIST EACH DRUG, DATE OF USAGE, FREQUENCY OF USAGE, AND CIRCUMSTANCES SURROUNDING THE USAGE:

DRUG	DATE OF USAGE	FREQUENCY OF USAGE	CIRCUMSTANCE(S)

**14. ARREST, DETENTION, AND LITIGATION: LIST ALL ARRESTS INCLUDING JUVENILE DELINQUENT AND TRAFFIC**

AN ARREST AND/OR CONVICTION MAY NOT NECESSARILY ELIMINATE YOU FROM CONSIDERATION FOR EMPLOYMENT. HOWEVER, DUE TO THE SENSITIVE NATURE OF EMPLOYMENT WITH A CRIMINAL JUSTICE AGENCY, THERE IS A NEED FOR THIS INFORMATION TO BE OBTAINED FROM JOB APPLICANTS.

HAVE YOU EVER BEEN ARRESTED, DETAINED, HELD, CHARGED, INDICTED OR SUMMONED TO COURT (PROMISE TO APPEAR)? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED, FOUND GUILTY, PLED GUILTY OR NO CONTEST TO A CRIME? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER BEEN FINED OR IMPRISONED? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER SERVED PAROLE, PROBATION, COMMUNITY CONTROL, OR COMMUNITY SERVICE? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU BEEN ORDERED TO DEPOSIT BAIL OR PLACE COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS, COMPLETE THE FOLLOWING:

DATE	PLACE	CHARGE	FINAL DISPOSITION	SENTENCE

HAS YOUR SPOUSE/LIVE-IN PARTNER/COHABITANT EVER BEEN INCARCERATED, HELD IN A DETENTION FACILITY, OR INVOLVED IN ANY COURT ACTION? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YOU ANSWERED "YES," COMPLETE THE FOLLOWING:

DATE	PLACE	DETAILS OF THE INCIDENT

HAVE YOU EVER BEEN FINGERPRINTED FOR ANY REASON (ARREST, JOB APPLICATION, ETC.)? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YOU ANSWERED "YES," COMPLETE THE FOLLOWING:

DATE	PLACE	DETAILS OF THE INCIDENT

**15. APPLICATION(S) OF EMPLOYMENT WITH OTHER LAW ENFORCEMENT AGENCY(IES)**

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH ANY OTHER LAW ENFORCEMENT AGENCY? YES \_\_\_\_ NO \_\_\_\_

IF YOU ANSWERED YES, COMPLETE THE FOLLOWING:

NAME OF AGENCY	POSITION APPLIED FOR	DATE OF APPLICATION	DISPOSITION OF APPLICATION

**16. ORGANIZATION MEMBERSHIP(S)**

LIST ALL CLUBS, SOCIETIES OR ORGANIZATIONS OF WHICH YOU ARE OR HAVE BEEN A MEMBER:

NAME	CITY	STATE	LIST POSITION(S) HELD AND EXTENT OF ACTIVITY

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OF PERSONS THAT IS TOTALITARIAN, FASCIST, COMMUNIST, SUBVERSIVE, OR ADVOCATE/APPROVE THE COMMISSION OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER ANY FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? YES \_\_\_\_ NO \_\_\_\_

IF YOU ANSWERED YES, PROVIDE DETAILS BELOW:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**17. PROFESSIONAL LICENSE(S)/CERTIFICATE(S)**

HAVE YOU EVER HAD A CERTIFICATE, LICENSE, OR PRIVILEGE REVOKED OR SUSPENDED BY A COUNTY, CITY, STATE, FEDERAL, OR LAW ENFORCEMENT ENTITY? YES \_\_\_\_ NO \_\_\_\_

IF YOU ANSWERED YES, PROVIDE DETAILS BELOW:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**20. ATTESTATION**

I hereby swear and affirm that there are no misrepresentations, omissions in, or falsifications of the answers, responses, and statements that I have provided in this Personal History Questionnaire. I am aware that should an investigation disclose any misrepresentation(s), falsification(s) or omission(s), my application will be rejected, and I will be disqualified from the process. In addition, if after my employment, subsequent investigation should disclose any misrepresentation(s), falsification(s), or omission(s), it will be just cause for my dismissal.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Sworn to (or affirmed) and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_  
(Applicant Name)

\_\_\_\_\_, State of Florida  
(Notary Public Signature)

Notary Seal \_\_\_\_\_

Personally Known \_\_\_\_\_ - **or** - Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_