



Orange County Corrections



NAME: _____

DATE: _____

POSITION APPLIED FOR: (Circle one)

Corrections Officer (Florida State Certified)

Corrections Officer Non-Certified

Detention Service Officer

Other _____

Employment Questionnaire



Attn: Human Relations/ Recruitment Section

Orange County Correction

(Via Mail) Reply To: Post Office Box 4970

Orlando, Florida 32802-4970

**(In Person) at: 2450 W. 33rd Street,
Orlando, Florida 32839**

**The Orange County Government
Is an Equal Opportunity Employer, a drug-free workplace and
will conduct drug/alcohol testing**



APPLICANT: READ THIS FIRST

The Orange County Corrections Department is requiring you to fill out this employment questionnaire. No other document, which you will prepare during your application process for a position with Orange County Government, is so important as this questionnaire, and it is in your best interest to follow these instructions. There are many more applicants for employment than there are available positions. Investigators and recruiters do not have the time to correct your questionnaire or conduct inquiries to complete your responses.

ENTRIES MUST BE HAND WRITTEN LEGIBLY BY THE APPLICANT IN BLACK INK. Do not type or otherwise reproduce this document except by printing it yourself. Further, after thoroughly completing the document, you **MUST HAVE IT NOTARIZED** on the appropriate pages. If you fail to follow these instructions, your applicant status will be terminated and may not be re-scheduled for a significant length of time due to the great number of applicants who must be processed.

Before completing this document, closely read the instructions, which are written throughout. There are a number of copies of official documents, which you are required to obtain. These documents will be necessary for completing your background investigation. Orange County Corrections Department understands that some documents may have to be requested and mailed to you. In that case a written explanation of why the document is missing and what you are doing to obtain the document will be required with the application.

When mentioning persons, be sure to fully identify the individual by his or her full correct name. Further, give complete address; **DO NOT ASSUME** that the investigator will attempt to determine street numbers, correct street spellings, apartment numbers, telephone numbers or zip codes. If your questionnaire is not complete and notarized by the deadline, your applicant processing will be terminated.

When completing the residence portion of this questionnaire, be sure that you provide every address where you have lived for the last ten (10) years, in order from your present address backwards. If necessary, call the appropriate person to find out the exact address and the time period during which you resided at that address.

When completing the employment portion of this questionnaire be sure you provide each employer that you have had in the past ten (10) years, in order, from your present employer backwards. If you have ever had a previous law enforcement/corrections employment you must list it, even if it was more than ten (10) years ago. If there was a period of unemployment, enter it in the employment section in the same sequence and manner as if this were another employer by indicating "from" and "to" and print "**UNEMPLOYED**" in the block headed "Employer Name." Further, if you worked more than one job at one time, place the major job first and enter the part-time or secondary job in the block immediately after the primary position.

If you need to use the continuation pages in this questionnaire clearly mark what section you are continuing. If you need more space, use the last sheet in this questionnaire. Be as thorough as possible.

Again, answer each question as completely and honestly as possible. Many more people are not accepted because of omission and concealment than because of previous behavior. Any such omission or concealment will be considered deception. While indiscretions or other situations in your life history may or may not be condoned, deception will absolutely not be tolerated.



Orange County Corrections



IMPORTANT
READ BEFORE COMPLETING
ORANGE COUNTY CORRECTIONS DEPARTMENT EMPLOYMENT
QUESTIONNAIRE

IN ORDER TO BE CONSIDERED FOR A
CORRECTIONS DEPARTMENT POSITION
YOU MUST SUBMIT COPIES OF THE FOLLOWING DOCUMENTATION:

- ✓ BIRTH CERTIFICATE
- ✓ FLORIDA DRIVER'S LICENSE
- ✓ SOCIAL SECURITY CARD
- ✓ NAME CHANGE DOCUMENTS (if applicable)
- ✓ HIGH SCHOOL DIPLOMA or GED WITH SCORES
- ✓ HIGHER LEARNING DEGREES
- ✓ FORM DD214 (if prior military experience) (Page – Member 4)
- ✓ CORRECTIONS OFFICER CERTIFICATION & ACADEMY CERTIFICATE (if you are a FL Corrections Officer or an out of state Corrections Officer)
- ✓ IF CERTIFIED AFTER JULY 1, 1993, YOU MUST ALSO SUBMIT TEST RESULTS OF THE FLORIDA OFFICER CERTIFICATION EXAM WITH PASSING SCORES
- ✓ CRIMINAL HISTORY FORM and any court dispositions (if applicable)
- ✓ NATURALIZATION DOCUMENTS (if applicable)
- ✓ LAST PERFORMANCE EVALUATION FROM YOUR CURRENT EMPLOYER OR 2 LETTERS OF RECOMMENDATION FROM CURRENT OR FORMER SUPERVISOR ON COMPANY STATIONARY

Be thorough and truthful. Your application will not be considered unless completed in full and all relevant statements and documentation are attached. You will be DISQUALIFIED from the process if it is discovered that you falsified your application. DO NOT STAPLE ANY DOCUMENTS TO THE APPLICATION. DO NOT REMOVE ANY PAGES FROM THE APPLICATION.

Social Security Number Collection Disclosure Statement

Pursuant to Section 119.071(5), Florida Statutes, Orange County Government is requesting your social security number (SSN) for one or more of the following purposes: to comply with federal laws requiring the County to report income and SSNs for all employees and eligible retirees to whom it pays compensation; to maintain internal identification and to track records for use in administering payroll, tax reporting and benefits processing; to verify employment status, history and eligibility; to conduct background checks and drug test screening.

Orange County Government is dedicated to ensuring the proper handling of confidential information relating to its employees and to ensuring their privacy.

Revised 6/06/08 lb

Revised 10/01/08 lb



**Orange County Corrections
IMPORTANCE OF HONESTY**



Orange County Corrections Department is seeking applicants who demonstrate certain characteristics. Honesty is the most important characteristic that you must demonstrate. It is extremely important that you are completely honest in all of your answers.

The importance of honesty from time of application, completion of all documents and questionnaire as well as during all interviews cannot be overemphasized. Failure to respond to any question accurately and completely, whether orally or written, will result in disqualification. Many applicants have been disqualified for dishonesty.

While filling out this questionnaire, you are cautioned to take your time and to be thorough and specific in all your answers. If you have any doubt in your mind concerning a particular question, or if you are unsure whether to include certain information, the answer is "Yes: include it."

You may think that something you have done will disqualify you from further consideration. It may or may not. What will certainly disqualify you is lying or distorting the truth. For example, an arrest (either when you were a juvenile or as an adult) may or may not disqualify you. However, lying about that arrest will disqualify you from further consideration. Or, you may have been fired from a job that, by itself, may or may not disqualify you. However, lying about it will disqualify you from further consideration. The use of drugs, including marijuana, may or may not disqualify you. However, lying about it will disqualify you from further consideration.

I have read and understand the contents of this paper.

Date _____ Applicant's Signature _____

CERTIFICATION OF INFORMATION

I, _____, certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification of the application, supplement forms or documents in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with Orange County Personnel Policy. I hereby authorize investigation of all statements/information I have provided herein. I authorize the companies or persons named herein to give any information regarding my history, together with any information they may have regarding me, whether or not it is on their records. Further, if relevant to the position/work being sought, I authorize a check of my driver license record. I hereby release said companies or persons, and Orange County Government, its officials, agents and employees, from all liability for any damage, whatsoever, for issuing or obtaining this information. I understand that if I am selected for employment I will be required to undergo a physical examination, including urinalysis. In the event I am employed by Orange County Government, I agree to comply with all its policies, rules and regulations.

Date _____ Applicant's Signature _____

Pursuant to the Florida Public Records Law, all documents (except medical records) made or received by Orange County Government in the course of processing your application are public records and shall be open for inspection by the public..

.....
Section to be completed by Notary Public

**AFFIDAVIT
STATE OF FLORIDA**

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ by _____
who is personally known to me or who has produced _____ as identification.

(Signature of person taking acknowledgement)
(Printed name of person taking acknowledgement)
(Title or Rank)
(Serial Number, if any)



Criminal History Form

POSITION: Corrections Officer DSO LPN RN Other _____

PLEASE PRINT IN BLACK INK, ALL REQUESTED INFORMATION ABOVE THE LINE ONLY.

NAME: _____
(Last) (First) (Middle)

PLEASE LIST ALL OTHER NAMES YOU HAVE USED:

- 1. _____ 3. _____
- 2. _____ 4. _____

SOCIAL SECURITY NUMBER: _____ / _____ / _____

DRIVERS LICENSE NUMBER/STATE: _____

DATE OF BIRTH: _____ / _____ / _____ PLACE OF BIRTH: _____
Month/ Day / Year (City/Town) (State)

RACE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

COLOR OF HAIR: _____ COLOR OF EYES: _____

(APPLICANT---DO NOT WRITE BELOW THIS LINE)

FOR ORANGE COUNTY CORRECTIONS USE ONLY

POSITIVE RESPONSE: "YES"
NEGATIVE RESPONSE: "NO"

F.C.I.C. _____ CHECKED BY: _____ DATE: ___/___/___

N.C.I.C. _____ CHECKED BY: _____ DATE: ___/___/___

CRIMINAL HISTORY _____ CHECKED BY: _____ DATE: ___/___/___

DRIVER'S LICENSE VALID YES _____ NO _____

DRIVER'S LICENSE TYPE _____

DRIVER'S LICENSE EXPIRATION _____

DRIVER'S LICENSE CHECKED BY _____ DATE _____

This form is covered under Section 119.07(3) (i) 1., F.S. (1998 Supp) for release of information



This application must be either typed or printed in legible form

APPLICANT QUESTIONNAIRE

NAME: _____

DATE: ____/____/____

POSITION: CO DSO OTHER _____

As part of the pre-employment process for a corrections position, you are required to complete the following questionnaire. Check the appropriate boxes below, use an extra sheet if needed.

Yes No Have you ever, at any time in your life, used marijuana, cocaine, opiates or other controlled substances? (An admission to the use of controlled substances may not necessarily disqualify you from consideration)

	Marijuana	Cocaine	Opiates	Other
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experimental use only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than experimental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, indicate type of controlled substance and date last used:

Marijuana	Cocaine	Opiates	Other/Specify _____
_____ (mo./yr.)	_____ (mo./yr.)	_____ (mo./yr.)	_____ (mo./yr.)

Yes No Have you ever, at any time in your life, sold, delivered, manufactured, smuggled, or trafficked Illegal Substances?

	Yes	No
Sold Illegal Substances	<input type="checkbox"/>	<input type="checkbox"/>
Delivered Illegal Substances	<input type="checkbox"/>	<input type="checkbox"/>
Manufactured Illegal Substances	<input type="checkbox"/>	<input type="checkbox"/>
Smuggled Illegal Substances	<input type="checkbox"/>	<input type="checkbox"/>
Trafficked In Illegal Substances	<input type="checkbox"/>	<input type="checkbox"/>

If yes, When? _____

How often? _____

Yes No Have you ever been the subject of a civil injunction, such as for Domestic Violence? If yes, explain in detail.



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Yes No Have you **ever** committed a crime, whether arrested or not, that would constitute a felony or first-degree misdemeanor? If yes, what crimes were committed and when? **List any crimes even if legally sealed or expunged.**

Yes No Have you **ever** been arrested, given a Notice to Appear, or summons for any criminal offense? If yes, what crimes were committed and when? **List any crimes even if legally sealed or expunged.**

Yes No Have you **ever** had a criminal charge dropped, dismissed, nolle prosee, pre-trial deferred, or been acquitted of a criminal offense? If yes, what crimes were committed and when? **List any crimes even if legally sealed or expunged.**

Yes No Do you have **any** pending felony or misdemeanor charges? If yes, explain in detail, including law enforcement agency, court dates and locations.

Yes No Are you currently on probation following any criminal conviction? If yes, explain in detail, include dates and locations.

Yes No Have you **ever** been a defendant in a civil action for an intentional tort (Intentional Tort – A wrong perpetrated by one who intends to do that which the law has declared wrong. e.g. battery or defamation)? If yes, explain fully the nature of the intentional tort(s) and the disposition of the action.

Yes No Have you **ever** been refused a surety bond (i.e., contractor, security guard or entrepreneurship), or refused for employment that required bonding? If yes, explain in detail.

Yes No Have you **ever** been involuntarily terminated (fired) from employment or asked to resign, **that is, at any time in your work history**? If yes, explain in detail. *List employer(s) dates(s).*



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Yes No Have you ever been laid off from employment? If yes, explain in detail. List employer(s) and date(s)

Yes No In the last year, have you missed work/school due to intoxication? If yes, indicate last time occurred.

Yes No In the last year, have you drank alcohol while at work? If yes, indicate last time occurred.

Yes No Have you **ever** been disciplined by any employer? If yes, list each discipline, employer and dates.

Yes No Have you **ever** been the subject of a complaint letter? If yes, give details and date(s).

Yes No Do you have prior corrections or law enforcement experience, in any capacity? If yes, when and where?

Yes No If you have corrections or law enforcement experience, have you **ever** been or are you currently under an internal investigation? If yes, list each time, employer, date and outcome.
N/A

Yes No Are you **now**, or have you **ever** been a member of or affiliated with any organization, association, movement, group or combination of persons which has adopted the policy of advocating or approving the commission of acts of force, intimidation, violence or other illegal acts to deny persons their rights under the Constitution of the United States? If yes, list the names(s) of organization(s), dates, extent of association, affiliation, contribution, etc.

Yes No Do you currently bear any intentionally inflicted scar, insignia, tattoo or other permanent bodily marking depicting symbols or words, which are commonly associated with any subversive or paramilitary organization? If yes, please explain

Yes No Are you willing to take a polygraph examination to verify all information supplied in this application and all other information supplied by you to this department?

All required **DOCUMENTS** must accompany your completed, **NOTARIZED** application.



Employment Questionnaire
CORRECTIONS DEPARTMENT
Orange County, Florida

Position Sought: _____ Date: _____

PERSONAL DATA

1. Name (Last, First, Middle) _____

2. Social Security Number _____ / _____ / _____

3. Address: _____

(Street) (Apt. No.)
City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Alternate Phone Number: (____) _____

FAX #: (____) _____ Email Address: _____

4. Have you ever been convicted of a crime, pled nolo contendere (no contest), or had the sentence and/or adjudication withheld for a crime, including arrestable traffic offenses (e.g., Driving under the Influence, Reckless Driving, Driving with a Suspended Driver's License, etc.). Yes No

If yes, give offense, date, county, state, territory or country and sentence for each conviction (for purposes of this section and/or question, a plea of guilty or "no contest" shall be considered a conviction in spite of the fact adjudication was withheld or sentence suspended) List any crimes even if it was legally sealed or expunged.

5. Do you have any relatives working for Orange County Government? Yes No

Name _____ Relationship _____

6. Have you ever worked for the Orange County Government or specifically the Orange County Corrections Department?

Yes No

If yes, please give previous dates of employment _____ Employing Department _____

Position _____

7. Also, if answering yes to the above question, did you leave the employ of Orange County Government while an Administrative Disciplinary Investigation was underway, or a violation of the Code of Conduct, Work Habits and/or Disciplinary Action was pending? If yes, explain completely



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8. Have you ever worked for, or applied to, any other law enforcement agency? Yes No

Name of agency and dates of employment: _____

Name of agency and dates of application: _____

9. Are you now on any eligibility list? Yes No

10. Have you had law enforcement and/or corrections training by any local, state or federal agency? Yes No

If yes, state where: _____

Did you receive a certificate for this training? Yes No If yes, on what date? _____



EMPLOYMENT HISTORY

List ALL employment and volunteer experience including temporary and part-time beginning with present or most recent employer that you have held over the past 10 years. Account for all periods, including unemployment and service in the Armed Forces. If more than one position was held with same employer, list information in the next block(s). If you've ever worked in law enforcement or corrections, please list the information. If you were employed under a different name (maiden or married), please enter that name in the right hand margin.

May we contact your present employer? Yes No
(If you state "No" and a job offer is made, we MUST contact your current employer)

1. Present or Last Employer		Dates Employed	
		From:	To:
Address (Number and Street)		Phone Number	
		()	
City	State	Zip Code	
Reason For Leaving or Considering Leaving		Hours Worked Per Week	
E-MAIL:	FAX #:	ALT #:	
		SALARY	
Duties		Starting	Ending
		\$ _____	\$ _____
		Per _____	Per _____
2. Previous Employer		Dates Employed	
		From:	To:
Address (Number and Street)		Phone Number	
		()	
City	State	Zip Code	
Reason For Leaving or Considering Leaving		Hours Worked Per Week	
E-MAIL:	FAX #:	ALT #:	
		SALARY	
Duties		Starting	Ending
		\$ _____	\$ _____
		Per _____	Per _____
3. Previous Employer		Dates Employed	
		From:	To:
Address (Number and Street)		Phone Number	
		()	
City	State	Zip Code	
Reason For Leaving or Considering Leaving		Hours Worked Per Week	
E-MAIL:	FAX #:	ALT #:	
		SALARY	
Duties		Starting	Ending
		\$ _____	\$ _____
		Per _____	Per _____



EMPLOYMENT HISTORY (Continued)

4. Previous Employer		Dates Employed	
Address (Number and Street)		Phone Number	From: _____ To: _____
City _____ State _____		() Zip Code	Supervisor's Name
Reason For Leaving or Considering Leaving		Your Job Title	
E-MAIL: _____ FAX #: _____ ALT #: _____		Hours Worked Per Week	
Duties		SALARY	
		Starting _____	Ending _____
		\$ _____	\$ _____
		Per _____	Per _____
5. Previous Employer		Dates Employed	
Address (Number and Street)		Phone Number	From: _____ To: _____
City _____ State _____		() Zip Code	Supervisor's Name
Reason For Leaving or Considering Leaving		Your Job Title	
E-MAIL: _____ FAX #: _____ ALT #: _____		Hours Worked Per Week	
Duties		SALARY	
		Starting _____	Ending _____
		\$ _____	\$ _____
		Per _____	Per _____
6. Previous Employer		Dates Employed	
Address (Number and Street)		Phone Number	From: _____ To: _____
City _____ State _____		() Zip Code	Supervisor's Name
Reason For Leaving or Considering Leaving		Your Job Title	
E-MAIL: _____ FAX #: _____ ALT #: _____		Hours Worked Per Week	
Duties		SALARY	
		Starting _____	Ending _____
		\$ _____	\$ _____
		Per _____	Per _____



EMPLOYMENT HISTORY (Continued)

7. Previous Employer		Dates Employed	
Address (Number and Street)		Phone Number	From: _____ To: _____
City _____ State _____		() Zip Code	Supervisor's Name
Reason For Leaving or Considering Leaving		Your Job Title	
E-MAIL: _____ FAX #: _____ ALT #: _____		Hours Worked Per Week	
Duties		SALARY	
		Starting _____	Ending _____
		\$ _____	\$ _____
		Per _____	Per _____
8. Previous Employer		Dates Employed	
Address (Number and Street)		Phone Number	From: _____ To: _____
City _____ State _____		() Zip Code	Supervisor's Name
Reason For Leaving or Considering Leaving		Your Job Title	
E-MAIL: _____ FAX #: _____ ALT #: _____		Hours Worked Per Week	
Duties		SALARY	
		Starting _____	Ending _____
		\$ _____	\$ _____
		Per _____	Per _____
9. Previous Employer		Dates Employed	
Address (Number and Street)		Phone Number	From: _____ To: _____
City _____ State _____		() Zip Code	Supervisor's Name
Reason For Leaving or Considering Leaving		Your Job Title	
E-MAIL: _____ FAX #: _____ ALT #: _____		Hours Worked Per Week	
Duties		SALARY	
		Starting _____	Ending _____
		\$ _____	\$ _____
		Per _____	Per _____



EMPLOYMENT HISTORY (Continued)

10. Previous Employer		Dates Employed	
Address (Number and Street)		Phone Number	From: _____ To: _____
City _____ State _____		() Zip Code	Supervisor's Name
Reason For Leaving or Considering Leaving		Your Job Title	
E-MAIL: _____ FAX #: _____ ALT #: _____		Hours Worked Per Week	
Duties		SALARY	
		Starting _____	Ending _____
		\$ _____	\$ _____
		Per _____	Per _____
11. Previous Employer		Dates Employed	
Address (Number and Street)		Phone Number	From: _____ To: _____
City _____ State _____		() Zip Code	Supervisor's Name
Reason For Leaving or Considering Leaving		Your Job Title	
E-MAIL: _____ FAX #: _____ ALT #: _____		Hours Worked Per Week	
Duties		SALARY	
		Starting _____	Ending _____
		\$ _____	\$ _____
		Per _____	Per _____
12. Previous Employer		Dates Employed	
Address (Number and Street)		Phone Number	From: _____ To: _____
City _____ State _____		() Zip Code	Supervisor's Name
Reason For Leaving or Considering Leaving		Your Job Title	
E-MAIL: _____ FAX #: _____ ALT #: _____		Hours Worked Per Week	
Duties		SALARY	
		Starting _____	Ending _____
		\$ _____	\$ _____
		Per _____	Per _____



**Orange County Corrections
EDUCATIONAL RECORD**

ALL INFORMATION MUST BE COMPLETE & ACCURATE

HIGH SCHOOL (Last)		DATES ATTENDED		DID YOU GRADUATE? YES ___ NO ___	
NAME:	FROM: MONTH	YEAR		IF NO, DO YOU HAVE A GENERAL EDUCATION DIPLOMA (GED) OR A HIGH SCHOOL EQUIVALENCY? YES ___ . NO ___ YOU MUST PROVIDE A COPY OF YOUR GED SCORES	
CITY:	TO: MONTH	YEAR			
STATE:			STATE:	YEAR:	
PHONE ()					

COLLEGE		DATES ATTENDED		COURSE OF STUDY:	
NAME:	FROM: MONTH	YEAR		DID YOU GRADUATE? YES ___ NO ___	
CITY:	TO: MONTH	YEAR		DEGREE:	
STATE:			IF NO DEGREE, HOW MANY CREDITS DID YOU COMPLETE?		
PHONE ()					

COLLEGE (POST GRADUATE)		DATES ATTENDED		COURSE OF STUDY:	
NAME:	FROM: MONTH	YEAR		DID YOU GRADUATE? YES ___ NO ___	
CITY:	TO: MONTH	YEAR		DEGREE:	
STATE:			IF NO DEGREE, HOW MANY CREDITS DID YOU COMPLETE?		
PHONE ()					

TRADE/TECHNICAL/BUSINESS		DATES ATTENDED		COURSE OF STUDY:	
NAME:	FROM: MONTH	YEAR		DID YOU GRADUATE? YES ___ NO ___	
CITY:	TO: MONTH	YEAR		IF NO DIPLOMA, DESCRIBE THE TRAINING RECEIVED:	
STATE:					
PHONE ()					

OTHER SIGNIFICANT TRAINING		DATES ATTENDED		COURSE OF STUDY:	
NAME:	FROM: MONTH	YEAR		EXPLAIN IN DETAIL	
CITY:	TO: MONTH	YEAR			
STATE:					
PHONE ()					



MOTOR VEHICLE OPERATOR RECORD

Yes No Do you possess a current valid Driver's License?

Yes No Do you have a CDL License?

What State? _____ Driver's License #: _____

Driver's License Type: Normal Operator

Non-Commercial Class: _____ Endorsements: _____

Commercial Class: _____ Endorsements: _____

Yes No Have you ever had a Driver's License suspended or revoked?

If yes, (1) give names of the State, (2) date of suspension and (3) explain all details below:

If you have been licensed to drive in Florida less than ten (10) years, or not all, other states or countries of permitted driving for the last ten (10) years (if applicable):

State or Country: _____ Class/Endorsement: _____ DL# _____

State or Country: _____ Class/Endorsement: _____ DL# _____

Yes No Have you ever received a traffic citation (other than parking?) If yes, indicate the city, county and state; name of agency issuing citation; date; charges and final disposition.

Complete information **MUST** be supplied.



Orange County Corrections
CERTIFICATIONS / SKILLS / LICENSES



Use this space to indicate any Professional or Occupational License Registration or Certification (e.g. Certified Public Accountant, Corrections Officer Certification, Registered Nurse Certificate, etc.) you currently hold or any special knowledge, skills or abilities (e.g. Typing, Word Processing, Shorthand, Computer use) that you possess. If a License or Certification is required or preferred for a position vacancy, a copy of the License or Certification **MUST** accompany this application.

(License Type)

(License/Certification Number)	(State)	(Effective Date)
--------------------------------	---------	------------------

(License/Certification Number)	(State)	(Effective Date)
--------------------------------	---------	------------------

Yes No Have you ever been fined while employed in a child care facility?
 If Yes, please explain:

Yes No Have you ever been subjected to disciplinary action while employed in a child care facility? If Yes, please explain:



Orange County Corrections
REFERENCES



Please furnish five (5) separate references. **DO NOT** list relatives or previous employers, and references cannot be related to each other. Current or past neighbors can be used as references. References must have known you for at least two (2) years and possess sufficient information concerning your suitability for employment sought and/or employment in general. Give complete address and zip code.

(1) _____			
Name	Occupation	How long known	
Home (Street) Address	City	State	Zip+4
Business (Street) Address	City	State	Zip+4
() _____	() _____		
Home Phone	Business Phone	E-mail	
(2) _____			
Name	Occupation	How long known	
Home (Street) Address	City	State	Zip+4
Business (Street) Address	City	State	Zip+4
() _____	() _____		
Home Phone	Business Phone	E-mail	
(3) _____			
Name	Occupation	How long known	
Home (Street) Address	City	State	Zip+4
Business (Street) Address	City	State	Zip+4
() _____	() _____		
Home Phone	Business Phone	E-mail	
(4) _____			
Name	Occupation	How long known	
Home (Street) Address	City	State	Zip+4
Business (Street) Address	City	State	Zip+4
() _____	() _____		
Home Phone	Business Phone	E-mail	
(5) _____			
Name	Occupation	How long known	
Home (Street) Address	City	State	Zip+4
Business (Street) Address	City	State	Zip+4
() _____	() _____		
Home Phone	Business Phone	E-mail	



RESIDENCY

List chronologically all your residences for the past **ten (10) years**. Start with your current residence. Use a separate sheet or copy this form if necessary. Fill out all spaces to the best of your knowledge

From: ____/____/____ To: ____/____/____ Own Rent
 (Month/Year)

If renting, name lease is under: _____

Street address: _____ Apt.# _____

City: _____ County: _____ State: _____ Zip+4: _____

Landlord's name and /or name of Apt. Complex: _____

Landlord's Apt. or Street Address: _____ Apt.# _____

City: _____ State: _____ Zip+4: _____

Home Phone: _____ Business Phone: _____

Email _____

From: ____/____/____ To: ____/____/____ Own Rent
 (Month/Year)

If renting, name lease is under: _____

Street address: _____ Apt.# _____

City: _____ County: _____ State: _____ Zip+4: _____

Landlord's name and /or name of Apt. Complex: _____

Landlord's Apt. or Street Address: _____ Apt.# _____

City: _____ State: _____ Zip+4: _____

Home Phone: _____ Business Phone: _____

Email _____

From: ____/____/____ To: ____/____/____ Own Rent
 (Month/Year)

If renting, name lease is under: _____

Street address: _____ Apt.# _____

City: _____ County: _____ State: _____ Zip+4: _____

Landlord's name and /or name of Apt. Complex: _____

Landlord's Apt. or Street Address: _____ Apt.# _____

City: _____ State: _____ Zip+4: _____

Home Phone: _____ Business Phone: _____

Email _____

From: ____/____/____ To: ____/____/____ Own Rent
 (Month/Year)

If renting, name lease is under: _____

Street address: _____ Apt.# _____

City: _____ County: _____ State: _____ Zip+4: _____

Landlord's name and /or name of Apt. Complex: _____

Landlord's Apt. or Street Address: _____ Apt.# _____

City: _____ State: _____ Zip+4: _____

Home Phone: _____ Business Phone: _____

Email _____



RESIDENCY (continued)

From: ____/____/____ To: ____/____/____ Own o Rent o
(Month/Year)

If renting, name lease is under: _____

Street address: _____ Apt.# _____

City: _____ County: _____ State: _____ Zip+4: _____

Landlord's name and /or name of Apt. Complex: _____

Landlord's Apt. or Street Address: _____ Apt.# _____

City: _____ State: _____ Zip+4: _____

Home Phone: _____ Business Phone: _____

Email _____

From: ____/____/____ To: ____/____/____ Own o Rent o
(Month/Year)

If renting, name lease is under: _____

Street address: _____ Apt.# _____

City: _____ County: _____ State: _____ Zip+4: _____

Landlord's name and /or name of Apt. Complex: _____

Landlord's Apt. or Street Address: _____ Apt.# _____

City: _____ State: _____ Zip+4: _____

Home Phone: _____ Business Phone: _____

Email _____

From: ____/____/____ To: ____/____/____ Own o Rent o
(Month/Year)

If renting, name lease is under: _____

Street address: _____ Apt.# _____

City: _____ County: _____ State: _____ Zip+4: _____

Landlord's name and /or name of Apt. Complex: _____

Landlord's Apt. or Street Address: _____ Apt.# _____

City: _____ State: _____ Zip+4: _____

Home Phone: _____ Business Phone: _____

Email _____

From: ____/____/____ To: ____/____/____ Own o Rent o
(Month/Year)

If renting, name lease is under: _____

Street address: _____ Apt.# _____

City: _____ County: _____ State: _____ Zip+4: _____

Landlord's name and /or name of Apt. Complex: _____

Landlord's Apt. or Street Address: _____ Apt.# _____

City: _____ State: _____ Zip+4: _____

Home Phone: _____ Business Phone: _____

REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>*

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH			
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE COMPONENT						
b. RESERVE COMPONENT						
c. NATIONAL GUARD						
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES _____				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES		

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

DD Form 214 or equivalent. When was the DD Form(s) 214 issued? YEAR(S): _____
 If more than one period of service was performed, even in the same branch, there may be more than one DD214.

This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. **An UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.

An undeleted copy will be sent unless you specify a deleted copy. Indicate here if you want a deleted copy of the DD Form 214 . .

The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

All Documents in Official Military Personnel File (OMPF)

Medical Records (Includes Service Treatment Records, Health (outpatient) and dental records.) If hospitalized (inpatient), the facility name and date for each admission **must** be provided: _____

Other (Specify): _____

2. PURPOSE: (An explanation of the purpose of the request is **strictly voluntary**; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

Benefits Employment VA Loan Programs Medical Genealogy Correction Personal

Other, explain: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS: (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.) No signature required for Archival records.

Military service member or veteran identified in Section I, above

Next of kin of deceased veteran: _____
(Relationship)

Legal guardian (Must submit copy of court appointment.)

Other (specify) _____

MUST HAVE PROOF OF DEATH - See item 2a on instruction sheet.

3. AUTHORIZATION SIGNATURE WHEN REQUIRED (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct. No signature required for Archival records.

2. SEND INFORMATION/DOCUMENTS TO:
 (Please print or type. See item 4 on accompanying instructions.)

Name _____

Street _____ Apt. _____

City _____ State _____ Zip Code _____

Signature Required - Do not print _____ **Date** _____

() _____ () _____

Daytime phone _____ Fax Number _____

Email address _____

This form is available at <http://www.archives.gov/research/order/standard-form-180.pdf> on the National Archives and Records Administration (NARA) web site.

LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	ADDRESS CODE	
		Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired on or after 10/1/2004	1	11
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	13	
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired on or after 4/1/1998	14	11
	Active, reserve, or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1905	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired on or after 1/1/1999	4	11
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	
	Discharged, deceased, or retired after 10/16/1992	14	11
	Active enlisted, officers	7	
	Former National Guard/USAR personnel	14	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired on or after 1/1/1995	10	11
	Active, reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	

ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSIRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Old Military and Civil Records (NWCTB-Military) Textual Services Division 700 Pennsylvania Ave., N.W. Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center Records Management Branch (DPTARA) 18420 E. Silver Creek Ave. Bldg. 390 MS 68 Buckley AFB, CO 80011	7	US Army Human Resources Command ATTN: AHRC-PDR-V 1600 Spearhead Division Ave., Dept 420 Fort Knox, KY 40122-5402 askhrc.army@us.army.mil	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (PSD-MR) MS7200 US Coast Guard 4200 Wilson Blvd., Suite 1100 Arlington, VA 29598-7200 http://uscg.mil/psc/adm	8	<i>Reserved.</i>	13	<i>Reserved.</i>
4	Headquarters U.S. Marine Corps Manpower Management Support Branch (MMSB-10) 2008 Elliot Road Quantico, VA 22134-5030	9	<i>Reserved.</i>	14	National Personnel Records Center (Military Personnel Records) 1 Archives Dr. St. Louis, MO 63138-1002
5	Marine Forces Reserve 4400 Dauphine St. New Orleans, LA 70146-5400	10	Navy Personnel Command (PERS-312E) 5720 Integrity Drive Millington, TN 38055-3120		<i>eVetRecs!</i> http://www.archives.gov/veterans/military-service-records/



INTEROFFICE MEMORANDUM

Subject: **PERSONAL APPEARANCE AND WORK SCHEDULE**

PERSONAL APPEARANCE

All Orange County employees must adhere to Section 406, Dress Code and Appearance, of the Orange County Policy Manual. In addition to the County Dress Code Policy, the following Departmental Operating Procedures shall be followed:

Hair Styles:

A. Male employees will maintain clean and neatly trimmed hair which presents a professional appearance. The hair may extend over the tips of the ears, but will not cover more than one-half of the ear. Hair will not extend over shirt or coat collars. Sideburns will be neatly trimmed and not extend below the bottom of the earlobe. Beards must be neatly trimmed, properly groomed, and no longer than three-quarter inch in length may be worn. Mustaches will be neatly trimmed and will not extend more than one-half inch beyond or below the corner of the mouth.

B. Hairstyles of female personnel will be clean, neat, conservative and present a professional appearance. Long hair will not be loose to the extent it becomes a hazard or interferes with the performance of one's duties.

C. The Department Manager will determine what is reasonable and appropriate according to the requirements of the position.

Jewelry:

The wearing of jewelry by uniformed personnel is discouraged for safety reasons; however, it may be worn under the following guidelines:

A. Only Female employees may wear earrings.

Correctional Officer Positions: One pair, if they are small (1/4" or less in diameter), are of the post or clip-on type and do not dangle below the earlobe.

Non-Certified civilian positions: A maximum of two sets of earrings may be worn in the ear lobe.

Earrings may only be worn on the earlobe. Other body piercing shall not be visible.

Tattoos:

Visible tattoos shall be moderate, non-offensive, and must not detract from a professional appearance.

WORK SCHEDULE

The Orange County Corrections Department, by nature of the correctional services that it provides, operates 24 hours per day, 7 days per week. Accordingly, all candidates for certified and non-certified positions within the Orange County Corrections department must be available to work all shifts inclusive of non-standard hours, i.e., days, nights, weekends, and holidays. Management will schedule and assign the work to employees based on operational needs and jail classification standards.

ALL OF THE ABOVE IS ACCEPTED, ACKNOWLEDGED AND UNDERSTOOD BY:

Name of Candidate (*Print*)

Name (*Signature*)

Date

WITNESSED BY (Corrections Recruiter or designee):

(*Print*)

(*Signature*)

Date



Orange County Corrections

RELEASE OF INFORMATION WAIVER

(Please read this carefully and sign in the presence of the Notary)

I respectfully request and hereby authorize you to furnish Orange County Government, the Human Resources Division, or its designee, any and all information/records that you may have concerning myself. This includes but is not limited to my complete work history, education, military service, reputation, personal background, civil records, criminal conviction(s), driver license information/driving history, as well as credit history, if applicable. Please include any and all report including all information of a confidential or privileged nature, and copies of same, if requested. I further authorize companies or persons to give any information regarding my history; together with any information they may have regarding me, whether or not it is on their records. This information is to be used to assist in determining my qualifications and suitability for the position I am seeking with Orange County Government.

This form may be used for the duration of my processing and does not expire. A photographic or faxed copy of this form shall be as valid as the original.

Print Name: _____ Social Security #: _____

Signature _____

Applicant will sign in ink on this line in the presence of a Notary Public.

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me on this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

Personally Known Produced Identification

Type of ID: _____



CONTINGENT EMPLOYMENT OFFER AGREEMENT ORANGE COUNTY CORRECTIONS DEPARTMENT

DATE: _____

EMPLOYEE NAME: _____

POSITION: _____

Satisfactory completion of a pre-employment background check is a mandatory condition of employment with Orange County.

The background check is initiated prior to the first day of employment, but may not be completed before employment with the County commences.

Your signature below verifies that you understand and agree that should you fail to successfully complete the full background check process, or if inaccurate information is found on the application, resume or background investigation documents, Orange County's contingent offer of employment may be rescinded and your employment will end.

Date

(Signature of Applicant)

Social Security Number

Date of contingent offer

Signature of Recruiter



FOLE

Florida Department

Orange County Corrections



CJSTC
58

**Authority For Release of Information
(Background Investigation Waiver)**

To: *Concerned Person or Authorized
Representative of Any Organization,
Institution or Repository of Records*

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: *Orange County Corrections (Professional Standards or Inquiries, Inc.)*

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, 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. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

Orange County Professional Standards, P.O. Box 1393, Orlando, Florida 32801.

Florida State Statute 768.095 titled Employer immunity from liability; disclosure of information regarding former employees states: - An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.

Pursuant to Section 943.13 (4), (5) and (7) F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature

Date

Applicant's Address

AFFIDAVIT

STATE OF _____

COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20_____. My Commission expires on _____, 20_____.

Personally Known _____ - or - Produced Identification _____ Notary Public

Type of Identification Produced: _____



Florida Department of Law Enforcement

AFFIDAVIT OF APPLICANT

Incorporated by Reference in Rule 11B-27.002(1)(f), F.A.C.



CJSTC 68

Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses

Social Security Number: _____

Applicant's Legal Name: _____ Last First MI

Employing agency: _____

Use this form to verify your compliance with the employment requirements of Section 943.13, F.S. I fully understand that to qualify for employment as a law enforcement, correctional, or correctional probation officer, I shall comply with the following provisions of Section 943.13, F.S.:

- Be at least 19 years of age.
• Be a citizen of the United States.
• Be a high school graduate or equivalent.
• Not have been convicted of any felony or of a misdemeanor involving perjury or false statement.
• Have been fingerprinted by the employing agency.
• Have passed a physical examination by a licensed medical specialist approved in Rule 11B-27.002(1)(d), F.A.C..
• Be of good moral character.
• Have not received a dishonorable discharge from the U.S. Military.

True False NA In addition, I attest to the following statements: Each statement shall be checked "True" "False" or "NA"

Table with 3 columns (True, False, NA) and 11 rows of statements for attestation.

NOTICE: This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission.

PLEASE READ CAREFULLY BEFORE SIGNING. You must complete the remainder of this affidavit in the presence of a notary public.

Applicant's Signature Date Signed

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____ The forgoing instrument was acknowledged before me this date _____

By: _____ who is personally known _____

or who has produced identification. Type of identification: _____

Notary's Signature Print, type, or stamp Commissioned Name of Notary

Notary Seal: _____ Upon witnessing the agency administrator or designee's signing of this affidavit, the notary public shall complete the notary block.

*NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliance Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section



TRAINING AGREEMENT – Newly Hired

To be filled out by Non-Certified Correctional Officer applicants only.

Revised: 9/22/08

In consideration for hiring costs, payment of my tuition, uniforms, books, ammunition and the state exam fee, I, _____, agree to attend and complete all required Orange County Corrections Department training to include the Criminal Justice Academy at Valencia Community College-East Campus through the sponsorship of Orange County Corrections Department and under the following conditions:

- 1) I will attend all required Orange County Corrections Department training to include the Corrections Academy on duty.
- 2) I will be required to take all necessary entrance exams for the academy as required by FDLE Administrative Rules prior to being hired as a Non-Certified Correctional Officer.
- 3) I will be assigned to the position of Non-Certified Correctional Officer and receive Non-Certified Correctional Officer pay until FDLE validates certification requirements.
- 4) I understand that I must successfully complete all required training components (commonly known as "training blocks") by the end of the Academy. Furthermore, I understand that if I am unable to successfully complete a training block, I will have one more opportunity in which to take the failed block on the next available class in any of the Central Florida Colleges. I will be responsible for *re-taking and successfully completing* the training block no later than three (3) months from the date of the Academy graduation date, at my expense. I understand and acknowledge that if I do not successfully complete all required training blocks the second time, or if the failed training block is no longer offered within the next three (3) months, my employment with Orange County Corrections Department, will be terminated.
- 5) I understand that I must successfully pass the State examination for Correctional Officer at the completion of the academy. I understand and acknowledge that if I do not successfully pass this examination, I have two (2) more opportunities in which to take the State examination, at my expense, on the next available examination date. All opportunities must occur no later than three (3) months from the date of graduation from the Academy. I understand and acknowledge that if I do not successfully pass the examination the third time, my employment with Orange County will be terminated.
- 6) I understand that I must successfully complete the Jail Training and Evaluation Program. I understand and acknowledge that if I do not successfully complete this post-academy training program, my employment with Orange County will be terminated.
- 7) I understand that I must also satisfactorily complete my probation period as a Correctional Officer. I understand and acknowledge that if I do not successfully complete my probationary period, my employment with Orange County will be terminated.
- 8) I understand that I am embarking on a career in a para-military, criminal justice organization in which I will be held to ethical and other behavior standards that are beyond those normally required of employees who are not employed in a criminal justice agency. While in the Corrections Academy, I will learn those standards and be required, as a condition of continued employment, to comply with them.
- 9) Transfer to the position of Certified Corrections Officer will be done upon completion of full certification and contingent upon meeting final selection criteria of the Orange County Corrections Department and the Orange County Human Resources and Labor Relations Division, which may include, at a minimum, an updated psychological evaluation, physical examination and drug screening.
- 10) I will remain employed with the Orange County Corrections Department as a Correctional Officer for a period of at least two years following my Academy graduation. If I choose to depart my employment or position prior to the two-year period, I agree to reimburse Orange County Corrections Department for the full cost of tuition, other course expenses and additional amounts as stated in Florida Statute 943.16 upon my departure.
- 11) I acknowledge that this agreement does not prevent management from taking appropriate action for policy violations and/or inappropriate behavior on my part.



Orange County Corrections



TRAINING AGREEMENT – Newly Hired (Continued from previous page)

I have carefully read and fully understand all the provisions of this agreement, which sets forth the entire agreement regarding this issue between the Orange County Corrections Department and me. I acknowledge that I have not relied upon any representation or statement, written or oral, not set forth in this document regarding this issue.

(Signature) (Date)

Section to be completed by Notary Public

**STATE OF FLORIDA
COUNTY OF ORANGE**

The foregoing instrument was acknowledged before me this ___ / ___ / ___ by

_____, who is personally known to me

or who has produced _____ as identification.

(Signature of person taking acknowledgement)

(Printed name of person taking acknowledgement)



Orange County Corrections
TRAINING AGREEMENT – Current Corrections Department Employees



Revised: 9/22/08

To be filled out by Non-Certified Correctional Officer promotees only.

In consideration for hiring costs, payment of my tuition, uniforms, books, ammunition and the state exam fee, I, _____, agree to attend and complete all required Orange County Corrections Department training to include the Criminal Justice Academy at Valencia Community College-East Campus through the sponsorship of Orange County Corrections Department and under the following conditions:

- 1) I will attend all required Orange County Corrections Department training to include the Corrections Academy on duty.
- 2) I will be required to take all necessary entrance exams for the academy as required by FDLE Administrative Rules prior to being hired as a Non-Certified Correctional Officer.
- 3) I will be assigned to the position of Non-Certified Correctional Officer and receive Non-Certified Correctional Officer pay until FDLE validates certification requirements.
- 4) I understand that I must successfully complete all required training components (commonly known as "training blocks") by the end of the Academy. Furthermore, I understand that if I am unable to successfully complete a training block, I will have one more opportunity in which to take the failed block on the next available class in any of the Central Florida Colleges. I will be responsible for *re-taking and successfully completing* the training block no later than three (3) months from the date of the Academy graduation date, at my expense. I understand and acknowledge that if I do not successfully complete all required training blocks the second time, or if the failed training block is no longer offered within the next three (3) months, I will be reassigned to the position from which I was promoted, if available, or be given the opportunity to compete for another position, in which there is an active recruitment, for which I meet the minimum qualifications. If reassignment is not possible, I understand that my employment with the Orange County Corrections Department will be terminated. Furthermore, I understand that if I am reassigned, I may continue to pursue Academy training at my own expense and time. Upon successful completion of all required Academy training, I understand that I must pass the State Certification exam before I can re-apply for the position of Correctional Officer.
- 5) I understand that I must successfully pass the state examination for Correctional Officer at the completion of the academy. I understand and acknowledge that if I do not successfully pass this examination, I have two (2) more opportunities in which to take the State examination, at my expense, on the next available examination date. All opportunities must occur no later than three (3) months from the date of graduation from the Academy. I understand and acknowledge that if I do not successfully pass the examination the third time, I may be reassigned to the position from which I was promoted, if available, or be given the opportunity to compete for another position, in which there is an active recruitment, for which I meet the minimum qualifications. If reassignment is not possible, I understand that my employment with the Orange County Corrections Department will be terminated.
- 6) I understand that I must successfully complete the Jail Training and Evaluation Program. I understand and acknowledge that if I do not successfully complete this post-academy training program, I will be reassigned to the position from which I was promoted, if available, or be given the opportunity to compete for another position, in which there is an active recruitment, for which I meet the minimum qualifications.
- 7) I understand that I must also satisfactorily complete my probation period as a Correctional Officer. I understand and acknowledge that if I do not successfully complete my probationary period, I will be reassigned to the position from which I was promoted, if available, or be given the opportunity to compete for another position, in which there is an active recruitment, for which I meet the minimum qualifications.
- 8) I understand that I am embarking on a career in a para-military, criminal justice organization in which I will held to ethical and other behavior standards that are beyond those normally required of employees who are not employed in a criminal justice agency. While in the Corrections Academy, I will learn those standards and be required, as a condition of continued employment, to comply with them.
- 9) Transfer to the position of Certified Correctional Officer will be done upon completion of full certification and contingent upon meeting final selection criteria of the Orange County Corrections Department and the Orange County Human Resources and Labor Relations Division, which may include, at a minimum, an updated psychological evaluation, physical examination and drug screening.
- 10) I will remain employed with the Orange County Corrections Department as a Correctional Officer for a period of at least two years following my Academy graduation. If I choose to depart my employment or position prior to the two-year period, I agree to reimburse Orange County Corrections Department for the full cost of tuition, other course expenses and additional amounts as stated in Florida Statute 943.16 upon my departure.
- 11) I acknowledge that this agreement does not prevent management from taking appropriate action for policy violations and/or inappropriate behavior on my part.



TRAINING AGREEMENT – Current Corrections Department Employees (Continued from previous page)

I have carefully read and fully understand all the provisions of this agreement, which sets forth the entire agreement regarding this issue between the Orange County Corrections Department and me. I acknowledge that I have not relied upon any representation or statement, written or oral, not set forth in this document regarding this issue.

(Signature)

(Date)

Section to be completed by Notary Public

**STATE OF FLORIDA
COUNTY OF ORANGE**

The foregoing instrument was acknowledged before me this ___/___/___ by

_____, who is personally known to me

or who has produced _____ as identification.

_____ (Signature of person taking acknowledgement)

_____ (Printed name of person taking acknowledgement)



Orange County Corrections



Applicant Signature _____

Date _____



Release and Applicant Information Form

Please Print Clearly All Requested Information

Requestor Information:

Your Division: _____ Contact Person: _____

Contact Phone: _____ Contact Fax: _____

Applicant/Subject Information:

Name: _____ Employee ID # _____
(Please Print Clearly All Requested Information)

Current Address: _____ City: _____ ST: _____ Zip: _____

Sex: _____ Date of Birth: _____ / _____ / _____
MM DD YYYY

Drivers License Number: _____ State: _____

Work Email: _____

In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of motor vehicle information. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my driving records.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and/or responsibility for doing so. I hereby consent to Orange County Government obtaining such information from Sonic e-Learning Inc. and/or any of their agents. This authorization and consent shall be valid in an original, fax or copy form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

Applicant's Signature: _____ Date: _____

LS/lk