



Nassau County Sheriff's Office

Sheriff Bill Leeper

Communications & Support Staff Employment Application Package

**The Nassau County Sheriff's Office is an
Equal Opportunity Employer and a
Drug Free Workplace**

77151 Citizens Circle, Yulee, FL 32097

Human Resources

HUMANRESOURCES@NASSAUSO.COM

WWW.NASSAUSO.COM

EMPLOYMENT INFORMATION

PLEASE READ BEFORE PROCEEDING

REQUIREMENTS

- Must be 18 years or older
- Be a high school graduate or equivalent
- Must possess effective oral and written English communications skills
- Must be a U.S. citizen or permanent resident alien who has applied for citizenship
- Must possess a valid driver's license
- Must have been discharged from the Armed Forces with an **Honorable Discharge**. (If an applicant receives a **General discharge under honorable conditions**, the discharge and re-enlistment code will be investigated before continuing the hiring process.)
- Must have a good moral character
- Must be willing and able to work shifts, holidays and weekends

APPLICATION DISQUALIFIERS

You are subject to be asked questions about the following in a polygraph if the position for which you are applying requires that one be performed.

Drug Use Disqualifiers

- Use of any illegal / controlled cannabinoid substance such as marijuana, hashish, etc. within the **last two (2) years** from the date of the application will disqualify an applicant. Applicants who have a pattern of illegal drug use to include **marijuana** as defined in FSS 893.03 will be disqualified.
- Use of any narcotic or controlled substance, such as synthetic marijuana, PCP, methaqualone, cocaine, steroids, LSD, heroin, a designer drug, illegal non-prescription steroids, or any drug similar in nature in the **last five (5) years** will disqualify an applicant.
- Any use of a prescription drug within the **last two (2) years** that was not prescribed for an applicant will be evaluated by an administrative staff review. The review will consist of who the drug was obtained from, the frequency of use, the type of drug and its intended purpose.

Criminal Arrests and Convictions

- Conviction of any felony or misdemeanor involving perjury or a false statement
- Any felony conviction
- Misdemeanor convictions may be disqualifying depending on number, date and/or severity
- Convictions involving moral character, perjury, or false statements as outlined in the Florida Statutes
- Any domestic violence convictions or pleas pursuant to Florida State Statue Chapter 741 within the **last five (5) years from date of conviction**.

Possible Disqualifiers with Administrative Review

- An applicant’s work history or work ethics which demonstrate job instability, an unwillingness to work shifts, weekends, holidays or overtime emergencies; a work history pattern which reflects excessive tardiness, absenteeism, or an unwillingness to get along with co-workers or supervisors
- Applicants with U.S. Military experience must have been discharged from the Armed Forces with an **Honorable Discharge**. If an applicant receives a General discharge under honorable conditions, the discharge and re-enlistment code will be investigated and may be a disqualification.
- **Nondisclosure of arrest history on application (JUVENILE OR ADULT)**
- **The NCSO reserves the right to review any disqualifiers from any applicant.**

SHERIFF'S OFFICE HIRING PROCESS

The time for processing an applicant greatly varies and is determined by the current need for employees. Any false or undisclosed information in any part of the application process will result in automatic suspension of your application.

The NCSO is always accepting applications for all positions. However, there may or may not be openings available at the time the application is received.

If you have not been contacted within twelve months of submitting an application, it will be necessary for you to reapply.

Employment with the Nassau County Sheriff’s Office is an At-Will basis.

1. Submit a completed job application along with the **Application Tracking Information Sheet** and all required documents (see below) to the Human Resources Department. The Nassau County Sheriff’s Office located at 77151 Citizens Circle, Yulee, FL 32097 Monday through Friday 8 am to 5 pm excluding Holidays.

Required documents (copies):

- | | |
|---------------------------------|--------------------------------------|
| _____ Driver’s license | _____ Social Security Card* |
| _____ High School Diploma / GED | _____ College Degree (if applicable) |
| _____ Birth Certificate | _____ DD214 (if applicable) |

*The Nassau County Sheriff’s Office collects social security numbers for various purposes. All social security numbers collected by the Sheriff’s Office are confidential and exempt from Florida’s public records act. Pursuant to section 119.071(5) (a), Florida Statutes, a public agency in Florida may request a social security number from an individual only when it is specifically authorized by law to do so, or when the collection is imperative for the performance of that agency’s duties and responsibilities as prescribed by law. These numbers may be disclosed to another law enforcement agency or governmental entity if disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities.

Incomplete applications will NOT be considered.

2. Communications applicants will be notified of the next available 9-1-1 Communications exam date and will be scheduled for the exam.
3. Once the applicants have met the basic qualifications and a position is available they will be contacted to ensure they are still interested and available.
4. The application will then move to the Background Investigation phase.
5. When the background investigation is complete and the applicant has been recommended to move forward in the process, the following will occur in order according to the specific position requirements:
 - Polygraph Exam (if required by position)
 - Interview
 - Drug Screen
 - Physical
 - Fingerprints

PAY AND BENEFITS

Pay Schedule:

All employees are paid on a bi-weekly basis – 26 paychecks per year.

Paid Holidays: (Full time positions only)

Members working approved holidays will be compensated at their hourly rate for all time worked on an approved holiday in addition to their regular pay.

Overtime:

Members working approved overtime will be compensated at a rate of one and a half times their regular hourly rate in additional pay or have compensatory leave time placed on the books at one and a half times the time that they worked.

Paid Time Off: (Full time positions only)

Paid time off (PTO) leave is earned at a rate of sixteen (16) hours monthly.

Insurance: (Full time positions only)

A variety of medical insurance plans are offered for employee and family coverages. Dental, Vision, Term Life and other insurance options are also available at a group rate to the employee.

Retirement:

The Nassau County Sheriff's Office enrolls all employees in the Florida Retirement System (FRS). The employee contributes three (3) percent of their gross pay to the plan. The

employee will select participation in either the pension plan or investment plan during initial enrollment period set by the FRS.

If you have questions regarding any of the information listed above, please contact the Nassau County Sheriff's Office Human Resources Department at 904-548-4012 or Humanresources@nassauso.com

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and a Drug Free Workplace*

BACKGROUND INFORMATION

THIS INFORMATION IS REQUIRED TO CONDUCT BACKGROUND INVESTIGATION ONLY!

1. Date and Place of Birth:

Date of Birth City County State Country (if not the United States)

2. Are you a United States citizen? Yes No

If naturalized, please provide:

Date Place

Court Naturalization No.

3. Marital Status: Married Divorced Separated Widowed Never Married

4. Do you have or have you ever applied for a passport? Yes No Passport No. _____

EDUCATION/TRAINING

1.	High School Name/Address	Dates Attended Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
		From	To			

2.	*College/University Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
		From	To	Qtr.	Sem.		

*Attach diploma or official transcript from last institution of higher education attended.

Major _____ Minor _____

3. Other Schools (Trade, Vocational, Business or Military):

Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				

4. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school:

5. Indicate any foreign languages you can
Speak:
Read:
Write:

Fluent	Good	Fair

6. Indicate any law enforcement education/training and any type of special licenses such as pilot, radio operator, etc.:

7. If you received a certificate or license for this training, indicate where license was issued and date current license expires.

Certificate/License Number: _____

8. Describe any word processing or computer skills and list all software used:

9. State approximate number of words per minute: Typing _____ Shorthand _____

10. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms, computers):

11. May we contact your present employer? Yes No

12. On what date are you available for work? _____

13. Are you available to work Full Time Part Time Shift Work Nights or Weekends?

EMPLOYMENT HISTORY

1. List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. **All time must be accounted for. If unemployed for a period, set forth dates of unemployment.**

Name & Address of Employer	Dates Worked Mo./Yr.		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	From	To				
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						

2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? Yes No

3. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No If yes to question #2 or #3, please provide details.

4. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? Yes No If yes, please provide name of agency and date of application or service.

5. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? Yes No

6. Does this business do business with the Sheriffs Office or County? Yes No If yes to question #5 or #6, please provide name and address of business, corporation or organization and describe your relationship or position.

RESIDENCES

1. Actual places of residence for past three (3) years – list chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office. **If Rented give Property Owner/Manager information.**

Dates Mo./Yr.		Apt. No.	Street Address	City	County	State
From	To					

ARREST HISTORY/COURT DATA

Pursuant to Section 943.0585(6), Florida Statutes, a candidate for employment with a criminal justice agency may NOT lawfully deny or fail to acknowledge the arrests covered by an expunged record.

1. Have you EVER been arrested, charged or received a notice or summons to appear, convicted, pled nolo contendere, or pled guilty to ANY criminal violation, regardless if the record was sealed or expunged? Yes No
2. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? Yes No
3. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No
If yes to questions #1, #2 or #3, please provide details.

4. Have you or your spouse ever been a plaintiff or a defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) Yes No If you answered yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition.

DRIVING HISTORY

1. Are you a licensed Florida automobile operator or chauffeur? Yes No License No.: _____
Date of Expiration: _____ Restrictions: _____

2. Do you hold or have you ever held an operator or chauffeur license in another state? Yes No If yes, please provide state(s), name used and approximate dates license(s) was/were held.

3. Have you received during the past five (5) years a ticket or been charged with a traffic violation? Yes No

4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No
If yes to questions #2, #3 or #4, please provide complete details including why license was revoked or the disposition of the charge.

5. Have you ever had automobile insurance refused, withdrawn, or revoked? Yes No If yes, please provide complete details.

MILITARY HISTORY

1. Are you registered for Selective Service? Yes No

If yes, your Selective Service Number: _____

Classification: _____ Date of Classification: _____

Address of Local Board: _____

2. Have you ever served in the Armed Forces of the United States? Yes No

Branch of Service: _____ Highest Rank: _____

Active Duty Dates: From: _____ To: _____ From: _____ To: _____

3. Date of Discharge: _____

4. Are you now or have you ever been a member of a reserve unit or the National Guard? Yes No

5. If yes state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

6. Was any type of disciplinary action taken against you in the service? Yes No If yes, please provide:

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

7. **VETERANS' PREFERENCE:** Check the appropriate block if you are claiming veteran's preference. **Documentation substantiating your claim must be furnished at the time of application.**

- 1. A veteran with a service-connected disability who was honorably discharged and who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense.
- 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.
- 3. A veteran of any war as defined in section 1.01(14), Florida Statutes, who has served at least one (1) day during a war time period.
- 4. The unremarried widow or widower of a veteran who died of a service-connected disability.

NOTE: Under Florida law, preference in appointment shall be given first to those persons included in #1 and #2 above, and second to those persons included in #3 and #4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Florida Department of Veterans' Affairs, 11351 Ulmerton Road, Suite 311-K, Largo, FL 33778-1630.

PERSONAL REFERENCES & ACQUAINTANCES

Personal References: Give three (3) references (**not relatives, former or present employers, fellow employees, or school teachers**) who are responsible adults of reputable standing in their communities, such as property owners, business or pro-professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete Name <small>(Last, First, Middle)</small>		Home Address: _____ City, State & Zip: _____
Yrs. Acq.	Occupation	Home/Cell Phone: _____ Email Address _____
Complete Name <small>(Last, First, Middle)</small>		Home Address: _____ City, State & Zip: _____
Yrs. Acq.	Occupation	Home/Cell Phone: _____ Email Address _____
Complete Name <small>(Last, First, Middle)</small>		Home Address: _____ City, State & Zip: _____
Yrs. Acq.	Occupation	Home/Cell Phone: _____ Email Address _____

ORGANIZATION MEMBERSHIP

1. List all professional, trade businesses or civil activities and offices held:

Name	City & State	Present (list position held & describe activity)

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? Yes No

3. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? Yes No If yes to question #2 or #3, explain including name of organization and location.

EMPLOYEE HISTORY

THE INFORMATION CONTAINED HEREIN MAY BE CONFIDENTIAL
AND NOT AVAILABLE FOR PUBLIC INSPECTION.

1. Applicant's Current Address:

Address _____
City _____ County _____ State _____ Zip Code _____
() _____
Telephone Number _____
E-Mail _____

2. Applicant's Social Security Number: _____ - _____ - _____

3. Are you now able to perform the duties set forth in the job description or task analysis related to the position for which you have applied? Yes No
4. If a test or examination is required for this position, would you be able to take this test or examination? Yes No
5. Please provide name and address of next of kin or other person to be contacted in case of an emergency:

Name _____
Address _____
City _____ State _____ Zip Code _____
() _____ () _____
Home Phone Business Phone

6. Please provide the name and address of your personal or family physician to be contacted in case of an emergency:

Name _____
Address _____
City _____ State _____ Zip Code _____
() _____
Business Phone

DRUG HISTORY

The information contained herein MAY BE a confidential medical record under the Americans with Disabilities Act if the applicant is a rehabilitated drug or alcohol abuser or under section 119.071(4)(b) whether the medical information, if disclosed, would identify the applicant.

1. Do you currently use any narcotic or controlled substance, such as cannabinoids, marijuana, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature, or have you used such a narcotic or controlled substance within the last year? Yes No

2. Have you ever illegally experimented with or used any narcotic or controlled substance such as, but not limited to: cannabinoids, marijuana, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature?
 Yes No If yes, please complete the following:

a. Drug: _____

b. How taken: _____

c. Last time illegally experimented with or used: _____

3. Do you now or have you ever illegally obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to: cannabinoids, marijuana, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature?
 Yes No If yes, please complete the following:

a. Drug: _____

b. Circumstances: _____

c. Number of times illegally obtained/possessed/supplied/sold: _____

d. First time illegally obtained/possessed/supplied/sold: _____

e. Last time illegally obtained/possessed/supplied/sold: _____

4. Do you now or have you within the last year, abused or illegally obtained, possessed or sold any prescription drug?
 Yes No If yes, provide details, including drug, date, and circumstances.

5. Do you claim to be a rehabilitated alcohol, narcotics or drug user of any of the controlled substances as set forth above?
 Yes No If yes, provide details.

I understand that the "Applicants Certification" applies in all respects to the responses provided in this "Confidential Employee History" and "Drug History."

Signature of the applicant as usually written

Date

Witnessed by:

APPLICANT'S CERTIFICATION

I understand that my employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I may be fingerprinted. I understand that this employment application shall become the property of the Sheriff's Office and that it and the information received in response to the background examination are public records.

I further understand and agree that my employment will be contingent upon the results of a complete drug test.

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment.

I further authorize the Sheriff's Office or agent of the Sheriff's Office, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law.

I further agree to execute any authorization as may be required by the Health Insurance Portability Accountability Act of 1996 (HIPAA) for health care providers to release the necessary medical information to process my application for employment.

I understand and agree that any employment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, that the Sheriff has the absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

I understand that unless otherwise defined by applicable law, any employment relationship with this office is "at will", which means that the employer may discharge me at any time with or without cause and that this "at will" relationship may not be changed unless authorized in writing by the Sheriff.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment with the Sheriff's Office and I release all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office.

I agree to conform to the rules, regulations and orders of the Sheriff's Office and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me.

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability? Yes No
If yes, provide your version or explain fully any such incident.

Signature of the applicant as usually written

Date

Witnessed by:

**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: NASSAU COUNTY SHERIFF'S OFFICE
ADDRESS: 77151 CITIZENS CIRCLE, YULEE, FL 32097

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:

NASSAU COUNTY SHERIFF'S OFFICE 77151 CITIZENS CIRCLE, YULEE, FL 32097

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 _____

Nassau County Sheriff's Office

APPLICANT NOTIFICATION AND ACKNOWLEDGEMENT

This form shall be completed and signed by every applicant for background screening purposes. It is recommended that a copy of the signed acknowledgement be securely retained in the applicant's personnel file for the duration of their employment with the agency.

I hereby authorize the Nassau County Sheriff's Office to process a set of my fingerprints for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me to determine eligibility for employment or licensure.

I understand the following:

- My fingerprints will be retained at the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI) for the purpose of providing notice of any subsequent modifications to my criminal history record.
- A copy of any national criminal history record that may pertain to me can be obtained directly from the FBI.
- I am entitled to challenge the accuracy and completeness of any information contained in any such criminal history record pursuant to F.S. 943.056 and Title 28, CFR, Section 16.30-34.
- I am entitled, within a reasonable amount of time, to a determination as to the validity of my challenge before a final decision is made regarding my status as an employee, volunteer, contractor, or subcontractor if it is the sole factor precluding my employment or unescorted access to the secure facility.

Signature: _____

Date: _____

Printed Name: _____

Date of Birth: _____