



Florida Department of Juvenile Justice

Affidavit of Application

Please type or print in black ink

1. People First ID #: _____
2. Applicant's Name: _____
 (Please print) (Last) (First) (MI)
3. Position Title: _____ Position Number: _____
4. Employing Agency: _____

PLEASE READ CAREFULLY BEFORE SIGNING

I fully understand that in order to qualify as a Juvenile Justice direct care employee, I must comply with the provisions of Section 985.66, Florida Statutes, as follows:

1. Be at least 19 years of age.
2. Be a high school graduate or equivalent as determined by the Department.
3. Not have been convicted of any felony or a misdemeanor involving perjury or false statement or have received a dishonorable discharge from any of the Armed Forces of the United States. Any person, who after September 30, 1999, pleads guilty or nolo contendere to or is found guilty of any felony or a misdemeanor involving perjury or false statement is not eligible for employment, notwithstanding suspension of sentence or withholding of adjudication. Notwithstanding this subparagraph, any person who pled nolo contendere to a misdemeanor involving a false statement before October 1, 1999, and who has had such record of that plea sealed or expunged is not ineligible for employment for that reason.
4. Abide by all provisions of s. 985.644(1), Florida Statutes regarding fingerprinting and background investigations and other screening requirements for personnel.
5. Execute and submit to the department an affidavit-of-application form, adopted by the department, attesting to his or her compliance with subparagraphs 1-4. The affidavit must be executed under oath and constitutes an official statement under s. 837.06. The affidavit must include conspicuous language that the intentional false execution of the affidavit constitutes a misdemeanor of the second degree. The employing agency shall retain the affidavit.

In addition, I attest to the following:

- Yes No I understand that by executing this document I am attesting that I have met the qualifications as specified and have provided documentation of proof of my qualifications to the above listed employing agency.
- Yes No I have read my employment application and it is true and correct, and all other information I will furnish in conjunction with my application is true and correct.

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

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

Applicant's signature

Date signed

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

Notary's signature

Notary's name

(Seal)