



Florida Department of Corrections
Correctional Probation Officer Supplemental Application and Willingness Questionnaire

Last Name: _____ First: _____ Middle: _____

SS No. _____ - _____ - _____

Background Investigation Information

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: _____

Driver License Number: _____ State Issued By: _____

Race: White Black Hispanic Other Sex: M F Date of Birth: _____

Place of Birth: _____

City

State

Country (example: Canada, Ireland, USA)

US Citizen? Yes No By Birth? Yes No By Naturalization? Yes No N/A

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

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.



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Supplemental Application

1. Are you related to anyone presently employed with the Florida Department of Corrections? <i>If yes, give name, relationship, and place of their employment</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Do you have a business or personal relationship with anyone presently incarcerated or under the supervision of the Florida Department of Corrections system? <i>If yes, give name, relationship, and place of incarceration or supervision.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Are you currently or have you ever been an approved visitor for anyone presently incarcerated by the Florida Department of Corrections? <i>If yes, give name, relationship, and place of incarceration.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Have you ever applied for or held a position (including internship, volunteer, contract, or OPS positions) with the Florida Department of Corrections? <i>If yes, give location(s), position(s), and date(s).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5. 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>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Have you ever applied for or been employed by any law enforcement agency as a Correctional Officer, Probation Officer, or Law Enforcement officer? <i>If yes, give name of agency, position(s), and dates of employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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 <u>ever</u> knowingly been investigated, arrested, or charged by <u>any</u> 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:				
A. been convicted of a felony or a misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
B. pled Nolo Contendere or pled guilty to a crime which is a felony or a misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
C. had the adjudication of guilt withheld for a crime which is a felony or a misdemeanor, including sealed or expunged records?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If you answered "Yes" to 14 a, b, or c, complete the following:</i>				
Date	Place	Law Enforcement Agency	Charge	Deposition Details



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15. Have you ever:						
A. used or experimented with any illegal drug?						<input type="checkbox"/> Yes <input type="checkbox"/> No
B. sold, delivered, manufactured, smuggled, or trafficked in illegal substances or drug paraphernalia?						<input type="checkbox"/> Yes <input type="checkbox"/> No
C. possessed illegal substances or drug paraphernalia?						<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered "Yes" to 15 a, b, or c, explain below. List type drug or drug paraphernalia involved and date last used.</i>						
16. 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
17. Have you ever had your privileges to carry a firearm revoked?						<input type="checkbox"/> Yes <input type="checkbox"/> No
18. 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
19. Have you received monthly benefits under the Florida Retirement System (FRS) or taken <u>any distributions</u> under the FRS Investment Plan or optional non-FRS plans (CCORP, SUSORP, or SMSOAP)? <i>If yes, explain in detail.</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No
20. List any special qualifications, skills, or certifications you may possess.						
21. List all places you have lived for the PAST TEN (10) YEARS in chronological order. <i>(Begin with the present and work backwards for 10 years. If more space is needed, attach a separate sheet of paper)</i>						
From	To	Street Address	City	County	State	Zip Code

Willingness Questionnaire

Please carefully read and review the following willingness questions. These questions pertain to the minimum requirements or essential functions of the Correctional Probation Officer job class. An unwillingness to perform any of the following may cause your application to be removed from further consideration. You must explain unwillingness to comply with any of these functions on Page 5.

Are You Willing To:		Are You Willing To:	
Be present and on time when scheduled to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work in a non-smoking environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work a flexible 40-hour work week schedule: Often outside the hours of 8am-5pm, to include evenings, weekends, and holidays?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Participate in defensive tactics training including, but not limited to self-defense techniques, take downs, and handcuffing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Be exposed to chemical agents such as pepper spray and tear gas used during training and in the correctional environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Witness offenders providing a urine specimen for drug testing and conduct urinalysis screening testing in the office?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Participate in joint efforts between the department and law enforcement agencies where specific goals are defined and planned action(s) are executed to enhance community supervision of offenders under the control of the department, including community control, sex offender, and drug offender cases to ensure that offenders are in compliance with conditions of supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discuss with the offender resources needed to assist the offender in complying with conditions of supervision and/or provide referrals/assistance needed to improve their residence, employment, education, relationship with their spouse or children, or other needs identified during the supervision period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide a telephone contact number for emergencies and report to duty during a natural disaster such as a hurricane, flood, or other emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Be fingerprinted and for the fingerprints to be entered into a statewide automated identification system maintained by the Florida Department of Law Enforcement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work with violent offenders with varied criminal histories, backgrounds, and physical or mental disabilities or diseases?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deal with irate individual(s) and be subjected to verbal abuse from an offender or others and be able to maintain professionalism?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notify your servicing personnel office of employment with another state agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notify your supervisor of any outside (secondary) employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participate in firearm training and in physical fitness training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Be reassigned to any office within 50 miles of the assigned circuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Keep information confidential and understand failure to do so will subject you to discipline, up to and including termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Arrest offenders when necessary, including handcuffing the offender, and assisting law enforcement with an arrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintain all mandatory annual training requirements and participate in all required training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Communicate in writing in a clear, concise manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follow supervisor's instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Present training sessions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interview or instruct offenders at jails as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete assigned investigations within required timeframes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enforce and comply with all rules and regulations governing offenders and ensure that they are enforced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Maintain offender files and documentation required for appropriate case management?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Act in a professional and ethical manner both on and off duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have your payroll warrant direct deposited in accordance with comptroller's regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Show respect to authority and professionalism to offenders, offender's families, victims, private citizens, and criminal justice personnel you will come into contact with in the scope of your duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Read and become familiar with probation and parole procedures and rules, Department of Corrections' policy and procedures, directives, and rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work overtime, with compensation, if necessary and approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Make decisions based on good judgment and procedure requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enforce and comply with all rules and regulations governing offenders and ensure that they are enforced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drive your personal vehicle to perform your duties in accordance with Department of Corrections rules and receive travel reimbursement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meet strictly imposed court and internal deadlines?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deal with victims or their families?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintain a valid driver license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attend scheduled court appearances and give testimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If necessary, engage in physical confrontation with another individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Supervise offenders without regard to age, sex, race, religion, or national origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Deal with uncooperative individuals or offenders that may be under the influence of alcohol or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Make required visits to offender's homes, employment sites, or elsewhere to enforce requirements of supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visit and walk through offender residences and yards to ensure compliance with conditions of supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Report violations and make recommendations for offender's that could result in incarceration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conduct searches of an offender's residence, person, vehicle, or other property in accordance with court orders and Department of Corrections rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Enter potentially dangerous environments or neighborhoods at all hours of the day or night, often alone or with another officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Repeat statements either verbally or in writing that would involve the use of profanity for the purpose of reporting a job-related incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Travel overnight and/or for a few days at a time and, if necessary, travel on a commercial airline for training, court, and other professional meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Be of assistance to fellow officers or law enforcement in case of an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Use a computer to enter daily data entries as required by procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 943.17, Florida Statutes, directs the Criminal Justice Standards and Training Commission to give a test to basic recruit training graduates and candidates seeking an exemption from a Commission-approved Basic Recruit Program. The certification test provides the Commission with assurance that each person employed or appointed as a sworn officer in this State has the minimum knowledge required to perform competently. The Officer Certification test will be given at the end of a Commission-approved Basic Recruit Training Program or an approved Certification Examination Preparation Training Course. The test will be based upon an approved training exemption for out-of-state candidates.

ARE YOU WILLING TO:	
Reimburse the Department for Criminal Justice Standards and Training Commission approved advanced and specialized training taken for promotion consideration, mandatory retraining, salary incentive, or career development purposes if you do not successfully complete the training due to unsatisfactory performance or withdrawal for any reason other than death in the immediate family or personal illness or injury? The reimbursement will be made to the Department within 60 days in accordance with "Reimbursement for Basic Recruit Training and Related Expenses," Procedure 208.017. If you fail to make repayment within 60 days, you agree to have the repayment of the obligated amount deducted from any regular wages, annual, sick, special/holiday compensation payments or any other payments due to you.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enroll in Criminal Justice Standards and Training Commission approved Basic Recruit Training Program within 180 days of initial employment and successfully complete the training within 18 months after enrollment if you are not currently a Certified Correctional Probation Officer? (If applicable, training requires overnight travel for an extended period of time.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pay the Florida Department of Law Enforcement Test fee (if you are not currently a Certified Correctional Probation Officer) and take the first available test upon completion of required training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pay an additional Florida Department of Law Enforcement test fee if you fail the first test and again take the test on the first available date? (Failure to do so will result in termination of your employment with the Department.) Additionally, if you fail the Florida Department of Law Enforcement test three times, you will be terminated from employment with the Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Certification of Applicant (Read carefully before signing)

I understand that if I attend an approved Basic Recruit Training program at the expense of the Department of Corrections (department) I must remain employed with the department for a period of not less than two years after graduation from the Basic Recruit Training program. I also understand that if I terminate employment on my own initiative within two years, I shall repay the department for the full cost of tuition and other course expenses paid for me by the department during the academy training period in accordance with chapter 943.16, Florida Statutes. I agree to have the obligated amount deducted from any regular wages, annual leave payments, sick leave payments, special/holiday compensation payments or any other payments due to me upon separation and reimburse the department for any remaining outstanding balance.

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