



Florida Department of Corrections
Correctional Probation Officer Supplemental Application

Last Name: _____ First: _____ Middle: _____ Suffix _____

Failure to fill this form out completely and accurately may result in the elimination of your application from further consideration.

In accordance with section 119.071(5)(a)2 FS, 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.

Social Security No. _____

List all names you have ever used (include maiden, married, and nicknames)

Physical Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Email Address (REQUIRED): _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Yes No I would like to receive text updates regarding my application status at the cell phone number listed above. I understand that standard messaging charges may apply, and I may choose to opt out at any time.

Driver License Number: _____ State Issued By: _____

Race: _____ Sex: M F Date of Birth: _____

Place of Birth: _____ City _____ State _____ Country (example: Canada, Ireland, USA)

US Citizen? Yes No If yes, select one: By Birth By Naturalization

Military Experience: Yes No Service Branch _____ Type of Discharge _____

Dates of all periods of military service: _____

Have you ever been employed as a Florida correctional, probation, or law enforcement officer? Yes No

List employing agency: _____

Judicial Circuit/County of interest; enter preferred work location first. You must list at least one work location.

1. _____ / _____ 2. _____ / _____
Judicial Circuit County Judicial Circuit County

Table with 6 rows of questions regarding employment and relationships with the Florida Department of Corrections, each with Yes/No checkboxes.



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| 7. Have you ever taken a Florida Department of Law Enforcement (FDLE) officer certification examination? <i>If yes, what type?</i> <input type="checkbox"/> Correctional Officer <input type="checkbox"/> Probation Officer <input type="checkbox"/> Law Enforcement Officer | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Has your FDLE certification ever been suspended, revoked, terminated, or expired? <i>If yes, explain.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Have you ever had any type of disciplinary action taken against you while employed as a Correctional Officer, Probation Officer, or Law Enforcement Officer? <i>If yes, explain.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Do you have any experience using a firearm? <i>If yes, what type of weapon(s)?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Have your driving privileges ever been canceled, suspended, or revoked? <i>If yes, explain.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Have you ever knowingly been investigated, arrested, or charged by any local, state, or federal agency or entity for any administrative, civil, juvenile, or criminal wrongdoing? <i>If yes, explain.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Have you ever committed a crime, whether arrested or not, that would constitute a felony or a misdemeanor, even if adjudication was withheld, charges were dismissed, the case was not prosecuted, records were sealed or expunged, charges occurred while a juvenile, or the case was disposed of through a pre-trial diversion or intervention program? <i>If yes, explain [include offense date(s), charge(s), and disposition details.]</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Have you ever been civilly or administratively adjudicated guilty to have engaged in any sexual abuse or sexual harassment? <i>If yes, explain.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Have you ever had your privileges to carry a firearm revoked? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Do you now or have you ever had any affiliation with a known "gang" or threat group? <i>If yes, describe the circumstances in detail.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Do you have any "gang" or threat group related tattoos or tattoos that may appear to be "gang" or threat group related? <i>If yes, please explain.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18.. Have you lived outside of the United States in the last five years? <i>If yes, please provide locations and dates.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Certification of Applicant (Read carefully before signing)

By submission of this electronic form, I hereby certify there are no misrepresentations, omissions, or falsification in the foregoing responses. I am aware that should an investigation disclose any 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.

Name/Signature
(Entry of your name on the space above on the electronic form will serve as your signature)

Date Completed or Signed