



**MIAMI-DADE CORRECTIONS AND REHABILITATION DEPARTMENT**  
**APPLICANT PERSONAL HISTORY QUESTIONNAIRE (APHQ)**



APPLICANT NAME: \_\_\_\_\_ CONTACT #: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

**HOW DID YOU LEARN OF THIS POSITION?**

- INTERNET  
SPECIFY SITE: \_\_\_\_\_
- INTERNSHIP  
SPECIFY PROGRAM: \_\_\_\_\_
- JOB FAIR  
SPECIFY LOCATION: \_\_\_\_\_
- JOB HOTLINE  
SPECIFY HOTLINE: \_\_\_\_\_
- MILITARY RECRUITMENT  
SPECIFY LOCATION: \_\_\_\_\_
- NEIGHBORHOOD/COMMUNITY MEETING  
SPECIFY LOCATION: \_\_\_\_\_
- NEWSPAPER/PUBLICATION  
SPECIFY NEWSPAPER/PUBLICATION: \_\_\_\_\_
- POSTER/ADVERTISEMENT
- OTHER: \_\_\_\_\_

**FOR PERSONNEL MANAGEMENT BUREAU USE ONLY**

- COT       LAT       CIVILIAN

ORIENTATION DATE: \_\_\_\_\_

INTAKE INTERVIEW DATE: \_\_\_\_\_

INVESTIGATOR NAME: \_\_\_\_\_

**ATTACH A  
PASSPORT PHOTO  
HERE**

DATE PHOTO TAKEN: \_\_\_/\_\_\_/\_\_\_

## REQUIRED DOCUMENTS CHECKLIST

### **NON-CERTIFIED CORRECTIONAL OFFICER**

### **CERTIFIED CORRECTIONAL OFFICER**

<ul style="list-style-type: none"> <li>___ Birth Certificate, U.S. Passport, or Naturalization Certificate</li> <li>___ Social Security Card (with current legal name and signature)</li> <li>___ Valid Driver License</li> <li>___ Name change document(s); e.g., marriage certificate, divorce decree, court document for name change, etc.</li> <li>___ DD-214 - Member 4 Form (most recent)</li> <li>___ Court disposition(s) for all arrests, including juvenile and traffic arrests, and copies of arrest affidavits</li> <li>___ Documents for each year of self-employment; e.g., corporate papers, business licenses, etc.</li> <li>___ A copy of your work history (Social Security Earnings Information) for the past 10 years from the Social Security Administration (SSA) <b>or</b> proof of submitting a request to the SSA for your Detailed Earnings Information (upon notification by a Personnel Management Bureau staff)</li> <li>___ One (1) passport photo</li> <li>___ Passing score from Florida Basic Abilities Test (FBAT) or Criminal Justice Basic Abilities Test (CJBAT) for Correctional Officers</li> <li>___ An official* high school/GED transcript, or an official transcript from an accredited college/university verifying completion of <u>one</u> of the following:             <ol style="list-style-type: none"> <li>1) At least 30 semester hours</li> <li>2) At least 45 quarter hours</li> <li>3) An associate degree or higher</li> </ol> </li> </ul> <p><i>*Official transcripts must be in a <b>sealed envelope</b> sent directly by the institution. Transcripts from outside of the United States or its territories shall be validated by Miami Dade College or another authorized institution.</i></p>	<ul style="list-style-type: none"> <li>___ Birth Certificate, U.S. Passport, or Naturalization Certificate</li> <li>___ Social Security Card (with current legal name and signature)</li> <li>___ Valid Driver License</li> <li>___ Name change document(s); e.g., marriage certificate, divorce decree, court document for name change, etc.</li> <li>___ DD-214 - Member 4 Form (most recent)</li> <li>___ Court disposition(s) for all arrests, including juvenile and traffic arrests, and copies of arrest affidavits</li> <li>___ Documents for each year of self-employment; e.g., corporate papers, business licenses, etc.</li> <li>___ A copy of your work history (Social Security Earnings Information) for the past 10 years from the Social Security Administration (SSA) <b>or</b> proof of submitting a request to the SSA for your Detailed Earnings Information (upon notification by a Personnel Management Bureau staff)</li> <li>___ One (1) passport photo</li> <li>___ Florida Department of Law Enforcement (FDLE) Certification or basic recruit certificate with passing state exam status</li> <li>___ An official* high school/GED transcript, or an official transcript from an accredited college/university verifying completion of <u>one</u> of the following:             <ol style="list-style-type: none"> <li>1) At least 30 semester hours</li> <li>2) At least 45 quarter hours</li> <li>3) An associate degree or higher</li> </ol> </li> </ul> <p><i>*Official transcripts must be in a <b>sealed envelope</b> sent directly by the institution. Transcripts from outside of the United States or its territories shall be validated by Miami Dade College or another authorized institution.</i></p>
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### **CIVILIAN POSITIONS**

<ul style="list-style-type: none"> <li>___ Birth Certificate, U.S. Passport, or Naturalization Certificate (Non-U.S. Citizens may provide their Resident Alien Card or work permit)</li> <li>___ Social Security Card (with current legal name and signature)</li> <li>___ Valid Driver License (if required) or State Identification Card</li> <li>___ Name change document(s); e.g., marriage certificate, divorce decree, court document for name change, etc.</li> <li>___ DD-214 - Member 4 Form (most recent)</li> <li>___ Court disposition(s) for all arrests, including juvenile and traffic arrests, and copies of arrest affidavits</li> <li>___ Documents for each year of self-employment; e.g., corporate papers, business licenses, etc.</li> <li>___ A copy of your work history (Social Security Earnings Information) for the past 10 years from the Social Security Administration (SSA) <b>or</b> proof of submitting a request to the SSA for your Detailed Earnings Information (upon notification by a Personnel Management Bureau staff)</li> <li>___ One (1) passport photo</li> <li>___ Proof of education (if required)</li> <li>___ Professional licenses and/or certifications (if required)</li> </ul>
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## **APHQ INSTRUCTIONS**

To be eligible for employment, you must successfully pass a background investigation. The APHQ is an investigative tool used by Miami-Dade Corrections and Rehabilitation Department (MDCR) to begin this process. You must complete the APHQ package in its entirety by **typing or printing legibly in blue or black ink. Incomplete Applications Will Not Be Processed.** In completing the APHQ, you must comply with the following instructions:

1. Be absolutely truthful when completing each section; statements made herein will be verified through the background investigation process. Any omission, misrepresentation or falsification may be grounds to disqualify you from further employment consideration with MDCR. If a question/section in the package does not apply to you, write **“NOT APPLICABLE”** or **“NONE”** (whichever applies); if you do not know the response to a question, write **“UNKNOWN”** (*please note that writing unknown for the purpose of not answering a question/section truthfully is considered omission, misrepresentation and falsification*). Any unanswered question/section or incomplete response may result in your disqualification.
2. If additional space is needed to complete a response for any section/question, use **pages 27 through 29**. Ensure that you notate the page number and section/question number with the corresponding answer.
3. Initial each page of the application on the bottom left corner.
4. Submit the **completed APHQ** and required documents during your scheduled orientation or intake interview at MDCR, located at the Dr. Martin Luther King, Jr., Office Plaza, Personnel Management Bureau, 2525 NW 62<sup>nd</sup> Street, Suite 2000, Miami, FL 33147. However, if you have not been scheduled for an orientation or intake interview, you must submit the completed APHQ to MDCR, within 30 days from the date of your online application. **Your failure to submit your APHQ at the scheduled orientation, intake interview, or within the 30 days timeframe (whichever applies) may disqualify you from further employment consideration regarding the position for which you are applying with MDCR.** Additionally, before your orientation date, you should apply at [MiamiDade.gov](http://MiamiDade.gov) for the position for which you are completing this APHQ.
5. Ensure that you are professionally attired for your interview with the background investigator or anytime you report to the Personnel Management Bureau.

## **HELPFUL RESOURCES**

### ***Foreign Diploma***

An applicant who possesses a high school diploma or GED from an institution outside of the United States or its territories may obtain the “Application for the Foreign High School Diploma Equivalency to the U.S. High School Diploma” form FM-7291 at <http://attendanceservices.dadeschools.net/frecords.asp> to have the diploma validated by the Miami-Dade County School Board. The applicant may also contact Miami Dade College or another authorized institution/organization to have the diploma validated.

### ***Foreign Degree***

An applicant who possesses a degree from outside of the United States or its territories shall contact the Miami Dade College or another authorized institution/organization, such as an organization identified by the National Association of Credential Evaluation Services (NACES) <http://naces.org/members.htm>, to validate the degree.

### ***Social Security Earnings Information***

An applicant may request a copy of his/her Detailed Earnings Statement by going to his/her closest SSA office. The applicant should not request this document until he/she has been notified by a Personnel Management Bureau staff. In some instances, the applicant may be required to submit a certified work history for investigative purposes. This record can be requested at <http://www.socialsecurity.gov/online/ssa-7050.pdf>.

### ***Inquiries When Completing the APHQ***

If you require assistance when completing the APHQ, contact the Personnel Management Bureau at 786-263-6000 to speak to a background investigator, Monday through Friday, excluding holidays, during the hours of 8:00 a.m. – 4:00 p.m.





## 6. SOCIAL NETWORK

LIST ALL SOCIAL NETWORKS; E.G., FACEBOOK, LINKEDIN, MYSPACE, TWITTER, ETC., TO WHICH YOU HAVE SUBSCRIBED FOR PERSONAL ACCOUNTS WITHIN THE PAST 5 YEARS:

NETWORK	USER NAME	NETWORK	USER NAME

## 7. EDUCATION/TRAINING

ARE YOU A HIGH SCHOOL GRADUATE?  YES  NO

DID YOU OBTAIN A GED CERTIFICATE?  YES  NO

IF YES, STATE NAME OF SCHOOL: \_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_

IF NO, PROVIDE THE FOLLOWING INFORMATION:

NAME OF LAST MIDDLE/HIGH-SCHOOL ATTENDED	DATES ATTENDED FROM TO	HIGHEST GRADE COMPLETED

COLLEGE OR UNIVERSITY ATTENDED						<input type="checkbox"/> Check here if not applicable
COLLEGE/UNIVERSITY NAME	ADDRESS	DATES ATTENDED FROM TO	CREDIT HOURS EARNED	TYPE OF DEGREE and FIELD OF STUDY	YEAR RECEIVED	

LAW ENFORCEMENT/CORRECTIONAL ACADEMY			<input type="checkbox"/> Check here if not applicable
SCHOOL NAME	LOCATION	CERTIFICATION DATE	

TRADE, TECHNICAL, VOCATIONAL, BUSINESS, OR MILITARY SCHOOL ATTENDED					<input type="checkbox"/> Check here if not applicable	
SCHOOL/ACADEMY NAME	ADDRESS	DATES ATTENDED FROM TO	FIELD OF STUDY	CERTIFICATE/ LICENSE RECEIVED?		
				YES	NO	

## 8. PROFESSIONAL LICENSE/CERTIFICATE

PROFESSIONAL LICENSE OR CERTIFICATE NOT LISTED IN SECTION 7:

Check here if not applicable

TITLE OF CERTIFICATE/LICENSE	ISSUING AGENCY	STATE ISSUED	DATE ISSUED	EXPIRATION DATE

HAVE YOU EVER HAD A CERTIFICATE OR LICENSE (CONTRACTOR, REAL ESTATE, TEACHER, MEDICAL, PILOT, LAW ENFORCEMENT, CORRECTIONAL, ETC.) REVOKED OR SUSPENDED? YES  NO  IF YES, PROVIDE DETAILED INFORMATION BELOW:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 9. DRIVER LICENSE

LIST ALL DRIVER LICENSES YOU HAVE BEEN ISSUED BY ANY STATE, COUNTRY, OR BRANCH OF THE MILITARY:

DRIVER LICENSE NUMBER	STATE/COUNTRY ISSUED	LICENSE CLASS	RESTRICTION(S) (If Any)	EXPIRATION DATE

a. IS YOUR DRIVER LICENSE VALID? YES  NO  IF NO, PROVIDE DETAILED INFORMATION BELOW:

\_\_\_\_\_

\_\_\_\_\_

b. HAVE YOU EVER BEEN DENIED ISSUANCE OF A DRIVER LICENSE? YES  NO

c. HAS YOUR DRIVER LICENSE EVER BEEN REVOKED/SUSPENDED? YES  NO

IF YOU ANSWERED YES TO QUESTIONS (b) OR (c), PROVIDE DETAILED INFORMATION BELOW:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 10. OWNERSHIP/LEASE OF MOTOR VEHICLE

PROVIDE THE BELOW INFORMATION FOR ALL CARS, MOTORCYCLES, ETC., THAT YOU OWN/LEASE:

TYPE OF MOTOR VEHICLE	MAKE	MODEL	COLOR	YEAR	TAG NUMBER	EXPIRATION DATE (IF LEASED)

## 11. MILITARY SERVICE

ARE YOU CURRENTLY SERVING OR HAVE YOU SERVED IN THE UNITED STATES ARMED FORCES; E.G., AIR FORCE, ARMY, MARINES, NAVY, ETC., INCLUDING U.S. RESERVE FORCES, NATIONAL GUARD OR STATE GUARD ASSOCIATION? YES  NO

IF YES, COMPLETE THE FOLLOWING:

DATE OF SERVICE	BRANCH OF SERVICE	RANK	OCCUPATIONAL SPECIALTY	DISCHARGE DATE	TYPE OF DISCHARGE	REASON FOR DISCHARGE

### RESERVISTS:

a. INDICATE YOUR CURRENT RESERVE STATUS: ACTIVE \_\_\_\_\_ STANDBY \_\_\_\_\_ INACTIVE \_\_\_\_\_ DISCHARGED \_\_\_\_\_

b. IF YOUR RESERVE STATUS IS ACTIVE OR STANDBY, PROVIDE DETAILS OF YOUR OBLIGATION(S): \_\_\_\_\_

### WHILE IN THE MILITARY (ACTIVE OR RESERVE), WERE YOU EVER:

a. REDUCED IN RANK? YES  NO

b. ARRESTED FOR ANY OFFENSE? YES  NO

c. COURT-MARTIALED; TRIED ON CHARGES; SUBJECT OF A SUMMARY COURT, DECK COURT, COMPANY PUNISHMENT, OR ANY OTHER TYPE OF DISCIPLINARY ACTION OR NONJUDICIAL PUNISHMENT? YES  NO

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

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HAVE YOU SERVED IN ANY FOREIGN MILITARY FORCES? YES  NO  IF YES, PROVIDE A DETAILED EXPLANATION BELOW:

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## 12. EMPLOYMENT HISTORY

a. BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB, LIST ALL FULL-TIME, PART-TIME, TEMPORARY, RESERVIST, AND SELF EMPLOYMENT FOR THE PAST 10 YEARS - **CHECK UNEMPLOYED OR IN SCHOOL AND PROVIDE THE DATES FOR ANY PERIOD(S) YOU DID NOT WORK.**

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	TELEPHONE # & FAX #
STARTING SALARY	DUTIES PERFORMED		SUPERVISOR NAME AND TITLE
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

UNEMPLOYED  IN SCHOOL

FROM DATE: \_\_\_\_\_ TO DATE: \_\_\_\_\_

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	TELEPHONE # & FAX #
STARTING SALARY	DUTIES PERFORMED		SUPERVISOR NAME AND TITLE
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

UNEMPLOYED  IN SCHOOL

FROM DATE: \_\_\_\_\_ TO DATE: \_\_\_\_\_

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	TELEPHONE # & FAX #
STARTING SALARY	DUTIES PERFORMED		SUPERVISOR NAME AND TITLE
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

UNEMPLOYED  IN SCHOOL

FROM DATE: \_\_\_\_\_ TO DATE: \_\_\_\_\_

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	TELEPHONE # & FAX #
STARTING SALARY	DUTIES PERFORMED		SUPERVISOR NAME AND TITLE
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

UNEMPLOYED  IN SCHOOL

FROM DATE: \_\_\_\_\_ TO DATE: \_\_\_\_\_

## 12. EMPLOYMENT HISTORY (CONT.)

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	TELEPHONE # & FAX #
STARTING SALARY	DUTIES PERFORMED		SUPERVISOR NAME AND TITLE
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

UNEMPLOYED  IN SCHOOL

FROM DATE: \_\_\_\_\_ TO DATE: \_\_\_\_\_

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	TELEPHONE # & FAX #
STARTING SALARY	DUTIES PERFORMED		SUPERVISOR NAME AND TITLE
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

UNEMPLOYED  IN SCHOOL

FROM DATE: \_\_\_\_\_ TO DATE: \_\_\_\_\_

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	TELEPHONE # & FAX #
STARTING SALARY	DUTIES PERFORMED		SUPERVISOR NAME AND TITLE
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

UNEMPLOYED  IN SCHOOL

FROM DATE: \_\_\_\_\_ TO DATE: \_\_\_\_\_

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	TELEPHONE # & FAX #
STARTING SALARY	DUTIES PERFORMED		SUPERVISOR NAME AND TITLE
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

UNEMPLOYED  IN SCHOOL

FROM DATE: \_\_\_\_\_ TO DATE: \_\_\_\_\_

## 12. EMPLOYMENT HISTORY (CONT.)

b. HAVE YOU EVER RESIGNED IN LIEU OF TERMINATION (R) OR BEEN TERMINATED (T) BY AN EMPLOYER? YES  NO   
 IF YES, CHECK APPROPRIATE SEPARATION TYPE AND PROVIDE DETAILS BELOW:

SEPARATION TYPE		DATE	NAME OF AGENCY/EMPLOYER	POSITION HELD
R	T			
REASON:				
SEPARATION TYPE		DATE	NAME OF AGENCY/EMPLOYER	POSITION HELD
R	T			
REASON:				
SEPARATION TYPE		DATE	NAME OF AGENCY/EMPLOYER	POSITION HELD
R	T			
REASON:				
SEPARATION TYPE		DATE	NAME OF AGENCY/EMPLOYER	POSITION HELD
R	T			
REASON:				
SEPARATION TYPE		DATE	NAME OF AGENCY/EMPLOYER	POSITION HELD
R	T			
REASON:				

c. HAVE YOU BEEN COUNSELED, WARNED, REPRIMANDED, ETC., IN WRITING BY AN EMPLOYER WITHIN THE PAST 2 YEARS?  
 YES  NO  IF YES, PROVIDE DETAILS BELOW:

DATE	NAME OF AGENCY/EMPLOYER	POSITION HELD
DESCRIBE REASON, CIRCUMSTANCE AND ACTION TAKEN BY EMPLOYER:		
DATE	NAME OF AGENCY/EMPLOYER	POSITION HELD
DESCRIBE REASON, CIRCUMSTANCE AND ACTION TAKEN BY EMPLOYER:		
DATE	NAME OF AGENCY/EMPLOYER	POSITION HELD
DESCRIBE REASON, CIRCUMSTANCE AND ACTION TAKEN BY EMPLOYER:		
DATE	NAME OF AGENCY/EMPLOYER	POSITION HELD
DESCRIBE REASON, CIRCUMSTANCE AND ACTION TAKEN BY EMPLOYER:		

## 12. EMPLOYMENT HISTORY (CONT.)

d. HAVE YOU BEEN SUBJECT TO OR RECEIVED ANY DISCIPLINARY ACTION (FORMAL DISCIPLINE), INCLUDING BUT NOT LIMITED TO DEMOTION, RELIEF OF DUTY, AND/OR SUSPENSION BY AN EMPLOYER OTHER THAN IN THE MILITARY WITHIN THE PAST 10 YEARS? YES  NO  IF YES, PROVIDE DETAILS BELOW:

NAME OF EMPLOYER	POSITION HELD	DATE OF DISCIPLINARY ACTION
DESCRIBE REASON FOR DISCIPLINARY ACTION AND ACTION TAKEN BY EMPLOYER:		
NAME OF EMPLOYER	POSITION HELD	DATE OF DISCIPLINARY ACTION
DESCRIBE REASON FOR DISCIPLINARY ACTION AND ACTION TAKEN BY EMPLOYER:		
NAME OF EMPLOYER	POSITION HELD	DATE OF DISCIPLINARY ACTION
DESCRIBE REASON FOR DISCIPLINARY ACTION AND ACTION TAKEN BY EMPLOYER:		
NAME OF EMPLOYER	POSITION HELD	DATE OF DISCIPLINARY ACTION
DESCRIBE REASON FOR DISCIPLINARY ACTION AND ACTION TAKEN BY EMPLOYER:		

e. HAVE YOU EVER BEEN UNDER INVESTIGATION BY AN EMPLOYER FOR ANY REASON OTHER THAN BACKGROUND PURPOSES? YES  NO  IF YES, PROVIDE DETAILS BELOW:

NAME OF EMPLOYER	POSITION HELD	DATE OF ACTION
DESCRIBE REASON AND OUTCOME:		
NAME OF EMPLOYER	POSITION HELD	DATE OF ACTION
DESCRIBE REASON AND OUTCOME:		
NAME OF EMPLOYER	POSITION HELD	DATE OF ACTION
DESCRIBE REASON AND OUTCOME:		
NAME OF EMPLOYER	POSITION HELD	DATE OF ACTION
DESCRIBE REASON AND OUTCOME:		

## 12. EMPLOYMENT HISTORY (CONT.)

f. HAVE YOU RECEIVED A BELOW STANDARD OR BELOW SATISFACTORY RATING (OR EQUIVALENT) IN ANY CATEGORY OF A PERFORMANCE EVALUATION FROM AN EMPLOYER WITHIN THE PAST 10 YEARS? YES  NO  IF YES, PROVIDE DETAILS BELOW:

NAME OF EMPLOYER	POSITION HELD	RATING RECEIVED	CATEGORY	DATE OF PERFORMANCE EVALUATION

REASON FOR THE RATING:

NAME OF EMPLOYER	POSITION HELD	RATING RECEIVED	CATEGORY	DATE OF PERFORMANCE EVALUATION

REASON FOR THE RATING:

NAME OF EMPLOYER	POSITION HELD	RATING RECEIVED	CATEGORY	DATE OF PERFORMANCE EVALUATION

REASON FOR THE RATING:

## 13. FINGERPRINTING

HAVE YOU BEEN FINGERPRINTED FOR ANY REASON WITHIN THE PAST 10 YEARS (JOB APPLICATION, ARREST, ETC.)? YES  NO  IF YES, PROVIDE THE FOLLOWING INFORMATION:

DATE	AGENCY/COMPANY	PURPOSE

## 14. APPLICATION WITH ANY CORRECTIONAL (INCLUDING MDCR), LAW ENFORCEMENT, FIRE, OR PUBLIC SAFETY AGENCY

HAVE YOU APPLIED FOR EMPLOYMENT WITH ANY CORRECTIONAL (INCLUDING MDCR), LAW ENFORCEMENT, FIRE OR PUBLIC SAFETY AGENCY WITHIN THE PAST 10 YEARS? YES  NO  IF YES, PROVIDE THE FOLLOWING INFORMATION:

NAME OF AGENCY	POSITION APPLIED FOR	DATE OF APPLICATION	STATUS/DISPOSITION OF APPLICATION*

\* Information in the Status/Disposition of Application section may include positive and negative information such as: approved for hire; under consideration; application pending; not hired due to criminal history; failed background, psychological, polygraph or medical examination; etc.

**15. OTHER BUSINESSES**

ARE YOU OR HAVE YOU EVER BEEN AN OWNER, PARTNER, OR CORPORATE OFFICER FOR ANY BUSINESS NOT LISTED AS AN EMPLOYER IN SECTION 12? YES  NO  IF YES, PROVIDE THE FOLLOWING INFORMATION:

NAME OF BUSINESS	ADDRESS	BUSINESS TYPE	POSITION HELD	DATES	
				FROM	TO

**16. VOLUNTEER SERVICES**

HAVE YOU EVER PERFORMED VOLUNTEER SERVICES WITH A CORRECTIONAL, LAW ENFORCEMENT, FIRE OR PUBLIC SAFETY AGENCY? YES  NO  IF YES, PROVIDE DETAILED INFORMATION BELOW:

NAME OF DEPARTMENT/AGENCY/ORGANIZATION	POSITION HELD/SERVICE PROVIDED	DATES	
		FROM	TO

REASON FOR LEAVING:

NAME OF DEPARTMENT/AGENCY/ORGANIZATION	POSITION HELD/SERVICE PROVIDED	DATES	
		FROM	TO

REASON FOR LEAVING:

NAME OF DEPARTMENT/AGENCY/ORGANIZATION	POSITION HELD/SERVICE PROVIDED	DATES	
		FROM	TO

REASON FOR LEAVING:

NAME OF DEPARTMENT/AGENCY/ORGANIZATION	POSITION HELD/SERVICE PROVIDED	DATES	
		FROM	TO

REASON FOR LEAVING:

NAME OF DEPARTMENT/AGENCY/ORGANIZATION	POSITION HELD/SERVICE PROVIDED	DATES	
		FROM	TO

REASON FOR LEAVING:

NAME OF DEPARTMENT/AGENCY/ORGANIZATION	POSITION HELD/SERVICE PROVIDED	DATES	
		FROM	TO

REASON FOR LEAVING:

**18. ARREST, DETENTION, AND INCARCERATION (INCLUDING, BUT NOT LIMITED TO: JUVENILE, CONTEMPT OF COURT AND TRAFFIC)**

*DUE TO THE SENSITIVE NATURE OF EMPLOYMENT WITH A CRIMINAL JUSTICE AGENCY, APPLICANTS ARE REQUIRED TO DISCLOSE ANY ARREST(S) OR DETENTION(S) AS A JUVENILE/ADULT WHETHER THEY WERE HELD FOR QUESTIONING, RECEIVED A NOTICE TO APPEAR (NTA) OR PROMISE TO APPEAR (PTA), ETC. IN ADDITION, APPLICANTS MUST OBTAIN AND SUBMIT DOCUMENTS PERTAINING TO ALL ARRESTS REGARDLESS OF THE DISPOSITION; e.g., dismissed, adjudication withheld, not guilty, guilty, nolle prosequere, pre-trial diversion, etc., EVEN IF THE VIOLATIONS WERE NOT PROSECUTED OR THE RECORDS WERE SEALED, EXPUNGED /PURGED.*

*AN ARREST AND/OR CONVICTION MAY NOT NECESSARILY ELIMINATE YOU FROM CONSIDERATION FOR EMPLOYMENT. CIRCUMSTANCES SURROUNDING THE ARREST/CONVICTION WILL BE CONSIDERED, SUCH AS: the nature, severity, frequency, date of offense, subsequent history, efforts at rehabilitation, and relation of the offense to the requirements of the position for which you are applying.*

- a. HAVE YOU EVER BEEN ARRESTED OR DETAINED BY ANY LAW ENFORCEMENT AGENCY, INCLUDING OUTSIDE THE UNITED STATES? YES  NO
- b. HAVE YOU EVER BEEN FOUND GUILTY (ADJUDICATED OR ADJUDICATION WITHHELD), PLED GUILTY OR NOLO CONTENDERE (NO CONTEST) TO ANY CRIMINAL LAW VIOLATION OTHER THAN MINOR TRAFFIC VIOLATIONS? YES  NO
- c. HAVE YOU EVER BEEN FINED FOR ANY OFFENSE OTHER THAN A TRAFFIC VIOLATION? YES  NO
- d. HAVE YOU EVER BEEN ON SUPERVISED RELEASE (PROBATION, PAROLE, COMMUNITY CONTROL, ETC.)? YES  NO
- e. HAVE YOU EVER BEEN PLACED INTO A PRE-TRIAL DIVERSION PROGRAM? YES  NO
- f. HAVE YOU BEEN ORDERED TO POST BAIL OR TO PLACE COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION/ORDINANCE? YES  NO

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

DATE	PLACE (City and State)	CHARGE/VIOLATION*	FINAL DISPOSITION/SENTENCE*

- g. HAVE YOU CALLED THE POLICE, WITNESSED A CRIME, BEEN THE VICTIM OF A CRIME, BEEN INVOLVED IN A DOMESTIC VIOLENCE CASE, OR BEEN QUESTIONED BY THE POLICE **WITHIN THE LAST 10 YEARS?**

YES  NO  IF YOU ANSWERED YES, PROVIDE DETAILED INFORMATION BELOW:

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## 19. FAMILY/ASSOCIATES

(By associate, we mean someone who you are closely connected to as a business partner, companion, or with whom you have a personal relationship.)

IDENTIFY ALL FAMILY MEMBERS AND INDIVIDUALS WITH WHOM YOU ARE RESIDING OR HAVE RESIDED. ADDITIONALLY, LIST INDIVIDUALS WITH WHOM YOU HAVE HAD A CLOSE RELATIONSHIP.

RELATIONSHIP	NAME	DATE OF BIRTH	IF LIVING – WRITE THE INDIVIDUAL'S CURRENT ADDRESS / IF DECEASED – WRITE THE WORD "DECEASED"	TELEPHONE #
SPOUSE/DOMESTIC PARTNER/ COMMON LAW PARTNER/ CO-HABITANT  (Current and Former – List All)				
BOYFRIEND/GIRLFRIEND  (Current and Former – Last 10 Years)				
PARENT OF YOUR CHILD IN COMMON  (List All)				
CHILD  (List All)				

**19. FAMILY/ASSOCIATES (CONT.)**

RELATIONSHIP	NAME	DATE OF BIRTH	IF LIVING – WRITE THE INDIVIDUAL'S CURRENT ADDRESS / IF DECEASED – WRITE THE WORD "DECEASED"	TELEPHONE #
MOTHER				
STEPMOTHER (Current and Former – List All)				
FATHER				
STEPFATHER (Current and Former – List All)				
GRANDPARENTS (List All)				
GUARDIAN (Current and Former – List All)				
SIBLINGS (BROTHER/SISTER/ STEPBROTHER/ STEPSISTER) (List All)				
OTHER (ROOMMATES, ASSOCIATES, ETC.)				

**20. FAMILY/ASSOCIATES-CRIMINAL ACTIVITY, ARREST, DETENTION, and/or INCARCERATION**

a. HAS ANYONE WITH WHOM YOU HAVE MAINTAINED A RELATIONSHIP WITHIN THE LAST 10 YEARS BEEN INVOLVED IN CRIMINAL ACTIVITY, ARRESTED, DETAINED, INCARCERATED, OR UNDER ANY TYPE OF CORRECTIONAL SUPERVISION (PROBATION, HOUSE ARREST, ETC.)? *By anyone, we mean: child, mother, father, grandparent, sibling, parent of your child in common, other family member; **current and former:** spouse, domestic partner, common-law partner, co-habitant, boyfriend, girlfriend, stepmother, stepfather, guardian, roommate, associate, etc.* YES  NO  IF YES, COMPLETE THE FOLLOWING:

\_\_\_\_\_  
LAST NAME FIRST NAME HOW ARE YOU RELATED OR ASSOCIATED?

\_\_\_\_\_  
DATE OF BIRTH DATE OF ARREST/INCIDENT CHARGES JAIL NUMBER (If Known)

\_\_\_\_\_  
DETAILS OF THE ARREST/INCIDENT

\_\_\_\_\_  
CURRENT STATUS OF INDIVIDUAL (Incarcerated, Sentenced, On Supervised Release: Probation, House Arrest, Parole, Work Release, Etc.)

\_\_\_\_\_  
NAME OF CORRECTIONAL INSTITUTION/JAIL/PRISON (IF INCARCERATED)

\_\_\_\_\_  
LAST NAME FIRST NAME HOW ARE YOU RELATED OR ASSOCIATED?

\_\_\_\_\_  
DATE OF BIRTH DATE OF ARREST/INCIDENT CHARGES JAIL NUMBER (If Known)

\_\_\_\_\_  
DETAILS OF THE ARREST/INCIDENT

\_\_\_\_\_  
CURRENT STATUS OF INDIVIDUAL (Incarcerated, Sentenced, On Supervised Release: Probation, House Arrest, Parole, Work Release, Etc.)

\_\_\_\_\_  
NAME OF CORRECTIONAL INSTITUTION/JAIL/PRISON (IF INCARCERATED)

\_\_\_\_\_  
LAST NAME FIRST NAME HOW ARE YOU RELATED OR ASSOCIATED?

\_\_\_\_\_  
DATE OF BIRTH DATE OF ARREST/INCIDENT CHARGES JAIL NUMBER (If Known)

\_\_\_\_\_  
DETAILS OF THE ARREST/INCIDENT

\_\_\_\_\_  
CURRENT STATUS OF INDIVIDUAL (Incarcerated, Sentenced, On Supervised Release: Probation, House Arrest, Parole, Work Release, Etc.)

\_\_\_\_\_  
NAME OF CORRECTIONAL INSTITUTION/JAIL/PRISON (IF INCARCERATED)

\_\_\_\_\_  
LAST NAME FIRST NAME HOW ARE YOU RELATED OR ASSOCIATED?

\_\_\_\_\_  
DATE OF BIRTH DATE OF ARREST/INCIDENT CHARGES JAIL NUMBER (If Known)

\_\_\_\_\_  
DETAILS OF THE ARREST/INCIDENT

\_\_\_\_\_  
CURRENT STATUS OF INDIVIDUAL (Incarcerated, Sentenced, On Supervised Release: Probation, House Arrest, Parole, Work Release, Etc.)

\_\_\_\_\_  
NAME OF CORRECTIONAL INSTITUTION/JAIL/PRISON (IF INCARCERATED)

**20. FAMILY/ASSOCIATES-CRIMINAL ACTIVITY, ARREST, DETENTION, and/or INCARCERATION (CONT.)**

\_\_\_\_\_  
 LAST NAME FIRST NAME HOW ARE YOU RELATED OR ASSOCIATED?

\_\_\_\_\_  
 DATE OF BIRTH DATE OF ARREST/INCIDENT CHARGES JAIL NUMBER (If Known)

\_\_\_\_\_  
 DETAILS OF THE ARREST/INCIDENT

\_\_\_\_\_  
 CURRENT STATUS OF INDIVIDUAL (Incarcerated, Sentenced, On Supervised Release: Probation, House Arrest, Parole, Work Release, Etc.) NAME OF CORRECTIONAL INSTITUTION/JAIL/PRISON (IF INCARCERATED)

\_\_\_\_\_  
 LAST NAME FIRST NAME HOW ARE YOU RELATED OR ASSOCIATED?

\_\_\_\_\_  
 DATE OF BIRTH DATE OF ARREST/INCIDENT CHARGES JAIL NUMBER (If Known)

\_\_\_\_\_  
 DETAILS OF THE ARREST/INCIDENT

\_\_\_\_\_  
 CURRENT STATUS OF INDIVIDUAL (Incarcerated, Sentenced, On Supervised Release: Probation, House Arrest, Parole, Work Release, Etc.) NAME OF CORRECTIONAL INSTITUTION/JAIL/PRISON (IF INCARCERATED)

\_\_\_\_\_  
 LAST NAME FIRST NAME HOW ARE YOU RELATED OR ASSOCIATED?

\_\_\_\_\_  
 DATE OF BIRTH DATE OF ARREST/INCIDENT CHARGES JAIL NUMBER (If Known)

\_\_\_\_\_  
 DETAILS OF THE ARREST/INCIDENT

\_\_\_\_\_  
 CURRENT STATUS OF INDIVIDUAL (Incarcerated, Sentenced, On Supervised Release: Probation, House Arrest, Parole, Work Release, Etc.) NAME OF CORRECTIONAL INSTITUTION/JAIL/PRISON (IF INCARCERATED)

\_\_\_\_\_  
 LAST NAME FIRST NAME HOW ARE YOU RELATED OR ASSOCIATED?

\_\_\_\_\_  
 DATE OF BIRTH DATE OF ARREST/INCIDENT CHARGES JAIL NUMBER (If Known)

\_\_\_\_\_  
 DETAILS OF THE ARREST/INCIDENT

\_\_\_\_\_  
 CURRENT STATUS OF INDIVIDUAL (Incarcerated, Sentenced, On Supervised Release: Probation, House Arrest, Parole, Work Release, Etc.) NAME OF CORRECTIONAL INSTITUTION/JAIL/PRISON (IF INCARCERATED)

**20. FAMILY/ASSOCIATES-CRIMINAL ACTIVITY, ARREST, DETENTION, and/or INCARCERATION (CONT.)**

b. IS THERE ANYONE WHO IS INCARCERATED IN A MDCR FACILITY (MWDC, DCJ/PTDC, ANNEX/WDC, TGK, TTC/STOCKADE, ETC.) WHO YOU BELIEVE MAY TRY TO CONTACT YOU IF YOU WERE HIRED BY MDCR?

YES  NO  IF YES, COMPLETE THE FOLLOWING:

NAME OF INDIVIDUAL	JAIL NUMBER	LOCATION
NAME OF INDIVIDUAL	JAIL NUMBER	LOCATION
NAME OF INDIVIDUAL	JAIL NUMBER	LOCATION
NAME OF INDIVIDUAL	JAIL NUMBER	LOCATION

c. WITHIN THE LAST 5 YEARS, HAVE YOU EVER SENT EMAILS (E), LETTERS (L) OR MONEY (M) TO ANYONE WHO IS/WAS INCARCERATED AT A LOCAL, STATE, FEDERAL OR INTERNATIONAL DETENTION FACILITY? YES  NO

d. WITHIN THE LAST 5 YEARS, HAVE YOU ACCEPTED PHONE CALLS (P) FROM ANYONE WHILE THEY WERE INCARCERATED? YES  NO

e. WITHIN THE LAST 5 YEARS, HAVE YOU VISITED (V) ANYONE WHILE THEY WERE INCARCERATED? YES  NO

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS, CHECK THE APPROPRIATE ACTION TYPE(S) AND COMPLETE THE FOLLOWING:

ACTION TYPE					FIRST AND LAST NAME OF INDIVIDUAL	RELATIONSHIP	APPROXIMATE DATE OF LAST ACTION
E	L	M	P	V			

**21. MDCR AFFILIATIONS**

DO YOU HAVE ANY FAMILY MEMBER(S) OR ASSOCIATE(S) WHO IS CURRENTLY EMPLOYED BY MDCR? YES  NO

IF YES, COMPLETE THE FOLLOWING:

EMPLOYEE NAME	WORK LOCATION	RELATIONSHIP

## 22. CHARACTER REFERENCES

PROVIDE THE FOLLOWING INFORMATION FOR 3 CHARACTER REFERENCES (INDIVIDUALS OTHER THAN YOUR RELATIVES WHO HAVE DEFINITE KNOWLEDGE OF YOUR SUITABILITY FOR THE POSITION FOR WHICH YOU ARE APPLYING.)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
OCCUPATION

\_\_\_\_\_  
HOW LONG HAVE YOU BEEN ACQUAINTED?

(\_\_\_\_\_)\_\_\_\_\_  
DAYTIME PHONE NUMBER

(\_\_\_\_\_)\_\_\_\_\_  
WORK PHONE NUMBER

(\_\_\_\_\_)\_\_\_\_\_  
CELLULAR PHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
OCCUPATION

\_\_\_\_\_  
HOW LONG HAVE YOU BEEN ACQUAINTED?

(\_\_\_\_\_)\_\_\_\_\_  
DAYTIME PHONE NUMBER

(\_\_\_\_\_)\_\_\_\_\_  
WORK PHONE NUMBER

(\_\_\_\_\_)\_\_\_\_\_  
CELLULAR PHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
OCCUPATION

\_\_\_\_\_  
HOW LONG HAVE YOU BEEN ACQUAINTED?

(\_\_\_\_\_)\_\_\_\_\_  
DAYTIME PHONE NUMBER

(\_\_\_\_\_)\_\_\_\_\_  
WORK PHONE NUMBER

(\_\_\_\_\_)\_\_\_\_\_  
CELLULAR PHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

### 23. NEIGHBOR REFERENCES

PROVIDE THE FOLLOWING INFORMATION FOR 3 NEIGHBORS, PREFERABLY THOSE WHO LIVE TO THE LEFT, RIGHT, AND IN FRONT OF YOUR RESIDENCE. IF YOU LIVE IN AN APARTMENT COMPLEX, PROVIDE THE LANDLORD OR LEASING AGENT'S NAME AND TELEPHONE NUMBER:

\_\_\_\_\_  
LAST NAME FIRST NAME  
\_\_\_\_\_  
DAYTIME PHONE NUMBER OTHER PHONE NUMBER  
\_\_\_\_\_  
ADDRESS APT  
\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
LAST NAME FIRST NAME  
\_\_\_\_\_  
DAYTIME PHONE NUMBER OTHER PHONE NUMBER  
\_\_\_\_\_  
ADDRESS APT  
\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
LAST NAME FIRST NAME  
\_\_\_\_\_  
DAYTIME PHONE NUMBER OTHER PHONE NUMBER  
\_\_\_\_\_  
ADDRESS APT  
\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
NAME OF LANDLORD OR LEASING AGENT CONTACT TELEPHONE NUMBER  
(IF APPLICABLE)

## 24. DISTINGUISHING MARK, SCAR, TATTOO, AND/OR PIERCING

- a. DO YOU HAVE ANY MARKS, SCARS, TATTOOS, AND/OR PIERCINGS ON ANY VISIBLE PART OF YOUR BODY; E.G., HEAD, NECK, ARMS, LEGS, ETC.? YES  NO
- b. DO YOU HAVE ANY (VISIBLE AND/OR NON-VISIBLE) GANG/ORGANIZATIONAL RELATED MARK, SCAR, TATTOO, AND/OR PIERCING? YES  NO

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, PROVIDE THE FOLLOWING INFORMATION:

LOCATION OF THE MARK/SCAR/TATTOO/PIERCING	DESCRIPTION OF THE MARK/SCAR/TATTOO/PIERCING

## 25. GANG MEMBERSHIP/AFFILIATION/ASSOCIATION

*(By gang, we mean a group of people who identify themselves with a common name and/or sign and may be involved in criminal activity.)*

- a. ARE YOU CURRENTLY OR HAVE YOU EVER BEEN A MEMBER OF AN ORGANIZATION(S) OR GROUP(S) THAT IS/HAS BEEN INVOLVED IN CRIMINAL MISCHIEF, ILLEGAL ACTIVITY, RACIAL/HATEFUL ACT(S) OF VIOLENCE, ETC.? YES  NO

IF YES, PROVIDE THE FOLLOWING INFORMATION:

BEGINNING DATE	ENDING DATE	GANG NAME	POSITION HELD AND EXTENT OF YOUR MEMBERSHIP/AFFILIATION/ASSOCIATION

- b. DO YOU HAVE A FAMILY MEMBER, FRIEND AND/OR ASSOCIATE WHO IS OR WAS A GANG MEMBER? YES  NO

IF YES, PROVIDE DETAILED INFORMATION OF AFFILIATION/ASSOCIATION BELOW:


## 26. ORGANIZATION MEMBERSHIP

- a. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY DOMESTIC OR FOREIGN ASSOCIATION/ORGANIZATION/MOVEMENT OF A TOTALITARIAN, SUPREMACIST, FASCIST, COMMUNIST, OR SUBVERSIVE NATURE? YES  NO
- b. DO YOU OR HAVE YOU EVER LOBBIED, SUPPORTED, ADVOCATED OR APPROVED THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES? YES  NO
- c. DO YOU SEEK OR HAVE YOU SOUGHT TO ALTER ANY GOVERNMENT BODY (LOCAL, STATE, OR FEDERAL) OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? YES  NO

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, PROVIDE THE FOLLOWING INFORMATION:

NAME OF ORGANIZATION	MEMBERSHIP DATES		OTHER DETAILS
	FROM	TO	

## 27. CONTROLLED SUBSTANCES (NARCOTICS)

HAVE YOU EVER POSSESSED, SUPPLIED, MANUFACTURED, USED OR TRIED (SMOKED; INHALED; SWALLOWED; PLACED/RUBBED ON GUMS, LIPS, OR TONGUE; INJECTED; OR TAKEN BY ANY OTHER MEANS) ANY **ILLEGAL** DRUG OR CONTROLLED SUBSTANCE? YES  NO

HAVE YOU EVER USED OR TRIED (SMOKED; INHALED; SWALLOWED; PLACED/RUBBED ON GUMS, LIPS, OR TONGUE; INJECTED; OR TAKEN BY ANY OTHER MEANS) A **LEGAL** SUBSTANCE TO GET "HIGH?" YES  NO

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, PROVIDE THE FOLLOWING INFORMATION:

ILLEGAL DRUG OR CONTROLLED SUBSTANCE	PERIOD OF USAGE		FREQUENCY OF USAGE (Daily/Weekly/Etc.)	LAST DATE USED/TRIED	CIRCUMSTANCE (Medicinal/Recreational/Etc.)
	No. of Years	No. of Months			
<i>EXAMPLE: Marijuana</i>	5	6	Daily	January 2012	Recreational
HEROIN					
COCAINE					
CRACK COCAINE					
PHENCYCLIDINE (PCP) (ANGEL DUST)					
LYSERGIC ACID DIETHYLAMIDE (LSD) (ACID)					
METHAMPHETAMINE					
MARIJUANA (CANNABIS)					
MAGIC MUSHROOM					
ANABOLIC STEROIDS					
ECSTASY					
ROHYPNOL (ROOFIES)					
OTHER CONTROLLED SUBSTANCES (Specify) _____					
OTHER SUBSTANCES (PAINT/GLUE/GASOLINE/ETC.) (Specify) _____					

HAVE YOU EVER USED PRESCRIPTION MEDICINE THAT WAS NOT PRESCRIBED TO YOU? YES  NO

IF YES, PROVIDE THE FOLLOWING INFORMATION:

MEDICATION NAME	PERIOD OF USAGE		FREQUENCY OF USAGE (Daily/Weekly/Etc.)	LAST DATE USED/TRIED	CIRCUMSTANCE (Medicinal/Recreational/Etc.)
	No. of Years	No. of Months			
MORPHINE					
CODEINE					
OXYCONTIN					
DILAUDID					
METHADONE					
OTHER PAIN KILLERS (Specify) _____					
OTHER MEDICATION (NOT OVER THE COUNTER) (Specify) _____					
OTHER MEDICATION (NOT OVER THE COUNTER) (Specify) _____					











MIAMI-DADE CORRECTIONS AND REHABILITATION DEPARTMENT



PERSONNEL MANAGEMENT BUREAU

2525 NW 62<sup>nd</sup> STREET, SUITE 2000

MIAMI, FL 33147



CONFIDENTIAL RELEASE AND WAIVER

It is my understanding that 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 history to include but not limited to: education, attendance, extracurricular activities, background investigation(s), polygraph examination(s), criminal history, residence, employment, performance, internal affairs investigation(s), discipline, reason(s) for termination, reason(s) for discharge from military service, consumer credit report(s), and relevant medical records (medical records will not be requested until after a conditional employment offer has been extended).

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 the institution or establishment which you represent 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.

I understand that this release is effective for a period of one year from the date below. If you 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 ( ) \_\_\_\_\_

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

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_, the foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known \_\_\_\_\_ or who has produced identification. Type of identification produced \_\_\_\_\_.

Print or Type Commissioned Name of Notary

Notary Signature

Notary Seal

**32. ATTESTATION**

I hereby swear/affirm that there are no misrepresentations, falsification, or omissions of answers, responses, and statements that I have provided in this APHQ. I am aware that should an investigation disclose any misrepresentation, falsification or omission, my application may be rejected, and I may be disqualified from employment with the MDCR. In addition, if after my employment, subsequent investigation discloses any misrepresentation, falsification, or omission, it will be just cause for my dismissal.

I understand that it is my responsibility to notify my background investigator, within 3 business days, of any change to the information provided in this APHQ; e.g., general information, address, telephone number, criminal record, arrest of family member/associate, etc.

I consent to submitting to a background investigation and other selection processes, which may include, but not be limited to: job interview, fingerprint processing, physical abilities test, polygraph examination, psychological evaluation, medical examination, and other means deemed necessary and proper by MDCR to complete its investigation as to my suitability for the position for which I have applied. Additionally, I understand that a copy of this APHQ may be forwarded to affiliates of MDCR for official purposes; e.g., psychological examination, polygraph examination, etc.

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

\_\_\_\_\_  
Date

**AFFIDAVIT**

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_, the foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known \_\_\_\_\_ or who has produced identification. Type of identification produced \_\_\_\_\_.

\_\_\_\_\_  
Print or Type Commissioned Name of Notary

\_\_\_\_\_  
Notary Signature

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