

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
1940 NORTH MONROE STREET
TALLAHASSEE, FLORIDA 32399-1013

SUPPLEMENTAL APPLICATION

Equal Opportunity Employer/Affirmative Action Employer
The State of Florida does not tolerate violence in the workplace
State Accredited Law Enforcement Agency

LAW ENFORCEMENT APPLICANT INVESTIGATION SPECIALIST LAW ENFORCEMENT INTERN

Type or print legibly in ink

PERSONAL DATA						
First Name:	<input style="width: 95%;" type="text"/>			PHOTOGRAPH		
Middle Name:	<input style="width: 95%;" type="text"/>					
Last Name:	<input style="width: 95%;" type="text"/>					
Maiden Name:	<input style="width: 95%;" type="text"/>					
Former Name(s):	<input style="width: 95%;" type="text"/>					
Nickname(s):	<input style="width: 95%;" type="text"/>					
Social Security Number:	<input style="width: 95%;" type="text"/>					
				<input style="width: 95%;" type="text"/>		
Place of Birth:	City	State	Country	Height:	Weight:	
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Citizen of United States:	Yes	No	Naturalization Certificate Number:	Hair Color:	Eye Color:	
	<input type="radio"/>	<input type="radio"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

A background investigation will be required of all applicants seeking employment as a Law Enforcement Officer, Investigation Specialist or a student seeking to participate in the Internship Program of the Division of Alcoholic Beverages and Tobacco. The information you provide in the State Employment Application and this supplemental application will be used to determine your eligibility and suitability for a position with the Division.

Please complete this application accurately and neatly and without errors, omissions or misleading information. **Any misrepresentation, falsification, omission or concealment of a material fact may be considered grounds for non-employment or dismissal.** Questions must be answered with a **Yes, No or None** answer, and all questions must be answered. Applications that are incomplete and/or not typed or printed legibly in ink will not be processed for consideration. If space is insufficient for complete answers, use additional sheets, the same size as the application, and number the answers to correspond with the questions.

RESIDENCE

List all places of residence for the past five (5) years. List chronologically all addresses (*from present to past*), including residences while in school, in the military and family-owned vacation homes. For on campus, give college/university name, dormitory name and complete address. If military address cannot be shown as a street address, indicate military unit designation, location by city and state and, if post office box, the location of the post office.

DATE Month/Year	Street Address	Apt. #	City	County	State
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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CONTACT INFORMATION

Residence Telephone:	Work Telephone:	Other Contact:		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Are you willing to be assigned anywhere in the state of Florida?		Yes	No	If no, state limitations in the space below:
		<input type="radio"/>	<input type="radio"/>	
Limitations: <div style="border: 1px solid black; height: 60px; width: 100%; margin-top: 5px;"></div>				

EMPLOYMENT HISTORY

1.	May we contact your present employer?	Yes	No
		<input type="radio"/>	<input type="radio"/>

2. List all employment during the past ten (10) years; begin with the most recent. If you only had one employer during the last ten (10) years, also list the next most recent job. **List all employment with any criminal justice agencies you have ever held, no matter how long ago.** Include military service and volunteer work.

Name of Employer:

Address:

Your Job Title: Supervisor's Phone

From: To: Annual Salary:

Supervisor's Name: Title:

Your Name, if different from application:

Duties and Responsibilities:

Reason(s) for Leaving:

Name of Employer:

Address:

Your Job Title: Supervisor's Phone

From: To: Annual Salary:

Supervisor's Name: Title:

Your Name, if different from application:

Duties and Responsibilities:

Reason(s) for Leaving:

EMPLOYMENT HISTORY (continued)

Name of Employer:

Address:

Your Job Title: Supervisor's Phone

From: To: Annual Salary:

Supervisor's Name: Title:

Your Name, if different from application:

Duties and Responsibilities:

Reason(s) for Leaving:

Name of Employer:

Address:

Your Job Title: Supervisor's Phone

From: To: Annual Salary:

Supervisor's Name: Title:

Your Name, if different from application:

Duties and Responsibilities:

Reason(s) for Leaving:

If additional space is needed for employment history, record information on plain paper and attach sheets to this page. Indicate the number of additional pages attached.

**Additional
PAGE(S)**

3.	Provide dates (month and year), a brief explanation and a summary of activities for any gaps in your employment history in the last ten (10) years:		
	Date(s)	Explanation	Activities
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	

4.	Have you ever applied to or been sponsored by a criminal justice agency?		Yes	No
			<input type="radio"/>	<input type="radio"/>
YES	Agency Name	Begin Date	End Date	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	

5.	Have you ever been dismissed, suspended, asked to resign, demoted, received an oral or written reprimand or had any disciplinary action taken against you by any employer or supervisor?		Yes	No
			<input type="radio"/>	<input type="radio"/>
YES	Details, if yes:			
	<input type="text"/>			

6.	Have you ever had a formal complaint filed against you or been the subject of an internal investigation?		Yes	No
			<input type="radio"/>	<input type="radio"/>
YES	Details, if yes:			
	<input type="text"/>			

7.	How many days have you been absent from work during the past twelve (12) months, other than planned vacations?		Number of Days:	
			<input type="text"/>	
	Reason(s):			
	<input type="text"/>			

8.	Have you ever applied to carry a concealed weapon?		Yes	No
			<input type="radio"/>	<input type="radio"/>
	Details, if yes:			
	<input type="text"/>			

9.	Have you ever been denied an application to carry a concealed weapon?	Yes	No
		<input type="radio"/>	<input type="radio"/>
YES	Reason, if yes:		
	<input type="text"/>		

10.	Have you ever applied for any county, state or federal license, excluding driver's license?	Yes	No
		<input type="radio"/>	<input type="radio"/>
YES	Details, including location(s) and outcome:		
	<input type="text"/>		

CONFLICT OF INTEREST			
1.	List all stocks, bonds, securities or other direct or indirect ownership interest in any business entity currently owned directly or indirectly by you:		
	Company Name	Nature of Business	Nature of Interest
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

2.	Have you or your spouse ever held a direct or indirect interest in a business licensed to sell, distribute or manufacture alcoholic beverages or cigarettes?	Yes	No
		<input type="radio"/>	<input type="radio"/>
YES	Details, if yes:		
	<input type="text"/>		

3.	Have you ever been employed by anyone licensed to sell alcoholic beverages or cigarettes?	Yes	No
		<input type="radio"/>	<input type="radio"/>
YES	Details, if yes:		
	<input type="text"/>		

ARREST HISTORY/COURT RECORD

SEALED AND EXPUNGED RECORDS: Section 943.058, Florida Statutes, requires law enforcement applicants to list any expunged or sealed record(s), whether adult, juvenile, civilian or military.

1.	Have you ever been arrested, charged or received a notice or summons to appear for any criminal violation?	Yes <input type="radio"/>	No <input type="radio"/>
2.	Excluding parking ticket(s), have you ever received a ticket or been charged with a traffic violation (<i>including speed limit violations</i>) since you have been licensed?	Yes <input type="radio"/>	No <input type="radio"/>

If you answered “yes” to either one or both questions above, give details in the following space, even if not formally charged, no court appearance, not found guilty, or if the matter was settled by payment of a fine or forfeiture of collateral.

DATE	LOCATION	AGENCY	CHARGE/VIOLATION	COURT/PLACE	DISPOSITION
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
NOTE: If additional arrest, court or ticket record data is attached, indicate the number of pages:				<input style="width: 50px; height: 20px;" type="text"/>	PAGE(S)

3.	Have you ever been placed on court probation?	Yes <input type="radio"/>	No <input type="radio"/>
YES	If yes, provide details: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>		

4.	Have you ever been required to appear before a juvenile court for an act that would have been a crime if committed as an adult?	Yes <input type="radio"/>	No <input type="radio"/>
YES	If yes, provide details: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>		

5.	Have you ever been convicted of a misdemeanor crime or domestic violence?	Yes <input type="radio"/>	No <input type="radio"/>
YES	If yes, provide details: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>		

6.	Have you ever sold, transported, delivered, used or possessed any illegal drugs?	Yes	No
		<input type="radio"/>	<input type="radio"/>
YES	If yes, explain in detail: <div style="border: 1px solid black; height: 50px; width: 100%;"></div>		

7.	Have you ever unlawfully obtained, possessed, sold, transported or delivered any weapons, alcoholic beverages, cigarettes or gambling equipment?	Yes	No
		<input type="radio"/>	<input type="radio"/>
YES	If yes, provide details: <div style="border: 1px solid black; height: 50px; width: 100%;"></div>		

8.	Have you ever been penalized by a governmental regulatory agency in conjunction with a license or permit?	Yes	No
		<input type="radio"/>	<input type="radio"/>
YES	If yes, provide details: <div style="border: 1px solid black; height: 50px; width: 100%;"></div>		

9.	Have you ever committed a crime, such as theft, possession of illegal drugs, firearms offenses, fraud, passing worthless checks, etc., even if you were not caught or arrested?	Yes	No
		<input type="radio"/>	<input type="radio"/>
YES	If yes, provide details: <div style="border: 1px solid black; height: 50px; width: 100%;"></div>		

10.	Have you ever been a plaintiff or defendant in any court action? If yes, list the date, place, name of parties involved, nature of action (including divorce proceedings) and final disposition.	Yes	No
		<input type="radio"/>	<input type="radio"/>
YES	If yes, provide details: <div style="border: 1px solid black; height: 50px; width: 100%;"></div>		

DRIVING HISTORY

1.	Do you have a valid drivers' license? All sworn personnel must possess a valid Florida driver's license during the course of employment with the Division.			Yes	No
	<input type="radio"/> <input type="radio"/>				
	State:	License Number:	Expiration Date:	Restrictions:	
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

2.	List all states where you have been granted a license to operate a motor vehicle:		
	City & State:	Name:	Type & Date:
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

3.	Have you ever been denied issuance of a driver's license, or have you ever had a driver's license suspended or revoked?		Yes	No
	<input type="radio"/> <input type="radio"/>			
YES	If yes, provide details: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			

4.	Have you ever had automobile insurance withdrawn or revoked, or have you ever been refused automobile insurance?		Yes	No
	<input type="radio"/> <input type="radio"/>			
YES	If yes, provide details: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			

5.	Have you ever been involved in a motor vehicle accident?		Yes	No
	<input type="radio"/> <input type="radio"/>			
YES	If yes, provide details: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			

MILITARY HISTORY

1.	Are you registered for Selective Service?	Yes	No
		<input type="radio"/>	<input type="radio"/>
	If yes, Selective Service Number:		

2.	Have you ever served on active duty in the Armed Forces of the United States?			Yes	No
				<input type="radio"/>	<input type="radio"/>
YES	Date(s)	Branch	Highest Rank	Serial Number	

3.	Are you now or have you ever been a member of a reserve unit or the National Guard?			Yes	No
				<input type="radio"/>	<input type="radio"/>
YES	Date(s)	Branch	Location:		

4.	Have you ever had any type of disciplinary action taken against you in the service?			Yes	No
				<input type="radio"/>	<input type="radio"/>
YES	If yes, provide details:				

REFERENCES

List five (5) individuals who have known you well for the past five (5) years, excluding relatives and employers:

(1) Name: <input type="text"/>	Occupation: <input type="text"/>		
Current Address		Telephone Numbers	
Street: <input type="text"/>	Apt. No. <input type="text"/>	Home	
<input type="text"/>		<input type="text"/>	
City: <input type="text"/>	State/Zip <input type="text"/>	Work	
<input type="text"/>		<input type="text"/>	

(2) Name: <input type="text"/>	Occupation: <input type="text"/>		
Current Address		Telephone Numbers	
Street: <input type="text"/>	Apt. No. <input type="text"/>	Home	
<input type="text"/>		<input type="text"/>	
City: <input type="text"/>	State/Zip <input type="text"/>	Work	
<input type="text"/>		<input type="text"/>	

(3) Name: <input type="text"/>	Occupation: <input type="text"/>		
Current Address		Telephone Numbers	
Street: <input type="text"/>	Apt. No. <input type="text"/>	Home	
<input type="text"/>		<input type="text"/>	
City: <input type="text"/>	State/Zip <input type="text"/>	Work	
<input type="text"/>		<input type="text"/>	

(4) Name: <input type="text"/>	Occupation: <input type="text"/>		
Current Address		Telephone Numbers	
Street: <input type="text"/>	Apt. No. <input type="text"/>	Home	
<input type="text"/>		<input type="text"/>	
City: <input type="text"/>	State/Zip <input type="text"/>	Work	
<input type="text"/>		<input type="text"/>	

(5) Name: <input type="text"/>	Occupation: <input type="text"/>		
Current Address		Telephone Numbers	
Street: <input type="text"/>	Apt. No. <input type="text"/>	Home	
<input type="text"/>		<input type="text"/>	
City: <input type="text"/>	State/Zip <input type="text"/>	Work	
<input type="text"/>		<input type="text"/>	

FINANCIAL STATUS

1.	List all outstanding debts, including credit cards, charge accounts, mortgages, contracts, loans, etc.:		
	Creditor/Company	City/State	Account Balance
	Account Number		
2.	List all current debts which are <u>30</u> days past due :		
3.	Have you ever had any debts turned over to a collection agency?	Yes	No
		<input type="radio"/>	<input type="radio"/>
YES	If yes, provide details:		
4.	Have you ever had any goods you purchased repossessed?	Yes	No
		<input type="radio"/>	<input type="radio"/>
YES	If yes, provide details:		
5.	Have you ever had your wages garnished?	Yes	No
		<input type="radio"/>	<input type="radio"/>
YES	If yes, provide details:		
6.	Have you, your spouse or any company controlled by you ever filed bankruptcy?	Yes	No
		<input type="radio"/>	<input type="radio"/>
YES	If yes, provide details:		
7.	Have you, your spouse or any company controlled by you been subject to a tax lien, other lien or had a judgment rendered against you for a debt?	Yes	No
		<input type="radio"/>	<input type="radio"/>
YES	If yes, provide details:		

EDUCATION

1.	List all training courses, registrations, licenses, certifications, special skills, etc., <i>not already listed</i> on the State of Florida Employment Application:

2.	Have you ever been suspended, expelled or had any kind of disciplinary action taken against you while enrolled in high school, college, university, technical school or training center?	Yes <input type="radio"/>	No <input type="radio"/>
YES	If yes, provide details: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>		

3.	Have you ever participated in a criminal justice internship program?	Yes <input type="radio"/>	No <input type="radio"/>
YES	Agency Name: <input style="width: 150px;" type="text"/> Date(s): <input style="width: 150px;" type="text"/> Address: <input style="width: 150px;" type="text"/> City: <input style="width: 100px;" type="text"/> State/Zip: <input style="width: 100px;" type="text"/> Immediate Supervisor: <input style="width: 150px;" type="text"/> Telephone: <input style="width: 100px;" type="text"/>		

HONORS, AWARDS AND LEADERSHIP POSITIONS

List any honors and awards you have received and all leadership positions you have held:

SUPPORTING DOCUMENTATION

During the background investigation process, you will be required to provide supporting documentation regarding your age, citizenship, education, licenses, certifications, military service, job evaluations, credit history and any other documentation deemed necessary to verify any information you have provided during the application process.

I, , understand that any position offered will be contingent upon the results of a complete background investigation. I am also aware that withholding information or making false statements on this supplemental application will be grounds for non-employment or dismissal from the Division of Alcoholic Beverages and Tobacco. I agree to these conditions and certify that all statements on this supplemental application are true. I understand that I may not lawfully deny arrests or convictions, even if adjudication was withheld or the record was sealed or expunged. I also understand that a misdemeanor arrest or conviction may not necessarily disqualify me for employment.

Signature of Applicant: _____ Date: _____

ENCLOSURES: (read carefully - select the applicable paragraph and attach the required forms)

A. LAW ENFORCEMENT APPLICANTS:

FDLE Authority for Release of Information - CJSTC 58 Form must be completed and attached to this supplemental application. An incomplete application and/or Release for Information Form may result in the applicant not being considered for the position.

B. INVESTIGATION SPECIALIST APPLICANTS:

Release and Wavier, Form BLE-202 must be completed and attached to this supplemental application. An incomplete application and/or Release for Information Form may result in the applicant not being considered for the position.

C. INTERNSHIP PROGRAM APPLICANTS:

Release and Wavier, Form BLE-202, must be completed and attached to the supplemental application. An incomplete application and/or incomplete Release and Wavier forms may result in the applicant not being considered for the position.