



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: _____
Last First MI

Employing agency: _____

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 for correctional officer or 19 years of age for all others.
- 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. 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.
- 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). ☐ Law Enforcement ☐ Correctional ☐ Correctional Probation
☐	☐	☐	11. I authorize the employing agency listed above to apply for my certification. Please check the appropriate box(es). ☐ Law Enforcement ☐ Correctional ☐ Correctional Probation

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. _____ 13. _____
Applicant's Signature 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