



NEPTUNE BEACH POLICE DEPARTMENT

MICHAEL J. KEY JR., CHIEF OF POLICE

200 LEMON STREET, NEPTUNE BEACH, FLORIDA 32266 | 904.270.2413 | WWW.NBFL.GOV

Equal Opportunity Employer, Veterans' Preference, Drug & Tobacco Free Workplace

POLICE OFFICER EMPLOYMENT APPLICATION REQUIREMENTS

- Possession of current Law Enforcement Certificate issued by the Florida Criminal Justice Standards and Training Commission
- State Exam Results (official copy)
- Be at least twenty-one (21) years of age
- Possess a valid Florida Driver License
- Be in good physical condition
- U.S. Citizen (proof is required)
- Be of good moral character; no felony arrest(s) or misdemeanor conviction(s) involving moral character, perjury or false statements
- Will not have received a dishonorable or undesirable discharge from any of the Armed Forces of the United States (DD-214 is required)
- Successfully complete our selection/hiring process

For information on becoming a Sworn Officer in the State of Florida, reciprocity or the Florida State Exam contact the Florida Department of Law Enforcement at 850-410-8600

CITIZENSHIP:	Must be a United States Citizen (if Naturalized, proof must be furnished at time of application) <u>Copy of birth certificate must be attached to this application.</u>
EDUCATION:	High School Diploma or GED, Florida State certification as a Police Officer, <u>Copy of these certificates must be attached to application.</u>
MILITARY:	Military service is <u>not</u> required, however applicants with prior military service must furnish a full copy of final DD-214 at time of application, regardless of Veterans' Preference claim.
CHARACTER:	Applicant must undergo a thorough background investigation with reference to credit, trustworthiness, sobriety, community standing and loyalty; must be of good moral character as determined by a background investigation under procedures established by the Florida Criminal Justice Standards and the Training Commission, and must not have been arrested or convicted of any felony or misdemeanor that involves perjury, false statements or crimes of moral turpitude. Fingerprints will be checked through the FBI and filed with the Florida Department of Law Enforcement. Psychological evaluations and drug testing are also part of the screening process.
ASSESSMENT:	The Neptune Beach Police Department will administer a two-part department specific entry level assessment challenging all law enforcement candidates in areas of listening comprehension, visual awareness and literary competency. The examination is required to determine a candidate's potential as a Police Department Employee.
PHYSICAL:	If selected to go further in the hiring process, applicant must satisfactorily pass a physical examination administered by a Police Department designated Physician.
TOBACCO POLICY:	Certified police officers are prohibited from using any tobacco products, including, but not limited to, cigarettes, cigars and smokeless tobacco while on duty. Officers found to be using tobacco products while on duty shall be subject to disciplinary action up to and including termination of an employee.

SELECTION PROCESS

Stage one consists of the following:

- Complete a City of Neptune Beach Police Department Application Packet and return to the Neptune Beach Police Department.
- Pass a preliminary background screening and application review to determine if the candidate meets the qualifications.
- Complete a two-part written assessment and physical abilities test
- Pass a structured oral review board

Upon successful completion, you will be contacted by a member of the Police Department to begin phase two: Background Investigation.

Stage two consists of the following:

- Pass comprehensive background investigation to include:
 - Florida Criminal Justice Standards and Training Commission check
 - Criminal History Check
 - Driver's License Check
 - Credit History Report
 - Military record check (if applies)
 - Interview with personal references
 - Check of past and present employment history
 - Neighborhood check
 - Social Media Review
 - Process fingerprints
 - Command Staff Interview(s)
 - Psychological test
 - Drug screen
 - Medical examination
 - Firearms qualification
 - Chief of Police Interview(s)

The background Investigation Report will be submitted to Command Staff who will then offer a Conditional Job Offer.

The processing of an applicant is detailed and lengthy. The length of time required to complete the process is dependent upon the availability of information and documentation. It is incumbent upon the applicant to facilitate those contacts.

APPLICATION CHECK LIST

Please be sure to attach legible copies of the following with the submittal of your completed application:

- ☐ Florida State Law Enforcement Certification or other State Certification
- ☐ Florida State Exam Results, official copy
- ☐ Birth Certificate
- ☐ If Naturalized, proof of citizenship must be attached to this application
- ☐ Documentation of any legal name changes
- ☐ Driver License—COLOR copy to be no less than 150% of original size and no greater than 200% of original size.
- ☐ DD-214, must clearly show discharge and re-entry information (if applicable)
- ☐ Social Security Card, must be signed
- ☐ Physician clearance form, completed no more than 30 days prior to submitting application packet
- ☐ Notarized CJSTC-58
- ☐ Notarized CJSTC-68
- ☐ Signed/Completed Pre-Employment Authorization form
- ☐ High School Diploma/GED (transcripts will be accepted)
- ☐ College Diploma (transcripts will be accepted)
- ☐ If you are currently attending Police academy submit a signed letter stating the Academy name, date entered, proposed graduation date, proposed exam date—you are eligible to apply once you have completed half of a Florida Police Academy.
- ☐ Certified in another state? Submit required documents listed above as they apply and a completed CJSTC-76 form

Should you have any questions or need assistance please do not hesitate to contact Records Divisions at 904-270-2413. Applications are accepted by **hand delivery, mail, or email @ joinNBPD@nbfl.us**. Please mail or deliver in person to the Neptune Beach Police Department at the address listed on the application.



NEPTUNE BEACH POLICE DEPARTMENT

POLICE OFFICER APPLICATION

The City of Neptune Beach is an Equal Opportunity Employer, maintains a drug and tobacco free workplace, and complies with Affirmative Action, ADA and Veterans' Preference guidelines. In order to receive consideration for employment with the City, this application must be completed in full, signed, dated and received at the Neptune Beach Police Department prior to any deadline date/time. Please type or print in a legible manner. Answer all questions/sections, indicating 'N/A' where applicable. Information on resumes will not be accepted in place of a full & complete response to each area on this application, give full dates (month/year), phone numbers and addresses. Attach all required documents with application. Applicants are cautioned to answer every question truthfully; willful omission, falsification, inaccurate information and/or misrepresentation to any question or answer will result in disqualification or rejection of the application and disqualification from consideration in the future for any position with the City or, if employed with the city at the time of discovery, may result in the termination of employment. Applications are accepted by hand delivery, mail, or email @ joinNBPD@nbfl.us. Altered applications will not be accepted. **Incomplete applications will not be processed. Attach additional copies of pages as needed. Must be United States Citizen at time of application. Under Florida Law, employment applications are open for public inspection.**

PERSONAL INFORMATION

Position(s) interested in:
☐ Full Time ☐ Part-Time ☐ Reserve/Unpaid

Are there any hours/days you are unable to work? ☐ No ☐ Yes If yes, please list them:

First Name Full Middle Name Last Name

Street Address City State Zip Code

Phone Number (best contact) Phone Number (secondary) E-mail address

Social Security number Driver License Number DL State issued Time at current address: _____ Years _____ Months

If you have resided at your current address for less than 10 years list address history for past 10 years in chronological order: ☐ N/A

Address	City	State	Zip	From:	To:

Can you perform essential functions of the position for which you are applying with/without reasonable accommodations?
☐ Yes ☐ No List any accommodations needed: ☐ N/A _____

Have you been previously employed by the City of Neptune Beach? ☐ Yes ☐ No If yes, please provide position title and dates employed:

Do you have any relatives employed by the City of Neptune Beach? ☐ Yes ☐ No If yes, please provide name(s), relationship and department they are employed in:

Are you eligible to work in the United States? ☐ Yes ☐ No Verification will be required prior to employment.

POLICE DEPARTMENT DISQUALIFIERS

A **"Yes"** answer in this section can **potentially serve as an automatic disqualifier** from consideration for any position with the NBPd.

These questions include any juvenile charges or charges which may have been sealed or expunged.

- ☐ **Yes** ☐ **No** Any felony **arrest** or any misdemeanor conviction involving moral character, perjury or false statements?
- ☐ **Yes** ☐ **No** Any misdemeanor or criminal traffic convictions in the last five (5) years?
- ☐ **Yes** ☐ **No** DUI **arrest** in the last seven (7) years?
- ☐ **Yes** ☐ **No** Refusal to submit to a chemical test for DUI in the last seven (7) years?
- ☐ **Yes** ☐ **No** Any driver license suspension in the last five (5) years?
- ☐ **Yes** ☐ **No** Sale of any controlled substance, **ever** ("controlled substance" means any substance named or described in Schedules I-V of Florida Statute **893.03**. This includes but is not limited to the following: Cannabis, Morphine, Codeine, Cocaine, Heroin, "Designer Drugs", Methamphetamine.)
- ☐ **Yes** ☐ **No** Used/experimented with marijuana in the last five (5) years?
- ☐ **Yes** ☐ **No** Taken **any** prescription medication(s) not specifically prescribed to you in the last five (5) years?
- ☐ **Yes** ☐ **No** Unlawful sale of **any** prescription medication **ever**?
- ☐ **Yes** ☐ **No** Purchase of **any** prescription medication for personal use or sale which was prescribed to another individual **ever**?
- ☐ **Yes** ☐ **No** Use of, experimentation with, sale of, delivery or purchase of **any** anabolic steroids in the last ten (10) years?
- ☐ **Yes** ☐ **No** Used/experimented with any other illegal drugs in the last ten (10) years, including but not limited to: Cocaine, Heroin, LSD, Hashish, Mescaline, PCP, Opium, Peyote, OCH, THC, designer drugs or any of their derivatives?

CRIMINAL INVOLVEMENT AND JUVENILE RECORD

As a criminal justice applicant you must reveal **all** arrests and convictions **REGARDLESS** of sealed, expunged or juvenile status. Per FS 943.058 you may not lawfully deny arrests or convictions, notwithstanding adjudication being withheld, sealing or expunged of arrest/conviction records. Misdemeanor arrests &/or convictions may not necessarily disqualify you for criminal justice employment.

Have you ever been **arrested, detained** or received a **notice to appear** from **any** law enforcement agency? ☐ **Yes** ☐ **No**
If yes, complete the information below for each incident, attach documentation and court records, including sealed/expunged.

☐ Arrested ☐ Detained ☐ Summoned for notice to appear ☐ Other (specify) _____

Date of incident/arrest/summons/detained: Month _____ Day _____ Year _____

Detailed description:

Plea entered: ☐ Guilty ☐ Not Guilty ☐ Nolo-Contendre ☐ Other (specify) _____

Disposition: ☐ Guilty ☐ Not Guilty ☐ Adjudication Withheld ☐ Other (specify) _____

Sentence: _____

Citing Agency: _____ City _____ State _____ County _____

☐ Arrested ☐ Detained ☐ Summoned for notice to appear ☐ Other (specify) _____

Date of incident/arrest/summons/detained: Month _____ Day _____ Year _____

Detailed description:

Plea entered: ☐ Guilty ☐ Not Guilty ☐ Nolo-Contendre ☐ Other (specify) _____

Disposition: ☐ Guilty ☐ Not Guilty ☐ Adjudication Withheld ☐ Other (specify) _____

Sentence: _____

Citing Agency: _____ City _____ State _____ County _____

PERSONAL INFORMATION

Age at time of application:	Date of Birth:	City of Birth	State of Birth
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List any other names used, to include maiden, name changes, shortened name, nick names etc... Attach documentation for any name change:

☐ N/A

Father's full name:	Father's Date of Birth	Father's address	Father's City	Father's State	Father's phone number:
Mother's full name:	Mother's Date of Birth	Mother's address	Mother's City	Mother's State	Mother's phone number:

Do you own a business, or are you a partner or a corporate officer in any business or organization? ☐ Yes ☐ No If yes, provide name and address of business, corporation or organization and describe your relationship:

Name: _____ Address: _____ Relationship: _____

Name: _____ Address: _____ Relationship: _____

Name: _____ Address: _____ Relationship: _____

List below ALL Police, Sheriff's or other Law Enforcement Departments you have applied with in the past five (5) years ☐ N/A

Department Name	Phone	Recruiter/Contact Person OR Applied online <input type="checkbox"/>	Date of Application

Status of application	Reason for status

Department Name	Phone	Recruiter/Contact Person OR Applied online <input type="checkbox"/>	Date of Application

Status of application	Reason for status

Department Name	Phone	Recruiter/Contact Person OR Applied online <input type="checkbox"/>	Date of Application

Status of application	Reason for status

MILITARY INFORMATION

If you are a male applicant born after January 1, 1960, please answer the following question (other may disregard and enter

N/A) Have you registered for Selective Service? ☐ Yes ☐ No ☐ N/A

Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no skip to next section, if yes attach DD-214 regardless of Veterans' Preference Claim</i>	Are you claiming Veterans' Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Was any formal disciplinary action taken against you while in the military? ☐ Yes ☐ No If yes, describe in detail:

Date: _____ Incident: _____ Charge: _____

Date: _____ Incident: _____ Charge: _____

Under Florida law certain individuals may be eligible for "Veterans' Preference" for employment purposes. Please read the attached VETERANS' PREFERENCE INFORMATION SHEET to determine your qualification for this preference. In order to be considered and recognized for this preference you must submit a full copy of your DD-214 substantiating your preference, this form MUST BE FURNISHED AT THE TIME OF APPLICATION FOR IT TO BE CONSIDERED. Form must clearly show enlistment date, discharge date, separation & re-entry dates.

TRAINING AND EDUCATION

Submit a copy of your high school diploma/GED or transcripts, college transcript/degree and professional certification/registration.

High School attended	Location (City/State)	From:	To:
		____ Month ____ Year	____ Month ____ Year
		____ Month ____ Year	____ Month ____ Year
		____ Month ____ Year	____ Month ____ Year

High school graduated from _____ City _____ State _____ Year of graduation _____

Colleges attended N/A <input type="checkbox"/>	Location (City/State)	Major	Type of Degree Obtained or None

Job related licenses or certificates N/A <input type="checkbox"/>	Date issued	Expiration date	Licensing or certification agency

PERSONAL INFORMATION

Have you ever been a member of any group associated with a Police or Sheriff's Department? ☐ Yes ☐ No If yes please give detail:

Name: _____ Address: _____ Dates: _____

Name: _____ Address: _____ Dates: _____

Name: _____ Address: _____ Dates: _____

Do you have a special interest in any particular type of police work? ☐ Yes ☐ No If yes, please give detail:

Are you able to operate a computer? ☐ Yes ☐ No Please list program(s) and/or software at which you are proficient:

☐ Yes ☐ No Have you been, or personally known anyone who has been, associated with any organization past or present, that would place the Police Department in question? (i.e. KKK, Nazi organization, gang member, organized crime)? If yes, please give detail:

☐ Yes ☐ No Do you now or have you ever had regular associations with persons whom you knew, or should have known, were under criminal investigation or indictment, or who had a reputation in the community or with law enforcement agencies for involvement in criminal behavior? If yes, please give detail:

Do you have any tattoos? ☐ Yes ☐ No If yes, describe the detail/color and location of each tattoo visible **outside** of the torso to the knee. (Attach additional pages as needed). **Do not attach photographs.**

Location: _____ Color: _____ Description: _____ Size: _____

Location: _____ Color: _____ Description: _____ Size: _____

Location: _____ Color: _____ Description: _____ Size: _____

Location: _____ Color: _____ Description: _____ Size: _____

Location: _____ Color: _____ Description: _____ Size: _____

Location: _____ Color: _____ Description: _____ Size: _____

PERSONAL REFERENCES

List five reliable persons **other than relatives**, who you know well enough to furnish personal information regarding your character, morals etc...

Contact Name	Contact Phone Number:	Occupation	Years Known
Address		City	State Zip
Contact Name	Contact Phone Number:	Occupation	Years Known
Address		City	State Zip
Contact Name	Contact Phone Number:	Occupation	Years Known
Address		City	State Zip
Contact Name	Contact Phone Number:	Occupation	Years Known
Address		City	State Zip
Contact Name	Contact Phone Number:	Occupation	Years Known
Address		City	State Zip

DRIVING HISTORY

Have you held a Florida Driver License for the past seven (7) years? ☐ Yes ☐ No

List any other state(s) you have held a driver license and the date of issue: ☐ N/A
 State____Year issued____State____Year issued____State____Year issued____

Have you ever been denied insurance or had your driver license suspended or revoked? ☐ Yes ☐ No If yes, explain:

Date suspended/revoked from: to: Reason_____

Date suspended/revoked from: to: Reason_____

Date suspended/revoked from: to: Reason_____

List below **ALL traffic citations you have received, from date of first driver license being issued**, attach additional pages as needed. ☐ None

Date:	Charge	Citing Agency	Disposition

Have you ever been the operator of a motor vehicle involved in a traffic crash? ☐ Yes ☐ No If yes, give date(s) and complete details of the crash including any charges/citations and how the case was settled: **Attach additional documentation as needed.**

EMPLOYMENT HISTORY

Include all full-time, part-time, cash/under the table, and/or volunteer employment. Give complete name and address of all employers, including military employment, if the company is no longer in business state this. Dates must include full month and year. A resume may be attached as a supplement; however you must complete all information requested on this application form in order to be considered.

Include ALL employment history for the last fifteen (15) years, attach additional copies of this page as needed.

Employer Name:				Phone:							
Address:				City:		State:		ZIP:			
Position Held:			Employed From:		Employed to:		Supervisor Name:			Rate of Pay:	
Describe main duties:											
Reason for leaving:											
Employer Name:				Phone:							
Address:				City:		State:		ZIP:			
Position Held:			Employed From:		Employed to:		Supervisor Name:			Rate of Pay:	
Describe main duties:											
Reason for leaving:											
Employer Name:				Phone:							
Address:				City:		State:		ZIP:			
Position Held:			Employed From:		Employed to:		Supervisor Name:			Rate of Pay:	
Describe main duties:											
Reason for leaving:											
<p>Explain all gaps in employment history 60 days or longer, supply dates (month/year) and explanation.</p> <p>Unemployed from _____ to _____ Explanation: _____</p> <p>Unemployed from _____ to _____ Explanation: _____</p> <p>Unemployed from _____ to _____ Explanation: _____</p> <p>Unemployed from _____ to _____ Explanation: _____</p>											

EMPLOYMENT HISTORY CONTINUED:

Employer Name:				Phone:			
Address:			City:		State:		ZIP:
Position Held:	Employed From:	Employed to:	Supervisor Name:			Rate of Pay:	
Describe main duties:							
Reason for leaving:							
Employer Name:				Phone:			
Address:			City:		State:		ZIP:
Position Held:	Employed From:	Employed to:	Supervisor Name:			Rate of Pay:	
Describe main duties:							
Reason for leaving:							
Employer Name:				Phone:			
Address:			City:		State:		ZIP:
Position Held:	Employed From:	Employed to:	Supervisor Name:			Rate of Pay:	
Describe main duties:							
Reason for leaving:							
Employer Name:				Phone:			
Address:			City:		State:		ZIP:
Position Held:	Employed From:	Employed to:	Supervisor Name:			Rate of Pay:	
Describe main duties:							
Reason for leaving:							
Explain all gaps in employment history 60 days or longer, supply dates (month/year) and explanation.							
Unemployed from _____ to _____ Explanation: _____							
Unemployed from _____ to _____ Explanation: _____							
Unemployed from _____ to _____ Explanation: _____							

EMPLOYMENT ADDITIONAL

Have you ever been dismissed, asked to resign or had any disciplinary action taken against you by an employer or volunteer agency?
☐ Yes ☐ No **If yes, describe in detail, attach additional documentation as needed.**

Company: _____ Reason: _____ Date: _____

Company: _____ Reason: _____ Date: _____

Company: _____ Reason: _____ Date: _____

Have you ever resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?
☐ Yes ☐ No **If yes, describe in detail, attach additional documentation as needed.**

Company: _____ Reason: _____ Date: _____

Company: _____ Reason: _____ Date: _____

Company: _____ Reason: _____ Date: _____

PROCESSING INFORMATION

May we contact all of your listed employers? ☐ Yes ☐ No Please list employers below that you do not want us to contact.

Do not contact:

Employer Name	Reason
Employer Name	Reason
Employer Name	Reason
Employer Name	Reason
Employer Name	Reason

SOCIAL MEDIA SITE INFORMATION

Do you currently have a profile/account with any social website? ☐ Yes ☐ No If yes, please provide the requested information

☐ **Twitter:** _____ (User Id & Email)

☐ **Facebook:** _____ (User Id & Email)

☐ **Instagram:** _____ (User Id & Email)

☐ **Tik Tok:** _____ (User Id & Email)

☐ **Other:** _____ (site name) _____ (User Id & Email)

Please note incomplete applications will not be processed and will be returned; information on resumes will not be accepted in place of a full and complete application. Applications are accepted by hand, mail or by email @ JoinNBPD@nbfl.us. Applications of municipalities are considered public documents according to Florida State Statutes and are open to public inspection upon request. The processing of an applicant is detailed and lengthy and may take two to six months to complete, the length of time required to complete applicant processing is dependent upon the availability of information and documentation.

I hereby certify that all information given on this application is true and correct. I understand that any false information given on this application shall constitute cause to withdraw the application from consideration for any position with the Neptune Beach Police Department or cause to terminate any current employment Neptune Beach Police Department. I release the Neptune Beach Police Department and any current or past employers and other individuals contacted from any liability for release of information regarding my employment. Inquiry as to current or past employment or on the job performance may be conducted.

Signature _____

Date _____

CANDIDATE INFORMATION

A candidate who is dropped from consideration for employment may be eligible for re-application, re-testing or re-evaluation after one year (beginning with the date dropped from consideration), with the following **exceptions**:

- That the application was not filed within the period specified in the job/examination announcement or was not filed on the prescribed form.
- The applicant lacks any of the required qualifications set forth in the job description/examination announcement.
- That the applicant is not physically able to perform the essential functions of the position or poses a direct threat to the health or safety of the applicant or others and that no reasonable accommodation is available which would allow the applicant to perform these essential functions and/or which would reduce any health or safety risk to an acceptable level.
- That the applicant is currently engaged in the illegal use of drugs as evidenced by the applicant testing positive for illegal drugs in a pre-employment drug test or other objective evidence of the applicant's illegal use of drugs.
- That the applicant is addicted to the habitual use of drugs or alcoholic beverages and that, if hired, such addiction would impose a direct threat to the health or safety of the applicant or others, which could not be eliminated by a reasonable accommodation.
- That the applicant has used illegal drugs or used drugs illegally within the past three years and that such illegal drug use would prevent the applicant from effectively performing the essential duties of the position.
- That the applicant is not in compliance with any section of Florida State Statute outlining "Minimum Qualifications" for law enforcement officer.

ADDITIONAL RELEVANT INFORMATION

1. Additional information regarding Criminal involvement and/or Juvenile Record: ☐ N/A

2. Additional information regarding formal disciplinary action taken against you while in the military: ☐ N/A

3. Additional information regarding being dismissed, asked to resign or any disciplinary action taken against you by an employer or volunteer agency: ☐ N/A

4. Additional information regarding resigning, or leaving a job by mutual agreement following allegations of misconduct or unsatisfactory job performance: ☐ N/A

5. Additional information you feel might be relevant: ☐ N/A



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
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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: _____

ADDRESS: _____

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:

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
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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"

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. I provided documentation of proof of my qualifications to the above listed employing agency.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. I meet the qualifications as specified above.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. I had a criminal record sealed or expunged.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. I separated or resigned from a previous criminal justice employment while under investigation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. I am currently serving in good standing in the U.S. Military.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. I previously served in the U.S. Military.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. I received a dishonorable discharge from my previous U.S. Military service.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. I am currently certified as a Florida criminal justice officer in the following area(s): Please check the appropriate box(es). <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. I authorize the employing agency listed above to apply for my certification. Please check the appropriate box(es). <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> 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



NEPTUNE BEACH **POLICE DEPARTMENT**

MICHAEL J. KEY JR., CHIEF OF POLICE

200 LEMON STREET, NEPTUNE BEACH, FLORIDA 32266 | 904.270.2413 | WWW.NBFL.GOV

Physician's Clearance to Test Form

Name of Applicant: _____

The purpose of this communication is to inform you of the above-named individual's intentions with regard to participation in the pre-employment physical abilities test for the City of Neptune Beach. We are aware of the fact that strenuous physical activity may be inadvisable for some individuals. As such, we request that you indicate whether the above-named applicant has any medical conditions or disorder that would preclude participation. It must be emphasized that we are not asking you to assume any responsibility for the applicant while participating in this test. Rather, we merely want to have as much information as possible when making decisions concerning applicability of testing.

The testing program will consist of a series of physical abilities tests. The battery of job-related field tests is intended to be completed in the fastest possible time and will require maximum effort by the applicant. Tests are designed to measure balance, muscular endurance, strength, flexibility, anaerobic power and capability, fine motor skills, and aerobic power. Tests will include two 220-yard runs, pushing 150-pound object 75 feet, jumping over obstacles (12-24 inches high), and climbing over a wall (40 inches high), two 50-foot sprints, and movement around a series of pylons.

Ultimately, the primary goal of this testing is to determine whether the applicant is capable of performing minimum standards appropriate to this agency.

I have examined this applicant and his/her medical history, and based upon my evaluation I recommend that:

_____ Participation is not advisable at the present time (if you advise against participation, please do not disclose the applicant's medical condition on this form).

_____ Within a reasonable degree of probability, no medical condition or disorder exists which precludes this applicant from participation in the physical abilities test as described.

Signature of Physician

Date

Physician's Stamp:

--

PHYSICAL ABILITIES TEST COURSE

Time: 5:00 Minutes :45 Seconds (5:45)

START

In the car, seatbelt fastened, key in ignition, hands on steering wheel, door closed

Run 660' (220 yards.) to the wall.

Climb 41" wall.

Run 10' to 24" hurdle.

Run 5' to 18" hurdle.

Run 5' to 12" hurdle.

Run 10' to first of nine cones placed every 5' for serpentine.

Run 10' to low crawl (8' long, 27" high).

Run 7' to sled (160 pounds).

Push Sled 50'.

Then run back through the same course.

Run 10' to low crawl (8' long x 27" high).

Run 10' to first of nine cones placed every 5', for serpentine.

Run 10' to 12" hurdle.

Run 5' to 18" hurdle.

Run 5' to 18" hurdle.

Run 10' to the wall.

Climb 41" wall;
After you climb the wall, run 660' (220 yards) again and return to the shooting area.

Load firearm. **(Dry Fire may be used during pre-employment)** Using a two-handed grip, fire 6 rounds at a steel target 15 yards away, conduct a magazine reload, fire an additional 6 rounds, holster.

Return to car, seatbelt on, key in ignition, hands on steering wheel, door closed. **END**

Note: Should you fail to negotiate this course within the prescribed time frame you will be dropped from consideration. A candidate who is dropped from consideration for employment as a Police Officer may be eligible for re-application after one year (beginning with the date dropped from consideration).

Pre-Employment Inquiry Authorization Release

- I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that the City of Neptune Beach or its authorized agents may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with the City of Neptune Beach's consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with City of Neptune Beach, and give my full consent for this information to be obtained.
- II. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.
- III. I understand that if I am a resident of **Minnesota or Oklahoma (only)** I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box ☐.
- IV. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by City of Neptune Beach or our authorized agents, to furnish the information described in Section I.

APPLICANT – PLEASE COMPLETE THE FOLLOWING:

Signature

Today's Date

Print Name: (First) (Middle) (Last) (Maiden)

Other Names Used

Current Address Since: (Mo/Yr) (Street) (City) (State/Zip)

Current Address Since: (Mo/Yr) (Street) (City) (State/Zip)

Current Address Since: (Mo/Yr) (Street) (City) (State/Zip)

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Date of Birth

Social Security Number

Driver's License Number and State

Name as it appears on License

Have you ever been convicted of a crime? ___ No ___ Yes If yes, please provide city and state of conviction and details of conviction.

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, DirectScreening.com cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. Our authorized agent, DirectScreening.com, has a policy that requires purchasers of these reports to have signed a Service Agreement. This assures DirectScreening.com that users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact DirectScreening.com at 190 Haverhill Street, Methuen, MA 01844.

NOTICE TO CALIFORNIA CANDIDATES

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by _____ by checking the box provided below. The report will be provided to you within (3) business days after we receive the requested reports related to the matter investigated.

☐ I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by DirectScreening.com during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at DirectScreening.com in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

Application for Veterans' Preference

Applicants wishing to claim Veterans' Preference in employment must complete this form and submit as an attachment to your completed employment application along with required documentation. Only full or part time positions **with benefits** are eligible for preference.

I _____ wish to claim Veterans' Preference in employment in accordance with Chapter 295 of the Florida Statutes; **I qualify under the following status:**

- ☐ Received an Honorable discharge with a rank below major or its equivalent
- ☐ Retired below the rank of major or its equivalent
- ☐ Disabled veteran
- ☐ A current member of any reserve component of the United States Armed Forces or The Florida National Guard.

I qualify under the following category:

- ☐ A Veteran with an existing compensable service—connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the DVA and the DOD
- ☐ The spouse of a Veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a Veteran missing in action, captured in the line of duty by hostile force, or detailed or interned in the line of duty by a foreign government or power
- ☐ A Veteran of any war who has served at least one day on active duty during a wartime period as defined in FSS 295.07 Section 1.01(14) excluding active duty for training, and who received an honorable discharge from the Armed Forces of the United States of America or who has been awarded a campaign or expeditionary medal
- ☐ The un-remarried widow or widower of a Veteran who died of a service-connected disability
- ☐ The mother, father, legal guardian or un-remarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the United States Department of Defense
- ☐ A veteran as defined in Section 1.01(14), Florida Statutes: The term 'Veteran' means a person who served in the active military, naval, or air service and who received an honorable discharge

Documents required at time of application in order to claim

- ☐ Veterans, disabled Veterans, spouses of disabled Veterans and family members shall furnish a DD-214 or equivalent certification listing military status, dates of service and Character of Discharge.
- ☐ Disabled Veterans shall **also** furnish a document from the Department of Defense, the DVA, or the Department certifying that the Veteran has a service-connected disability and the percentage of disability.
- ☐ Spouses of disabled Veterans shall **also** furnish either a certification from the Department of Defense or the DVA that the Veteran is totally and permanently disabled or an identification card issued by the Department; spouses shall also furnish evidence of marriage to the Veteran and a statement that the spouse is still married to the Veteran at the time of the application for employment; the spouse shall also submit proof that the disabled Veteran cannot qualify for employment because of the service-connected disability.
- ☐ Spouses of persons on active duty shall furnish a document from the Department of Defense or the DVA certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and a statement that the spouse is married to the person on active duty at the time of that application for employment.
- ☐ The mother, father, legal guardian, or un-remarried widow or widower of a deceased Veteran shall furnish a document from the Department of Defense showing the death of service member while on duty status under combat-related conditions or the DVA certifying the service-connected death of the Veteran, and shall further furnish evidence of marriage. The legal guardian shall show the proper court documents establishing the legal authority for the Guardian.
- ☐ Current reserve and National Guard members provide a letter from their Commanding Officer stating the dates of their military service.

I HEREBY STATE that all of the facts and information listed on this application are true and complete. I also understand that any false, willful or misleading information given on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete or misleading information discovered on this application at any time, if I am to become employed, may result in my dismissal.

Signature: _____ Date: _____

If an applicant claiming Veterans' Preference for a qualified vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs/Veterans' Preference 9500 Bay Pines Blvd. St. Petersburg Florida 33731 within 21 days of the applicant receiving notice of the hiring decision by the employing agency or within 3 months of the date an application is filed with the employer if no notice is given.

FCR A – Summary of Rights

A Summary of Your Rights Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and a phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688 (1-888-5OPT OUT).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

Notice of Amendments to the Fair Credit Reporting Act

The Summary of Your Rights provided above does not reflect recent amendments contained in the Consumer Reporting Employment Clarification Act of 1998. Of importance to you are the following changes to the law:

- Conviction of a crime can be reported regardless of when the conviction occurred.
- If you apply for a job that is covered by the Department of Transportation’s authority to establish qualifications and the maximum hours for such job and you apply by mail, telephone, computer or other similar means, **your consent to a consumer report may validly be obtained orally**, in writing, or electronically. If an adverse action is taken against you because of such consumer report wherein you give your consent to the consumer reporting agency over the telephone, computer, or similar means, **you may be informed** of such adverse action and the name, address and phone number of the consumer reporting agency, **orally**, in writing, or electronically.

These amendments were retroactive to September 30, 1997.

States may enforce, the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051

MORAL CHARACTER OFFENSES

316.193	Driving Under the Influence
316.1935	Fleeing or Attempting to Elude an Officer
409.325	Public Assistance Fraud
784.011	Assault
784.03	Battery
784.048	Stalking
784.05(2)	Culpable Negligence with Injury
790.01(1)	Carrying a Concealed Weapon
790.1	Improper Exhibition of a Weapon/Firearm
790.27	Possession of Sale of Firearm with Altered Serial Number
794.027	Failure to Report Sexual Battery
796.07	Prostitution/Lewdness
800.02	Unnatural and Lascivious Act
800.03	Exposure of Sexual Organs
806.101	False Alarms of Fires
806.13	Criminal Mischief
810.08	Trespass in a Structure of Conveyance
812.014(d)	Petit Theft
812.015	Retail Theft
812.14	Theft of utilities/Cable Services
817.235	Removing or Altering Property Identification Marks
817.39	Distribution of Fictitious Controlled Substance
817.49	False Report of a Crime
817.563	Sale of Counterfeit Controlled substance
817.565	Fraudulent urine Drug Test
827.04(2)(3)	Child Abuse
827.05	Negligent Treatment of Children
827.06	Persistent Nonsupport of a Child/Spouse
828.122	Fighting or Baiting Animals
831.3	Prescription Fraud
831.31(l)(B)	Manufacture of Counterfeit Controlled Substance
832.05(2)(4)	Passing Worthless Checks
837.012	Perjury not in Official Proceedings
837.05	False Report to Law Enforcement
837.06	False Official Statements
839.2	Refusal to Serve Arrest Warrant
843.02	Resisting an Officer Without Violence
843.06	Refusal to Aid Law Enforcement Officer
843.085	Unlawful use of Police Badges or Other Indicia of Authority
847.011(1)(2)	Pornography Offenses
856.021	Loitering or Prowling
870.01	Affrays and Riots
876.17	Burning a Cross in a Public Place
876.18	Burning a Cross on Property of Another
893.13(1)(a)3(1)(d)1(1)(g) (2)(a) (2)(b)	Controlled Substance Violations
914.22(2)	Witness Tampering
844.35(3)	Malicious Battery on a Prison Inmate
944.35(7)(a)	False Reports Concerning
944.36	Permitting Inmates to Escape
944.37	Acceptance of unauthorized Compensation from an Inmate
944.38	Dealing or Battering with Prisoners
944.39	Visiting under False Pretenses
944.47	Contraband
Rule 11B-27	Sex with an Inmate, Detainee, Probationer, Parolee, or Community Controlled