

Department of Corrections

**CORRECTIONAL OFFICER/CORRECTIONAL PROBATION OFFICER  
SUPPLEMENTAL APPLICATION**

Applicant's  
Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**If a question does not apply to you, write NA (not applicable) in the space provided.**

- |   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| 1. Are you a U.S. Citizen?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. List all names you have used (include maiden, married, and nicknames):<br>_____<br>_____   |                          |                          |
| 3. Are you related to anyone presently employed with the Florida Department of Corrections? If yes, give name, relationship, and place of employment:   | <input type="checkbox"/> | <input type="checkbox"/> |
| _____<br>_____  |                          |                          |
| 4. Do you have a business or personal relationship with anyone presently incarcerated or under the supervision of the Florida Department of Correction's system? If yes, give name, relationship, and place of incarceration/supervision: | <input type="checkbox"/> | <input type="checkbox"/> |
| _____<br>_____  |                          |                          |
| 5. Have you ever applied for or held a position (including internship, volunteer, contract, or OPS positions) with the Florida Department of Corrections? If yes, where, position(s), and dates:  | <input type="checkbox"/> | <input type="checkbox"/> |
| _____<br>_____  |                          |                          |
| 6. Have you ever applied for or been employed by any law enforcement agency as a Correctional Officer, Probation and Parole Officer or Law Enforcement Officer? If yes, give name of agency, position(s), and dates:                      | <input type="checkbox"/> | <input type="checkbox"/> |
| _____<br>_____  |                          |                          |
| 7. Have you taken any Correctional Officer, Probation & Parole Officer or Law Enforcement Officer training? If no, go to Question #11. If yes, state type of training, dates of training, etc. Certificate(s) #:                          | <input type="checkbox"/> | <input type="checkbox"/> |
| _____<br>_____  |                          |                          |

In accordance with s. 119.071(5) (a) 2, F.S., your social security number is being collected for verification purposes.

This collection is imperative for the performance of this agency's duties and responsibilities as prescribed by law. Information submitted on the application must be verified prior to appointment. Inclusion of the social security number will save staff time and result in the position being filled with prompt efficiency.

The Department will not use the social security number collected for any purpose other than the purpose provided above.

**Yes No**

8. Have you taken and passed the Florida Department of Law Enforcement Officer Certification Examination? If yes, what discipline:

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9. Has your certification ever been suspended, revoked, terminated or expired? If yes, explain:

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10. Have you ever had any type of disciplinary action taken against you while employed as a Correctional Officer, Probation & Parole Officer, or Law Enforcement Officer? If yes, explain:

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11. Do you have any experience using a firearm? If yes, explain the type of weapon(s):

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12. Have you served in the Armed Forces of the United States? (**Do not include National Guard**) (A copy of your DD214 for each period of service must be submitted.) If yes, answer questions 13 through 16. If no, skip to question 17.

13. State branch of service and service number:

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14. State dates of all periods of active military service:

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15. Did you receive a dishonorable discharge?

16. Was any type of disciplinary action taken against you while you were a member of the Armed Forces? If yes, please explain:

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17. Do you possess a valid driver license? If yes, list state and license number:

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18. Have your driving privileges ever been canceled, suspended, or revoked?  
If yes, explain: Yes No

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19a. Have you ever used, or experimented with any illegal drug? If yes, explain:

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b. Have you ever sold, delivered, manufactured, smuggled, trafficked in illegal substances or drug paraphernalia?

c. Have you ever possessed illegal substances or drug paraphernalia?

20a. Have you ever been convicted of a felony or a misdemeanor?

b. Have you ever pled Nolo Contendere or pled guilty to a crime which is a felony or a misdemeanor?

c. Have you ever had the adjudication of guilt withheld for a crime which is a felony or a misdemeanor (including sealed records)?

d. If you answered "Yes" to 20 a, b, or c, complete the following:

<u>Date</u>	<u>Place</u>	<u>Agency</u>	<u>Charge</u>	<u>Disposition Details</u>
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21. Are you or have you ever knowingly been under investigation by any local, state, federal agency, or entity for any wrongdoing either administrative, civil or criminal?  
If yes, explain:

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22. Have you ever committed a crime, whether arrested or not, that would constitute a felony or a misdemeanor?

23. Have you now or have you ever had any affiliation with a known threat group "gang"?  
If so, describe the circumstances in detail.

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27. How did you learn about this job?

- Department of Corrections (DC) Website
- PeopleFirst Website
- Internet (specify website): \_\_\_\_\_
- DC Employee Referral
- DC Sign/Job Flyer
- Newspaper / Periodical Ad (please specify name): \_\_\_\_\_
- Radio/TV Station (please specify name): \_\_\_\_\_
- Career Fair
- College/University Placement Office
- Military Base/Transition Center
- AWI – One Stop Career Center/ Jobs, Etc.
- DCF – Economic Self Sufficiency
- Other (please specify source): \_\_\_\_\_

I hereby swear or affirm there are no misrepresentations or omissions in or falsifications of the foregoing statements or in the answers to the questions above. I am aware that should an investigation disclose such misrepresentations, omissions, or falsifications, my application will be rejected and I will be disqualified for employment with the Florida Department of Corrections or, if after my acceptance for employment, subsequent investigation should disclose misrepresentations, omissions, or falsifications, it will be just cause for my immediate dismissal.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date