



# Florida Department of Corrections

## Supplemental Application for Non-Security Positions

Name: \_\_\_\_\_

Date: \_\_\_\_\_

<p>1. Are you related to anyone presently employed with the Florida Department of Corrections? <i>If yes, give name, relationship, and place of employment.</i></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Do you have a business or personal relationship with anyone presently incarcerated or under the supervision of the Florida Department of Corrections? <i>If yes, give name, relationship, and place of incarceration/supervision.</i></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Have you ever worked for an entity (i.e. private contractor) that held any contractual relationship or financial interest with the Florida Department of Corrections? <i>If yes, provide the name of the contractor, location and dates of employment:</i></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. 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></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. 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></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Are you willing to comply with all FDC rules and procedures?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. Are you willing to comply with the Agency’s uniform and grooming rules and policy?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. The State of Florida requires all new employees to utilize direct deposit when receiving payroll warrants. Are you willing to have direct deposit?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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9. If the position for which you have applied requires an annual financial disclosure statement, are you willing to complete a financial disclosure statement if selected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you willing to work in a non-smoking area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you willing to work overtime or report to duty during a natural disaster or other emergency if your position has been designated as essential?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you willing to keep information confidential and understand that if you do not, you will be subject to discipline, up to and including termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are you willing to submit to a TB test annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are you willing to notify your supervisor/warden of any employment outside of the Florida Department of Corrections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have you received monthly benefits under the Florida Retirement System (FRS) or <b><u>taken any distribution</u></b> under the FRS Investment Plan or optional non-FRS plans (e.g., CCORP, SUSORP, OR SMSOAP). <b><u>If yes, you must complete the FRS New Employee Certification Form.</u></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you ever been civilly or administratively adjudicated guilty to have engaged in any sexual abuse or sexual harassment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. How did you learn about this job? <ul style="list-style-type: none"> <li><input type="checkbox"/> Florida Department of Corrections (FDC) Website</li> <li><input type="checkbox"/> PeopleFirst Website</li> <li><input type="checkbox"/> FDC Employee Referral</li> <li><input type="checkbox"/> FDC Sign/Job Flyer</li> <li><input type="checkbox"/> Career Fair</li> <li><input type="checkbox"/> College/University Placement Office</li> <li><input type="checkbox"/> Military Base/Transition Center</li> <li><input type="checkbox"/> CareerSource – One Stop Career Center/Jobs, Etc.</li> <li><input type="checkbox"/> DCF – Economic Self Sufficiency</li> <li><input type="checkbox"/> Internet (specify website): _____</li> <li><input type="checkbox"/> Newspaper / Periodical Ad (please specify name): _____</li> <li><input type="checkbox"/> Radio/TV Station (please specify name): _____</li> <li><input type="checkbox"/> Other (please specify source): _____</li> </ul>	

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### Applicant Agreement to the Release of Information

I do hereby agree to the release of any and all information (excluding records deemed confidential under ADA) pertaining to me by any person to whom this authorization may be presented, in consideration of the fact that all such obtained information shall be used only in relation to my application for employment with the State of Florida, Department of Corrections. I understand that if I am employed by the Department of Corrections, any documents obtained pursuant to this release will be placed in my personnel file and be public records pursuant to chapter 119, Florida Statutes.

A photocopy of hereof shall be as valid as the original.

_____ Printed Full Name	_____ Signature	
_____ Date of Birth	_____ Race	_____ Sex
_____ Social Security Number	_____ Date	

In accordance with section 119.071(5)(a) 2, F.S., your social security number is being collected for verification purposes and completion of a background investigation.

This collection is imperative for the performance of this agency's duties and responsibilities as prescribed by law. 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.