



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME: _____
DATE OF BIRTH: _____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: City of Riviera Beach Police Department
ADDRESS: 600 W. Blue Heron Blvd., Riviera Beach, FL 33404

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. 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 copy 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 copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

City of Riviera Beach Police Department

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), 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 _____

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence OR Online Notarization this _____

day of _____, year _____, By _____

Signature of Notary Public – State of Florida _____

Print, Type, or Stamp Commissioned name of Notary Public _____

Personally Known OR Produced Identification

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

Last Four Digits of Applicant's Social Security Number: _____

Applicant's Legal Name: _____

Employing agency: City of Riviera Beach Police Department

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 18 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... shall not be eligible for employment or appointment as an officer, notwithstanding suspension of a sentence or withholding of adjudication... 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"
1. I completed my employment application and it is true and correct, and all other information I furnished in conjunction with my application is true and correct.
2. I provided documentation of proof of my qualifications to the above listed employing agency.
3. I meet the qualifications as specified above.
4. I had a criminal record sealed or expunged.
5. I am under investigation by a local, state, or federal agency or entity for criminal, civil, or administrative wrongdoing to the best of my knowledge and belief.
6. I separated or resigned from a previous criminal justice employment while under investigation.
7. I am currently serving in good standing in the U.S. Military.
8. I previously served in the U.S. Military.
9. I received a dishonorable discharge from my previous U.S. Military service.
10. I am currently certified as a Florida criminal justice officer in the following area(s): Please check the appropriate box(es).
11. I authorize the employing agency listed above to apply for my certification. Please check the appropriate box(es).

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. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify the officer for employment as an officer.

PLEASE READ CAREFULLY BEFORE SIGNING. You must complete the remainder of this affidavit in the presence of a notary public. Upon witnessing your signing of this affidavit, a notary public shall complete the notary block by entering the same date the affidavit is signed. I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.

12. Applicant's Signature 13. Date Signed

14. OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence OR Online Notarization this

day of _____, year _____, By _____

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced

*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



Department of Human Resources
1481 W. 15th Street
Riviera Beach, Florida 33404
561-840-4880
www.rivierabeach.org

CITY OF RIVIERA BEACH
Tobacco Free Affidavit

The City of Riviera Beach is progressing towards a "Tobacco Free" Police Department. Thus, all applicants must be non-users of tobacco and tobacco products for a period of one (1) year immediately preceding application for employment and must retain that status for the entire period of employment as a certified Police Officer with the City of Riviera Beach. Tobacco-free means I have not used cigarettes, pipes, cigars, chewing tobacco, snuff, or any other type of smoking or smokeless tobacco.

I, _____, certify that (please check one)
PRINT FULL NAME

I do hereby affirm that I have not been a user of tobacco products for a least one (1) year immediately preceding my application for employment as a Police Officer with the City of Riviera Beach, and I agree to refrain from using tobacco products for the entire period of employment should I accept a position.

I do hereby affirm that I have used tobacco and/or tobacco products in the preceding one (1) year. I am hereby requesting a waiver of the above standard and will agree to commit to be "Tobacco Free" from the date of my application for employment as a Police Officer with the City of Riviera Beach, and the entire period of employment should I accept a position.

Under the penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

(Print)

Signature Date

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or

online notarization, this _____ day of _____, 20_____.

By _____

Personally known OR produced identification

Signature of Notary Public

Type of Identification Produced: _____

My Commission expires _____

Print, Type or Stamp Name of Notary



Department of Human Resources
1481 W. 15th Street
Riviera Beach, Florida 33404
561-840-4880
www.rivierabeach.org

EMPLOYMENT AGREEMENT
Academy Sponsorship

This two-year employment agreement pursuant to Florida State Statute 943.16, authorizes the City of Riviera Beach ("City") to pay a Cadet who attends an approved training program at the expense of an employing agency.

I, _____, Police Officer Cadet hereby acknowledge receipt of the two-year employment agreement. I understand the provisions thereof and voluntarily agree to be bound thereby

The City does hereby agree to employ the applicant for his/her attendance at the Criminal Justice Academy. The sponsored training rate will be 5% less the starting pay. The City does hereby agree to sponsor the applicant for fees and books associated with participation in the Criminal Justice Academy. These fees are considered a component of the employment agreement and are payable back to the City if applicant fails to fulfil the obligations of employment agreement. In consideration for the sponsorship, applicant agrees not to terminate their employment for any reason with the City for a period of two years, commencing with the successful passing of the State Law Enforcement Examination. Should applicant be terminated or voluntarily terminate their employment for any reason, prior to completion of the aforesaid period of two years, applicant agrees to reimburse City for monies and fees paid during their Criminal Justice Academy, on a pro-rated monthly basis.

This agreement shall become effective at the time and date of applicant's employment as a sponsored Criminal Justice Academy cadet with the City.

(Print) Signature Date

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, 20____.

By _____

Personally known OR produced identification

Type of Identification Produced: _____

Signature of Notary Public

My Commission expires _____

Print, Type or Stamp Name of Notary