

Affidavit of Applicant



Please read instructions on back of this form that tell you when and how to use it. Type or print in black ink.

- 1. SSN: _____ - _____ - _____
- 2. Applicant's name: _____
(Last) *(First)* *(MI)*
- 3. Employing agency: _____

PLEASE READ CAREFULLY BEFORE SIGNING

I fully understand that in order to qualify for employment as a law enforcement, correctional or correctional probation officer, I must comply with the provisions of Section 943.13, Florida Statutes, as follows:

- 1. Be at least 19 years of age.
- 2. Be a citizen of the United States.
- 3. Be a high school graduate or equivalent.
- 4. Not have been convicted of any felony or of a misdemeanor involving perjury or false statement, nor have received a dishonorable discharge from any of the Armed Forces of the United States. Any person who, after July 1, 1981, pleads guilty or nolo contendere to or is found guilty of a felony or of a misdemeanor involving perjury or a false statement shall not be eligible for employment or appointment as an officer, notwithstanding suspension of a sentence or withholding of adjudication.
- 5. Have been fingerprinted by the employing agency.
- 6. Have passed a physical examination by a licensed physician.
- 7. Be of good moral character.

In addition, I attest to the following:

- I understand that by executing this document I am attesting that I have met the qualifications as specified and I have provided documentation of proof of my qualifications to the above listed employing agency.
Yes No
- To the best of my knowledge and belief, my certification is currently valid, and my separation from any previous criminal justice employment was not undertaken while under investigation.
Yes No
- To the best of my knowledge and belief, I am not under investigation by any local, state or federal agency or entity for any wrongdoing, either criminal, civil or administrative.
Yes No
- I have been certified as a criminal justice officer in the State of Florida.
Yes No
- I have read my employment application and it is true and correct, and all other information I will furnish in conjunction with my application is true and correct.
Yes No

NOTICE: This document shall constitute an official statement within the purview of Section 837.06, Florida Statutes, and is subject to verification by the employing agency and/or the Criminal Justice Standards and Training Commission. Any intentional omission when submitting application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify you from employment as an officer.

I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.

Applicant's signature _____ - _____ - _____
Date signed

STATE OF FLORIDA, COUNTY OF _____, The foregoing instrument was acknowledged before me this _____ (date) by _____, who is personally known to me or who has produced _____ (type of identification) as identification and who did (did not) take an oath.

Notary's signature

Notary's name

Notary's title or rank

Serial number, if any *(Seal)*

**Affidavit of Applicant
CJSTC 68**

Use this form to verify your compliance with employment requirements of section 943.13, Florida Statutes

General Instructions

1. Type or print in black ink.
2. Use capital and small letters to write names, addresses and titles.

Applicant's signature. Enter your signature on the signature line.

Date signed. Enter the date on which the affidavit was signed.

How to Complete Each Item

1. **SSN.** Enter your social security number. Enter number as in this example: 000-00-0000.
2. **Applicant's name.** Enter your legal name. Enter last and first. If you have a middle initial, enter it as above (MI).
3. **Employing agency.** Enter your employing agency's name.

Enter agency's county: **County of** _____.

Enter applicant's name: **by** _____ **who is personally known or who has produced....**

Upon witnessing your signing of this affidavit, a notary public will complete the notary block, entering the same date that you signed the affidavit.

Criminal justice agencies shall maintain this affidavit within their personnel files. Private correctional agencies must send this completed affidavit stapled to the **Registration of Employment, Affidavit of Compliance (CJSTC 60)** to:

You must complete the remainder of this affidavit in the presence of a notary public.

**Criminal Justice Professionalism Program
P.O. Box 1489
Tallahassee, Florida 32302-1489**